

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Arbors at Stow		STREET ADDRESS, CITY, STATE, ZIP CODE 2910 L'Ermitage Pl Stow, OH 44224	
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>Note: The nursing home is disputing this citation.</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** 34297</p> <p>Based on record review, facility Self-Reported Incident (SRI) review, policy review, and interview, the facility failed to ensure Resident #200 was transferred safely using a Hoyer mechanical lift to prevent an injury.</p> <p>Actual harm occurred on 05/14/24 when Resident #200, who required assistance of two people during transfers, was transferred with one staff member using a Hoyer mechanical lift and sustained a displaced fracture of the right distal humerus. This affected one resident (#200) of three residents reviewed for falls and accidents. The facility census was 129.</p> <p>Findings include:</p> <p>Review of Resident #200's medical record revealed the resident was readmitted on [DATE] and discharged on [DATE] with diagnoses including Alzheimer's disease, heart failure, osteoarthritis, and essential hypertension. Review of Resident #200's diagnoses list revealed the resident did not have a diagnosis of osteoporosis.</p> <p>Review of Resident #200's Activities of Daily Living (ADL) self-care care plan revealed an intervention, dated 10/12/23 to transfer the resident with a two person assist and the use of a Hoyer mechanical lift.</p> <p>Review of Resident #200's quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited a memory problem. The MDS did not reflect Resident #200 had any type of impairment to either upper extremities and was not coded to have a diagnoses of osteoporosis.</p> <p>Review of Resident #200's progress note dated 05/14/24 at 10:47 A.M. revealed during resident care, the resident injured herself with a Hoyer mechanical lift bar. The State tested Nursing Assistant (STNA) was getting ready to get the resident up when the incident happened. The nurse did an assessment and observed a minor skin tear above the resident's right eye lid. The area was cleansed with normal saline, pat dry and triple antibiotic ointment. A band aide was applied. The nurse practitioner (NP) and power-of-attorney (POA) were made aware.</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>Note: The nursing home is disputing this citation.</p>	<p>Review of Resident #200's progress note dated 05/14/24 at 3:30 P.M. revealed the resident's right arm was edematous compared to the left with red, raised area to the antecubital area and small purple discoloration to the back of the right hand. The note indicated the resident's arm was flaccid, and the resident showed signs of pain to the entire upper extremity. The NP, hospice and POA were notified. X-rays were ordered.</p> <p>Review of Resident #200's progress note dated 05/14/24 at 9:16 P.M. revealed the resident's x-ray results identified a displaced fracture of the right distal humerus. There was no evidence this was a chronic/old injury or that the fracture appeared pathological in nature (evidence of osteoporosis). The NP and POA were notified of the x-ray results.</p> <p>Record review revealed the facility submitted a self-reported incident (SRI), dated 05/14/24 and coded as unusual source involving Resident #200. The SRI noted Resident #200 was treated in house for a distal humerus fracture and continued under hospice care. The investigation revealed the resident was removed from the bed via a mechanical lift by STNA #702 at approximately 4:00 A.M. on 05/14/24. STNA #702 admitted to self-transferring the resident, who was slightly resistive to morning care. Evidence collected was inconclusive in determining a definitive cause of injury. However, the SRI noted it was suspected Resident #200 bumped her arm on the mechanical lift bar during the morning care.</p> <p>Review of Resident #200's Statement of Witness form dated 05/14/24 authored by STNA #702 indicated he was doing the last round and was preparing Resident #200 to get her ready for the Hoyer mechanical lift when the resident grabbed the Hoyer strap bar and hit herself above the right eye. The resident was resistant to care.</p> <p>Review of Resident #200's progress note dated 05/15/24 at 12:27 P.M. revealed new orders were obtained from the NP for a sling to the right arm for comfort measures.</p> <p>Interview on 05/21/24 at 8:35 A.M. with Licensed Practical Nurse (LPN) #813 revealed LPN #920 had reported to her during the shift report that Resident #200 sustained an injury to her right eyebrow during a Hoyer mechanical lift transfer. The nurse stated at around 3:30 P.M., STNA #703 told her that the resident complained of right arm pain. She said the resident's right arm was flaccid (different from baseline) and she called and obtained an x-ray which showed evidence of a fracture.</p> <p>Telephone interview on 05/21/24 at 9:10 A.M. with STNA #703 revealed she worked day shift on 05/14/24 and was told in report Resident #200 had bumped her face on the Hoyer mechanical lift bar and caused an injury.</p> <p>Interview on 05/21/24 at 9:29 A.M. with NP #807 revealed she was aware of Resident #200's right arm fracture and felt it was pathological in nature due to a diagnosis of osteoporosis. The NP indicated the osteoporosis diagnosis was within her NP records, but the facility did not provide evidence of this diagnosis upon request.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Interview on 05/21/24 at 9:31 A.M. with STNA #702 indicated on 05/14/24 before the end of his shift, Resident #200 was in bed and he provided incontinence care to the resident. The Hoyer mechanical lift was over the resident. He stated that he had turned to throw the soiled incontinence brief into the trash when the resident had become antsy and had grabbed the bottom of the Hoyer mechanical lift and hit herself in the head with the lift causing an injury to the face above the right eye. He stated he proceeded to transfer the resident by himself using the Hoyer mechanical lift from the bed to the Broda chair. When questioned, he stated it was common practice to use a Hoyer mechanical lift with only one staff member even though he was provided education that Hoyer mechanical lifts required two staff members. He stated STNA #843 worked on the unit with him and was in the process of using a Hoyer mechanical lift to transfer his own people and he did not think to ask for assistance.</p> <p>Interview on 05/21/24 at 10:11 A.M. with STNA #843 stated he could not remember if he worked with STNA #702 on 05/14/24 but verified he did not assist STNA #702 in transferring Resident #200 from the bed to a wheelchair on this date.</p> <p>Telephone interview on 05/21/24 at 1:34 P.M. with LPN #920 indicated he was doing his morning medication administration when STNA #702 reported Resident #200 had an injury with a Hoyer mechanical lift bar. He stated he cleansed the resident's right eye but was unaware of a fracture to the right arm. He stated he was unaware STNA #702 had transferred the resident by himself using a Hoyer mechanical lift.</p> <p>During the onsite complaint investigation, the facility was unable to provide any other explanation as to the cause of the resident's fracture that occurred on 05/14/24. The facility investigation/SRI documentation reflected while being transferred by only one staff member (instead of two as per care plan and policy) it was suspected Resident #200 bumped her arm on the mechanical lift bar during the morning care. The resident's injury/fracture was identified following this resident care interaction.</p> <p>Review of the Safe Lifting and Movement of Residents policy, revised 01/01/22 revealed each resident was assessed to determine lifting and movement assistance needs. At times, it was necessary to include the use of mechanical lifts to protect the safety and well-being of staff and residents, and to promote quality of care. Two staff shall be present to assist during all patient lifts utilizing a mechanical lift.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154089 and Complaint Number OH00154066.</p>		