

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265579	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Monterey Park Rehabilitation & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 Little Blue Parkway Independence, MO 64057	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45403</p> <p>Based on observation, interview, and record review, the facility failed to ensure appropriate transfer techniques were utilized for two sampled residents (Resident #1 and #3) out of four sampled resident. The facility census was 94 residents.</p> <p>Review of the facility's Transfer-One Person Skills Checklist:</p> <ul style="list-style-type: none"> -Check Kardex for appropriate transfer technique. -Position chair, wheelchair, commode to resident's strong side. -Assist resident to sitting position with feet firmly on the floor. -Apply gait belt. -Have resident place their hands on you shoulders. -If transferring from chair, wheelchair, commode, have resident place hands on arm rests and push up while you pull resident up to a standing position. -Brace knees against resident's knees, or your knees on the outside of the resident's knees to block feet from sliding. -Ask resident to lean forward, count to three and ask resident to push up with legs while you pull resident to a standing position. <p>1. Review of Resident #1's Admission Record showed the resident was admitted on [DATE], readmitted on [DATE] with diagnoses including muscle weakness, pain in right knee, pain in left knee, and pain in left thigh.</p> <p>Review of the resident's Quarterly Minimum Data Set (MDS- a federally mandated assessment instrument completed by facility staff for care planning) dated 4/4/24 showed the resident:</p> <ul style="list-style-type: none"> -Was cognitively intact. -Used a wheelchair for mobility. <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Required partial, moderate assistance for transfers.</p> <p>Review of the Resident's Functional Abilities and Goals assessment dated [DATE] showed he/she required partial, moderate assistance for mobility, including transfers.</p> <p>Review of the Resident's undated Care Plan showed:</p> <p>--Resident is at risk for falls, 6/28/23.</p> <p>--Resident wishes to wear his/her gait belt at all times and refuses to take it off, 5/1/24.</p> <p>--Resident required (x one) staff participation with transfers with the use of a gait belt.</p> <p>--Resident had limited physical mobility.</p> <p>--Resident required (x one) staff participation for mobility.</p> <p>--Resident required staff assistance with mobility.</p> <p>During an interview on 5/9/24 at 12:02 P.M. the resident said:</p> <p>-He/She was concerned about the gait belt not being used during transfers.</p> <p>-He/She was keeping his/her gait belt with him/her at all times to make sure staff was using it during transfers.</p> <p>-He/she had to constantly tell staff to use the gait belt for transfers or they would not use the gait belt with them.</p> <p>-He/She is fearful of falling during transfers.</p> <p>-When staff did not use the gait belt during transfers, the staff grab onto his/her skin and it hurt, or they grab his/her clothing causing rips and they don't replace the clothing.</p> <p>-Certified Nursing Assistant (CNA) A specifically did not use a gait belt for transfers, actually most of the staff did not use a gait belt for transfers.</p> <p>-His/Her concern about staff not using a gait belt was discussed during his/her last care plan meeting.</p> <p>2. Review of Resident #3's Admission Record showed the resident was admitted on [DATE] with diagnoses including muscle weakness and lack of coordination.</p> <p>Review of the resident's Functional Abilities and Goals dated 12/6/17 showed the resident required supervision or touching assistance with transfers.</p> <p>Review of the Resident's MDS dated [DATE] showed the resident:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Was cognitively intact.</p> <p>-Used a wheelchair for mobility.</p> <p>-Required supervision, touching and steadying for transfers.</p> <p>Review of the Resident's undated Care Plan showed:</p> <p>--Resident is at risk for falls related to impaired mobility and history of falls.</p> <p>--Resident required (x one) staff participation with bathing, bed mobility, dressing, eating , personal hygiene and toileting.</p> <p>--Required (x one) assist for transfer.</p> <p>--Resident had limited physical mobility.</p> <p>--Requires assistance x one as desired/as tolerated.</p> <p>During an observation on 5/9/24 at 12:17 P.M. showed:</p> <p>-CNA A pushing the resident into his/her room.</p> <p>-Upon entering the room, CNA A said he/she was going to use a gait belt since other people were in the room and reached for the gait belt hanging next to the bathroom door.</p> <p>-As CNA A attempted to place gait belt on the resident, the resident stated he/she did not want the gait belt on because he/she cannot breathe with it on.</p> <p>-CNA A tossed gait belt to the foot of the bed and instructed the resident he/she would help the resident to bed.</p> <p>-CNA A grabbed the resident's sweat pants and bottom of the resident's sweat shirt.</p> <p>-The resident grabbed onto CNA A as CNA A pulled the resident from a sitting to standing position by the clothing.</p> <p>-CNA A pivoted the resident to the bed and lowered the resident onto the bed by the resident's clothing.</p> <p>-The resident laid on the bed, covered him/herself, and closed his/her eyes.</p> <p>3. During an interview on 5/9/24 at 12:20 P.M. CNA A said:</p> <p>-He/She never uses a gait belt on Resident #3.</p> <p>-He/she will yell out saying he/she cannot breathe with the gait belt on.</p> <p>(continued on next page)</p>		

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