

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/25/2024
NAME OF PROVIDER OR SUPPLIER Parkside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 Hunt Avenue Columbia, MO 65202	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>43024</p> <p>Based on interview and record review, facility staff failed to provide a proper mechanical lift transfer for one resident (Resident #1) in a manner to prevent accidents when staff failed to remove his/her arm from under him/her and the resident sustained an injury to his/her arm. The facility census was 72.</p> <p>1. Review of the Electric Portable Patient Lift owner's operator and maintenance manual, undated, showed the guide recommends operators of the mechanical lift use two staff to perform the transfer. The use of one assistant is based on the evaluation of the health of the resident by the health care professional for each individual case.</p> <p>Review of the facility's Hydraulic Lift policy, undated, showed the policy is to enable one individual to lift and move a resident safely. The use of one assistant is based on the evaluation of the health of the resident by the health care professional for each individual case.</p> <p>2. Review of Resident #1's Annual minimum data set (MDS), a federally mandated assessment tool, dated 12/13/223, showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> -Moderate cognitive impairment; -Totally dependent for transfers with two plus staff to assist; -Hemiplegia (muscle weakness or paralysis on one side of the body); -Utilized wheelchair for mobility. <p>Review of the residents plan of care, dated 6/22/23, showed staff assessed the resident required the use of the mechanical lift for all transfers with two person assistance.</p> <p>Review of the resident's nurse notes, dated 1/20/24 at 9:00 A.M., showed staff documented the resident's left arm/bicep had a bruise and inflammation from his/her arm stuck underneath him/her while being transferred.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the resident's nurse notes, dated 1/20/24 at 5:02 P.M., showed staff documented the resident's arm swollen and he/she was unable to move it. Physician orders were given for X-ray to humerus on left side. Reviewed showed staff documented the facility's portable X-ray performed and it appears broken. Reviewed showed staff called 911 and resident sent to hospital.</p> <p>Review of the resident's X-ray report, dated 1/20/24, showed an acute left proximal humeral fracture (a fracture that is broken up near the shoulder joint).</p> <p>During an interview on 1/21/24 at 2:42 P.M., Certified Nursing Assistant (CNA) A said he/she does not know if the resident's arm was behind him/her in the sling when he/she lifted the resident into the bed but noticed it behind him/her when he/she was readjusting the resident. He/She said he/she reached over the resident in bed, grabbed the resident's wrist and above his/her elbow and pulled the residents arm out from underneath him/her. He/She denied the resident was in any pain.</p> <p>During an interview on 1/21/24 at 3:23 P.M., CNA B said facility staff are directed to always have two staff with a hooyer lift to make sure it is safe and it reassures the resident.</p> <p>During an interview on 1/21/24 at 3:33 P.M., Licensed Practical Nurse (LPN) C said it is not standard for staff at the facility to perform a hooyer lift with one person. He/She said CNA A has been with the facility a long time and probably always does hoyers often by himself/herself. He/She said hoyers need two staff for safety.</p> <p>During an interview on 1/21/24 at 4:17 P.M., the Director of Nursing (DON) said staff are trained to use two people assist on hooyer lift and he/she personally knows it should always be two, regardless of policy. He/She said the residents care plan is assessed for a two person assist with hoyers.</p> <p>During an interview on 1/21/24 at 4:18 P.M., the Assistant Director of Nursing (ADON) said he/she does not know why CNA A performed a hooyer lift by himself/herself because staff are instructed to utilize two assist.</p> <p>During an interview on 1/23/24 at 12:14 P.M., the administrator said staff are expected to utilize two staff members when a mechanical lift is performed. He/She said staff know this and a lift should not have been completed with only one staff member because it is not safe.</p> <p>MO000230591</p>		