

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Meramec Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 940 Mattox Drive Sullivan, MO 63080	

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>18236</p> <p>Based on observation, interview, and record review, facility staff failed to maintain the mechanical lift slings in proper working condition which resulted in one resident (Resident #1's) sling strap to tear causing the resident to lean forward hitting the front left side of his/her head on the floor which resulted in a large scalp laceration and subarachnoid bleed (bleeding in space surrounds the brain). The facility census was 42.</p> <p>1. Review of the facility's mechanical lift, transfer, and repositioning sling care policy, dated 1/4/24, showed staff are directed to carefully inspect the sling before each use for wear and damage to seams, fabric, straps, and strap loops. Review showed torn, cut, frayed or broken slings can fail, resulting in serious personnel injury to the user and only slings that are in good condition.</p> <p>2. Review of Resident #1' s significant change Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 1/5/24, showed staff assessed the resident as follows:</p> <p>-Totally dependent on staff for assistance to transfer to and from bed and/or chair;</p> <p>-diagnosed with dementia (a condition characterized by progressive or persistent loss of intellectual functioning);</p> <p>-One major injury sustained from an accident since last assessment.</p> <p>Review of the resident's plan of care, dated 11/21/23, showed staff assessed the resident with self-care deficits for activities of daily living, required total assist with transfers, required two person assist with transfers, and resident required full mechanical lift for transfers.</p> <p>Review of the resident's nursing note, dated 1/3/24 at 7:20 P.M., showed staff documented a nurse heard yelling down the hall and entered the resident room where Nursing Assistant (NA) A and Certified Nursing Assistant (CNA) B reported the mechanical lift pad had ripped during the transfer causing the resident to fall. Review showed staff documented the resident with an injury to the resident's left forehead as large and bleeding wound.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Meramec Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 940 Mattox Drive Sullivan, MO 63080	
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>Review of the resident's hospital discharge summary, dated 1/4/24, showed the hospital staff documented the resident with a subarachnoid bleed due to a fall from a mechanical lift which caused a large scalp laceration with pulsatile (spiriting) bleeding.</p> <p>Observation on 1/5/24 at 11:10 A.M., showed the the mechanical lift strap used when the resident fell from the mechanical lift on 1/3/24 two of the four sling loops broken and ripped away at the stitched seam on the upper left and lower left side of the sling and one of four loops broken open on the lower right side.</p> <p>During an interview on 1/5/25 at 11:10 A.M., the administrator said no one had been assigned to check the condition of mechanical lift slings on a routine basis prior to the resident's accident on 1/3/24. The administrator said they required staff to check slings before each use, but no routinely checked their condition.</p> <p>During an interview on 1/5/24 at 12:05 P.M., NA A said he/she noticed the sling they used on the resident had one loop broken and another loop frayed. He/She said however, they used it to transfer the resident, because there were no other straps available in good condition. He/She said when they elevated the resident up in the mechanical lift, the strap under the resident's left shoulder gave way causing him/her to abruptly moved forward hitting the front left side of his/her head on the floor.</p> <p>During a telephone interview on 1/5/24 at 12:13 P.M., CNA B said he/she noticed the all the loops on the resident's mechanical lift sling were frayed; however, they did not get another sling, because all the other mechanical slings were in the same condition. CNA B said the accident happened so fast it was hard to say what happened, but the resident abruptly moved forward and fell head first on the floor.</p> <p>During an interview on 1/5/24 at 3:03 P.M., Certified Medication Technician (CMT) C said after the resident's accident he/she went around the facility to inspect all other mechanical lift slings and removed all from service, because they were frayed, worn, or had loops already broken.</p> <p>During a telephone interview on 1/8/24 at 9:54 A.M., the Assisted Director of Nursing (ADON) said if staff find a mechanical lift sling in poor conditionm he/she expected them to bring it to him/her or the Director of Nursing (DON). He/She said any sling in poor condition with fraying, separation of fabric or straps, and slings with too much give would be taken out of use.</p> <p>During a telephone interview on 1/8/24 at 3:30 P.M., the resident's attending physician said he/she expected any mechanical lift strap in poor condition not to be used, taken out of service and replaced.</p> <p>During a telephone interview on 1/8/24 at 4:05 P.M., NA A said he/she did not recall ever being informed about needing to check the quality of mechanical lift sling prior to using them on a resident. NA A said he/she began working at the facility in September 2023 and though he/she received training on using the mechanical lift during certification classes, he/she did not get any information about assessing mechanical lift sling condition or the need to check on the condition prior to use.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265554	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER Meramec Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 940 Mattox Drive Sullivan, MO 63080	

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	During a telephone interview on 1/11/24 at 12:07 P.M., the DON said prior to the resident's accident staff were not routinely checking on the condition of the mechanical lift slings. He/She said he/she expected staff to not use any sling with seems pulling out, fraying, or in any state of disrepair. MO00229715 & MO00229746