

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/20/2025
NAME OF PROVIDER OR SUPPLIER  Pleasant View Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 Snyder Ave Barberton, OH 44203	

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 - 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34297</p> <p>Based on record review and interview, the facility did not ensure Resident #10 was transferred safely to prevent falls per the physician order. This finding affected one (Resident #10) of three residents reviewed for accident hazards.</p> <p>Findings include:</p> <p>Review of Resident #10's medical record revealed the resident was admitted on [DATE] with diagnoses including a non-displaced subtrachantric fracture of the right femur (closed fracture with routine healing) dated 02/10/25 and a age-related current pathological fracture of the vertebrae with routine healing dated 11/02/23.</p> <p>Review of Resident #10's Annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition, was dependent for toileting and bathing.</p> <p>Review of Resident #10's fall investigation form dated 11/24/24 at 3:55 P.M. revealed the resident was assisted to the toilet and the resident fell to the bathroom floor. The Nurse Practitioner (NP) and brother were notified of the incident.</p> <p>Review of Resident #10's physician orders revealed an order dated 11/25/24 (discontinued 01/03/25) for 2-staff assist for all transfers and the resident was not to be alone in the bathroom.</p> <p>Review of Resident #10's fall care plans revealed an intervention dated 12/02/24 indicating the resident was not to be left alone while in the bathroom and an intervention dated 01/27/25 which indicated a mechanical sling lift due to leg weakness in and out of the bed with two assist in the spa and a grab bar and bedside commode in use.</p> <p>Review of Resident #10's fall investigation form dated 01/03/25 at 11:30 A.M. revealed the resident was toileted and his knees got weak, and he was lowered to the floor. The transfer orders were changed to a mechanical sling lift in and out of bed (Hoyer mechanical lift). (Occurred in the spa and the resident was on a sit-to-stand mechanical lift and his knees got weak and was lowered to the floor. The physician and family were notified).</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #10's physician orders dated 01/03/25 for transfers mechanical sling lift for transfers in and out of bed. Staff assist for toileting in the spa only with bedside commode and grab bars. Resident #10 was not to be left alone in the bathroom every shift.</p> <p>Review of Resident #10's fall investigation dated 01/06/25 at 5:32 A.M. revealed two certified nursing assistants (CNAs) were transferring the resident out of his bed to the shower chair to get a shower. The CNAs stated the resident did not bend his legs during the transfer, so they had to lower the resident to the floor for safety. The resident revealed his legs gave out trying to transfer. No complaints of pain or injuries. The resident was transferred into the shower chair. The resident's order was a 2-person assist in and out of bed but was recently changed to a mechanical sling lift in and out of bed. The CNAs were not aware of the recent change and were educated to verify orders due to possible changes. The physician and family were notified.</p> <p>Review of Resident #10's fall investigation dated 01/06/25 at 6:00 A.M. revealed the resident was in the spa after receiving a shower. With the assistance of two CNAs, the resident stood up at the grab bar to pull up his pants. While attempting to stand, the resident was not able to keep standing and the resident was lowered to the ground by the CNAs. The resident stated that his legs got tired while standing. The resident was transferred back into the shower chair from the floor. The resident had a recent downgrade in transfers to a mechanical sling lift in and out of bed but was a 2-person assist in the spa using a grab bar (no pivoting). The family and physician were notified.</p> <p>Interview on 02/20/25 at 9:44 A.M. with the Director of Nursing (DON) confirmed when Resident #10's was transferred from the bed to the shower chair on 01/06/25 at 5:32 A.M., staff were required to use a Hoyer mechanical lift and did not use the device, and the resident was unable to maintain his weight and was lowered to the floor. The DON confirmed when Resident #10 was transferred from the shower to stand at the grab bar in the shower (spa) room on 01/06/25 at 6:00 A.M., the CNAs stood the resident to pull up his pants and the resident was unable to hold his weight and was lowered to the floor. The DON confirmed the order was for the staff to only use the grab bar when toileting the resident and the resident was being dressed while standing in the bathroom, which was inappropriate. She confirmed staff were educated and the resident required the use of the Hoyer mechanical lift.</p> <p>Review of the Using a Mechanical Lifting Machine dated 09/2024 revealed at least two nursing assistants were needed to safely move a resident with a mechanical lift.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00162322.</p>		