

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Canton Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2550 Cleveland Avenue NW Canton, OH 44709	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47985</p> <p>Based on record review, interview, observation, review of a facility investigation, and facility policy review, the facility failed to ensure residents were properly transferred by mechanical lift. This affected two residents (#22 and #44) of three residents reviewed for transfers. The facility census was 53.</p> <p>Actual Harm occurred on 05/05/24 when two State tested Nursing Assistants (STNA's) were transferring Resident #22, who had severely impaired cognition and was dependent on staff for transfers, via mechanical lift to her wheelchair and failed to operate the mechanical lift properly, resulting in Resident #22 falling and sustaining a spiral femur fracture requiring surgery and hospitalization . The resident was assessed to exhibit severe pain with leg movement following the incident and signs/symptoms of pain/distress throughout the morning of 05/06/24 before being transferred to the hospital.</p> <p>Findings included:</p> <p>1. Record review revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including localized edema, anxiety disorder, Alzheimer's Disease, and polyosteoarthritis. Additional diagnoses added in May 2024 included fracture of unspecified part of neck of left femur, history of falling, altered mental status, pain in left hip, fall from other furniture initial encounter, other acute post-procedural pain, and anemia.</p> <p>Review of a care plan revised on 06/23/21 revealed Resident #22 had an activity of daily living (ADL) self-care performance and mobility deficit related to weakness, right artificial hip, anxiety, lower back pain, and severe cognitive impairment with a goal of participating in self-care to optimum level as evidenced by clean, odor free and dressed daily. Interventions included transfers with a hooyer lift and two staff to get out of bed in the morning and a sit to stand with two person assist for all other transfers.</p> <p>Review of a nursing note dated 05/05/24 at 4:56 P.M. by Licensed Practical Nurse (LPN) #201 revealed at 4:00 P.M. a State tested Nurse Aide (STNA) came to this nurse to report the hooyer lift had started to tip while transferring resident, STNAs were able to lower resident to the floor slowly while securing the lift. Resident was given a head-to-toe assessment with no injuries noted, then placed into wheelchair, STNAs were given an in-service on hooyer lift safety during transfers for the fall intervention.</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: 366300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Canton Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2550 Cleveland Avenue NW Canton, OH 44709	
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 a nursing note dated 05/06/24 at 6:19 A.M. by Registered Nurse (RN) #221 revealed Resident #22 was showing signs of severe pain when her left leg was moved, with the on-call providers paged twice and no response. After 6:00 A.M. the facility nurse practitioner was notified with orders for x-ray of left hip, left femur, left knee, and left lower leg.</p> <p>Review of a nursing note dated 05/06/24 at 10:35 A.M. by LPN #215 revealed Resident #22 was awake in bed with signs and symptoms of pain/distress this morning, nurse instructed STNAs not to move resident and leave her in bed, an x-ray was ordered, results were received and report to the provider and the Director of Nursing (DON). Transportation was arranged and Resident #22 was sent to the emergency department for evaluation and treatment. DON called Resident #22's representative to notify them.</p> <p>Review of a discharge Minimum Data Set (MDS) assessment completed on 05/06/24 revealed Resident #22 had severely impaired cognition, required maximum assistance for upper body dressing, lower body dressing, putting on footwear, personal hygiene, and bed mobility, was dependent on staff for transfers, always incontinent of bladder, and frequently incontinent of bowel.</p> <p>Review of a nursing note dated 05/06/24 at 2:54 P.M. by LPN #215 revealed she spoke with the hospital emergency department nurse and received an update, Resident #22 would be admitted for the femur fracture and was waiting on a trauma consult.</p> <p>Review of a nursing note dated 05/06/24 at 2:57 P.M. by DON revealed she made contact with Resident #22's responsible party after playing phone tag all morning to inform her Resident #22 was sent to the hospital with a fracture for evaluation and treatment.</p> <p>Review of a nursing note dated 05/07/24 at 6:44 P.M. revealed an unspecified RN spoke with Resident #22's responsible party and the surgeon stated the surgery went well, Resident #22 had a rod placed to support fractured left femur, would likely be in the hospital for two to three more days, and would be non-weight-bearing for eight weeks.</p> <p>Review of a nursing note dated 05/10/24 at 7:55 P.M. revealed Resident #22 readmitted to the facility.</p> <p>Review of a written statement from STNA #237 dated 05/05/24 revealed while transferring Resident #22, the hoier lift fell over and they made sure she didn't get hurt.</p> <p>Review of a written statement dated 05/05/24 by STNA #230 revealed while moving Resident #22 from the bed to the chair with a lift, the legs came apart and flipped. STNA #230 stated she caught Resident #22 while STNA #237 lowered the hoier to the floor.</p> <p>Review of an additional statement from STNA #237 dated 05/05/24 revealed she was guiding the hoier pad with Resident #22 in it while getting the wheelchair ready while STNA #230 was operating the hoier lift, when they turned the lift around, it started to tip, both STNAs grabbed Resident #22 and lowered her to the floor. The legs of the hoier lift were open.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Canton Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2550 Cleveland Avenue NW Canton, OH 44709	
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 an additional statement from STNA #230 dated 05/05/24 revealed she was operating the hooyer lift and when she pulled it away from the bed and started to turn it, the hooyer started tipping over. The other STNA grabbed Resident #22 to catch her from falling to the floor, the legs of the hooyer were open and they were careful with the transfer.</p> <p>Review of an interview from STNA #237 dated 05/06/24 revealed she and STNA #230 tried to transfer Resident #22 from the bed to her wheelchair when the hooyer lift began to tip. STNA #237 and #230 caught Resident #22 and lowered her to the floor before she fell . STNA #237 stated she felt as though STNA #230 was always in too much of a hurry and rushed the residents.</p> <p>Review of an interview from STNA #230 dated 05/06/24 revealed she and STNA #237 were trying to transfer Resident #22 from the bed to the wheelchair when the hooyer lift started to tip over. STNA #230 stated she and STNA #237 grabbed Resident #22, caught her, then lowered her to the floor so she would not fall. STNA #230 stated Resident #22 did not cry out in pain but did appear to be scared.</p> <p>Review of an interview from LPN #201 dated 05/06/24 revealed STNAs reported to him at 4:00 P.M. Resident #22 was in the hooyer lift when it tipped, STNAs told him they caught Resident #22 and lowered her to the floor. A head-to-toe assessment was completed including vital signs and range of motion with no signs or symptoms of injury or distress. LPN #201 stated he gave the STNAs an in-service on hooyer safety usage as the intervention because he felt they used the hooyer improperly.</p> <p>Review of a hospital note dated 05/07/24 revealed Resident #22 presented from the facility after an incident in the hooyer lift where she ended up on the ground and was found to have a distal left femur spiral fracture. Resident #22 was admitted under trauma service, with an orthopedic consult for surgery to complete an open reduction total fixation of left femur on 05/07/24.</p> <p>Review of a care plan dated 05/14/24 revealed Resident #22 had a hip fracture related to fall, non-ambulatory status, fall 05/06/24 with spiral fracture during transfer and underwent surgical intervention of left retrograde femoral rodding on 05/07/24.</p> <p>Review of a MDS assessment completed on 05/17/24 revealed Resident #22 had severely impaired cognition, was dependent on staff for upper body dressing, lower body dressing, putting on footwear, personal hygiene, bed mobility, and transfers, and was always incontinent of bowel and bladder.</p> <p>Interview on 05/23/24 at 3:00 P.M. with STNA #230 revealed she was not actually using the hooyer, but guiding Resident #22 in the hooyer sling to her wheelchair. STNA #230 stated while transferring Resident #22, STNA #237 was operating the hooyer lift when she turned it around and it started to tip. STNA #230 stated she did not know why the lift had started to tip because she was focused on Resident #22 but when she noticed the hooyer began to tip, she attempted to get the wheelchair closer, but was not able to, so she went to the ground on her knees to catch Resident #22. Resident #22's back landed on STNA #230's chest, but Resident #22's coccyx and legs hit the floor. STNA #230 stated it was hard to tell how hard the impact to the ground was because it happened so quick and there was no way to ease the hooyer lift when it tips over. STNA #230 stated Resident #22 fell , and was not lowered to the ground.</p> <p>Interview on 05/23/24 at 4:07 P.M. with STNA #250 and STNA #257 revealed the legs of hooyer lifts do not open unless the remote was used to open the legs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Canton Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2550 Cleveland Avenue NW Canton, OH 44709	
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>Interview on 05/23/24 at 4:43 P.M. with the Maintenance Director revealed the hooyer lifts were electric and operated by a remote. The Maintenance Director stated if everything on the inspection checklist was operating correctly, there was no way the hooyer lift legs could open up without someone pressing the button.</p> <p>Interview on 05/23/24 at 5:12 P.M. with DON confirmed the conflicting statements as noted above in the facility fall investigation and interviews.</p> <p>2. Record review revealed Resident #44 was admitted to the facility on [DATE] with diagnoses including anxiety disorder, Alzheimer's disease, and osteoporosis. Review of a care plan dated 09/26/22 revealed Resident #44 had an ADL self-care performance and mobility deficit related to anxiety, chronic pain, cognitive impairment, hypertension, osteoporosis, atrial fibrillation, spinal stenosis, non-ambulatory, needs assistance with ADL's, and muscle weakness. Interventions included use a hooyer lift for all transfers and the assistance of two staff members.</p> <p>Review of a MDS assessment dated [DATE] revealed Resident #44 had severely impaired cognition and was dependent on staff for transfers. Review of an order dated 01/06/22 revealed Resident #44 required a hooyer lift with assistance of two staff for all transfers.</p> <p>Observation on 05/23/24 at 3:59 P.M. revealed STNA #250 and #257 assisting Resident #44 with a hooyer lift transfer from her bed to her standard wheelchair. Resident #44 was resting in bed with a hooyer pad under her. STNA #250 and STNA #257 began connecting the hooyer lift to the sling using the red loops, instructed Resident #44 to cross her arms, then STNA #257 began lifting Resident #44 by operating the hooyer lift. Once Resident #44 was lifted from the bed, the hooyer legs were closed then the staff began to move the hooyer lift. While STNA #257 operated the lift, STNA #250 helped to guide Resident #44 towards her wheelchair. Once Resident #44 was hovering over the wheelchair, STNA grabbed the wheelchair and tilted it backwards onto its back wheels with the front wheels completely off the ground and held the wheelchair in place until Resident #44 was lowered into the seat. STNA #250 then lowered the front wheels of the wheelchair down then began to disconnect Resident #44 from the lift.</p> <p>Interview on 05/23/24 at 4:54 P.M. with STNA #250 revealed she positioned Resident #44's wheelchair by tilting it back on the back wheels. STNA #250 stated Resident #44 is the only resident who transfers by hooyer into a standard wheelchair and an agency aide taught her to tilt the wheelchair back to make it easier to position Resident #44 in the chair. STNA #250 stated she had not considered the risks of the wheelchair slipping and falling.</p> <p>Review of hooyer lift bi-monthly inspections dated 12/11/23, 02/13/24, 04/18/24, and 05/08/24 revealed all lifts in the facility were in proper working condition.</p> <p>Review of Resident Council Minutes from 04/11/24 revealed a resident had concerns related to a young, female staff member attempting to transfer him to his bedside commode with a front-wheeled walker. The resident stated he had to educate the staff member on what a bedside commode was, what a sit-to-stand lift was, and how to operate it. Resident stated other aides eventually came to help with the situation so he was able to transfers safely but he was concerned about training because the interaction made him uncomfortable.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Canton Christian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2550 Cleveland Avenue NW Canton, OH 44709	
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	<p>Review of a Fall policy dated 01/24/23 revealed a fall was any unintentional change in position where the resident ended up on the floor, ground, or other lower level.</p> <p>Review of a policy titled Lifting Machine, Using a Mechanical dated 09/2022 revealed lift design and operation vary across manufacturers, staff must demonstrate competency using the specific machines or devices utilized in the facility.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00153814.</p>		