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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365399 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/21/2024 |
| NAME OF PROVIDER OR SUPPLIER Westerwood Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 5757 Ponderosa Drive Columbus, OH 43231 | |

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

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| (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 - Minimal harm or potential for 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41271</p> <p>Based on medical record review, interview and facility policy review, the facility failed to ensure Resident #10 was transferred in a safe manner and as per the resident's plan of care and facility policy with two staff via a mechanical (Hoyer) lift to prevent a potential accident. This affected one resident (#10) of four residents reviewed for accident hazards. The facility census was 59.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #10 revealed an admitted [DATE] with diagnoses including chronic obstructive pulmonary disease, spinal stenosis lumbar region, and dementia.</p> <p>Review of the plan of care dated 07/26/2023 revealed Resident #10 had an activity of daily living (ADL), self-care performance deficit related to decreased mobility, weakness, memory loss/confusion, and required assistance for ADLs and mobility needs. Interventions included providing two staff assist with transfers using a Hoyer (mechanical) lift.</p> <p>Review of Resident #10's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 08 out of 15 indicating a moderately impaired cognition for daily decision-making abilities. Resident #10 was noted to be free from bilateral upper and/or lower extremity impairment and required a wheelchair for mobility. The assessment noted the resident was dependent on staff with all transfers.</p> <p>Review of the Fall Risk Assessment completed for Resident #10 dated 04/28/2024 revealed resident was alert only with one to two falls in the past three months. Resident #10 was noted to be chair bound and was noted to require the use of assistive devices for gait and balance.</p> <p>Interview on 05/08/2024 at 2:00 P.M. with the Administrator revealed there was a staff member, State tested Nursing Assistant (STNA) #335 who was still in training who transferred Resident #10 (on 05/06/24) by himself with the use of a mechanical lift. The Administrator revealed the management team was made aware of the incident by Resident #8's daughter.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Interview on 05/08/24 at 4:30 P.M. with the daughter of Resident #8 revealed she was concerned an STNA (STNA #335) was transferring Resident #10 via a Hoyer lift by himself, without a second person present on 05/06/24. The daughter indicated she asked the STNA if he needed a spotter since she stated she was aware he was a new employee. The daughter indicated the STNA replied to her he had [AGE] years experience, knew what he was doing, was very strong and didn't need help. The daughter indicated the STNA also reported everyone was busy right now. The daughter indicated she reported the situation to staff but continued to have concerns related to the safety of the resident without a second staff person present for the transfer with the Hoyer lift.</p> <p>Attempts to reach STNA #335 during the investigation on 05/08/24 at 3:10 P.M. and 05/20/24 at 11:40 A.M. were unsuccessful. Record review/review of Resident #10's medical record revealed no written documentation of the incident/transfer on 05/06/24. There was no written statement from STNA #335 available or provided to review during the survey.</p> <p>Review of an undated facility policy titled Hoyer (Sling) Lift Transfer, revealed at least two staff members were needed when using a mechanical lift.</p> <p>The deficiency was corrected on 05/07/24 when the facility implemented the following corrective actions:</p> <p>Review of requested documents related to education and corrective action taken by the facility related to this incident revealed the facility provided a Hoyer (Sling) Lift Transfer policy and procedure and a re-training document (dated 05/07/24) for STNA #335 and all staff related to the incident that occurred on 05/06/2024.</p> <p>The facility implemented a plan to audit resident transfers to ensure residents who required a Hoyer lift were transferred with two staff.</p> <p>Following this incident on 05/06/24, no additional incidents had occurred related to a staff member completing a single mechanical lift transfer.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153624.</p> | | |