

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/17/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Morgan County		STREET ADDRESS, CITY, STATE, ZIP CODE  419 South Kingston Street Wartburg, TN 37887	

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 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27405</b></p> <p>Based on facility policy review, medical record review, hospital record review, and interview the facility failed to implement care plan interventions related to safe transfers with a mechanical lift for 1 resident (Resident #5) of 10 resident care plans reviewed which resulted in actual Harm for Resident #5.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Comprehensive Care Plans and Revisions, dated 9/11/2024, revealed .The facility will ensure .each resident's person-centered [care plan] .is reviewed and revised .that includes but not limited to .appropriate staff .by resident's needs .</p> <p>Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Cirrhosis of the Liver, Bipolar Disorder, and Morbid Obesity.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Continued review revealed the resident was dependent on staff for toileting, shower, and upper and lower body dressing.</p> <p>Review of comprehensive care plan for Resident #5 dated 2/17/2021, revealed Resident #5 was dependent on staff for mobility and required 2 to 4 staff member assistance for transfers related to the resident's morbid obesity.</p> <p>Review of a Dietary Progress Note for Resident #5 dated 3/15/2023, revealed the resident weighed 425 pounds.</p> <p>Review of a Nursing Progress Note for Resident #5 dated 3/15/2023 at 6:11 AM, revealed .CNA [Certified Nursing Assistant] was attempting to put resident [Resident #5] to bed after a shower with the mechanical lift. [The] CNA stated he turned to move the shower chair and heard a scream. When he turned, he seen the resident in the floor and the loop on [the] sling [had] ripped. CNA yelled for nurse. This nurse found the resident in the floor complaining with right ankle and right wrist pain .MD [medical doctor] and DON [director of nursing] notified. EMS [emergency medical services] called for transport to .[hospital] .</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 445239	If continuation sheet Page 1 of 4

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<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Emergency Hospital Documentation for Resident #5 dated 3/15/2023, revealed Resident #5 received a distal radial and ulnar fractures to the right wrist.</p> <p>During an interview on 9/17/2024 at 4:12 PM, CNA C stated he was the only staff member in Resident #5's room attempting to put her to bed when he turned and observed Resident #5 in the floor with the lift sling ripped. Continued interview revealed the CNA was aware Resident #5 required the assistance of at least 2 staff members and confirmed he was the only staff member in the room during the transfer at the time of the fall.</p> <p>During an interview and facility documentation review on 9/17/2024 at 4:40 PM, the Director of Nursing (DON) stated Resident #5 required the assistance of 2 to 4 staff members for transfers. The DON confirmed CNA C was the only staff member present when transferring Resident #5 with the mechanical lift. The DON confirmed Resident #5's comprehensive care plan was not followed related to safe transfers, and Resident #5 received an injury as a result of the fall on 3/15/2023.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27405</p> <p>Based on facility policy review, lift sling manufacture's guidelines review, medical record review, hospital record review, and interview the facility failed to prevent a fall from a mechanical lift for 1 resident (Resident #5) of 3 residents reviewed for falls which resulted in actual Harm for Resident #5.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Fall Management, dated 9/22/202, revealed .Each resident receives adequate supervision and assistance devices to prevent accidents .implement interventions, including adequate supervision .in order to eliminate the risk, if possible, and, if not, reduce the risk of an accident . Adequate supervision is determined by assessing the appropriate level and number of staff required .</p> <p>Review of the manufactures guidelines titled, full body patient sling, dated 2016, revealed .weight capacity 600 pounds .recommends that two (2) assistants be used when positioning the patient sling .</p> <p>Review of the medical record revealed Resident #5 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Cirrhosis of the Liver, Bipolar Disorder, and Morbid Obesity.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed Resident #5 scored a 15 on the Brief Interview for Mental Status (BIMS) assessment which indicated the resident was cognitively intact. Continued review revealed the resident was dependent on staff for toileting, shower, and upper and lower body dressing.</p> <p>Review of the comprehensive care plan for Resident #5 dated 2/17/2021, revealed Resident #5 was dependent on staff for mobility and required 2 to 4 staff members for transfers related to the resident's morbid obesity.</p> <p>Review of a Dietary Progress Note for Resident #5 dated 3/15/2023, revealed the resident weighed 425 pounds.</p> <p>Review of a Nursing Progress Note for Resident #5 dated 3/15/2023 at 6:11 AM, revealed .CNA [Certified Nursing Assistant] was attempting to put resident [Resident #5] to bed after a shower with the mechanical lift. CNA stated he turned to move the shower chair and heard a scream. When he turned, he seen the resident in the floor and the loop on sling ripped. CNA yelled for nurse. This nurse found the resident in the floor complaining with right ankle and right wrist pain .MD [medical doctor] and DON [Director of Nursing] notified. EMS [emergency medical services] called for transport to .[name of hospital] .</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>Review of Emergency Hospital Documentation dated 3/15/2023, revealed .patient .presents to the ER [emergency room ] .after a fall .landing on her right side .she braced herself landing on her right outstretched arm .X ray wrist complete 3 plus views .impression .Distal radial and ulnar fractures .</p> <p>Review of a Nursing Progress Note for Resident #5 dated 3/15/2023 at 11:30 PM, revealed .spoke to ED [emergency department] nurse and patient will be transported back to facility as soon as an ambulance is available. X-rays show a broken wrist, the ED is splinting it .</p> <p>Review of a Nursing Progress Note for Resident #5 dated 3/16/2023 at 6:27 PM, revealed .resident returned from .[hospital] .by EMS .at 10:55 AM .right wrist/arm is splinted .</p> <p>During an interview on 9/17/2024 at 11:50 AM, Resident #5 stated she remembered the fall which resulted in a fracture to her wrist .I don't know what happened it [the sling] was within the weight guidelines .</p> <p>During an interview on 9/17/2024 at 4:12 PM, CNA C stated he was the only staff member in Resident #5's room attempting to put her to bed. CNA C stated he turned, then turned back around and saw Resident #5 in the floor and the sling (from the mechanical lift) had ripped. Continued interview revealed the CNA was aware Resident #5 required the assistance of at least 2 staff members for the transfer with the mechanical lift and confirmed he was the only staff member in the room at the time of the fall.</p> <p>During an interview and facility documentation review on 9/17/2024 at 4:40 PM, the Director of Nursing (DON) stated Resident #5 required the assistance of 2 to 4 staff members for transfers. The DON confirmed CNA C was the only staff member present when transferring Resident #5 with the mechanical lift and confirmed Resident #5 received an injury as a result of the fall on 3/15/2023.</p>		