

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interviews, staff interviews, and review of facility documents, the facility staff failed to protect a resident's right to be free of sexual abuse for 2 of 5 residents (Resident #1 and Resident #3) in the survey sample, which constituted harm.</p> <p>The findings included:</p> <p>Resident #1 was initially admitted to the facility on [DATE]. The current diagnoses included other mechanical complications of the internal right hip prosthesis, muscle weakness, chronic kidney disease, other sickle-cell disorders without crisis, anxiety disorder, and major depressive disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment, with an assessment reference date (ARD) of 2/15/25, coded the resident as having completed the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated that Resident #1's cognitive abilities for daily decision-making were intact.</p> <p>Resident #3 was no longer a resident of the facility; therefore, a closed record review was conducted. Resident #3 was admitted to the facility on [DATE], was discharged home on 4/25/25. The resident's diagnoses included metabolic encephalopathy, unspecified cirrhosis of the liver, muscle wasting and atrophy, and end-stage renal disease.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 3/28/25 coded the resident as having completed the Brief Interview for Mental Status (BIMS) and scoring 14 out of a possible 15. This indicated that Resident #3's cognitive abilities for daily decision-making were intact.</p> <p>An interview was conducted on 5/6/25 at 4:55 PM with Resident #1. Resident #1 stated that in February 2025 (not sure of the exact date), the Receptionist said to him, You are too stressed out. You need your dick sucked. Resident #1 also stated that a few days later, the same Receptionist displayed a picture on his phone to Resident #1 of him giving oral sex to another male. Resident #1 further stated that he informed the Activities Assistant regarding these two occurrences.</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: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During the interview, Resident #1 stated that at the end of March 2025 (not sure of the exact date), the Receptionist puckered his lips up, blew a kiss, and made smacking sounds directed towards him. Resident #1 also stated, I felt humiliated and got angry. Resident #1 further stated that immediately after this incident occurred, he saw the Assistant Director of Nursing (ADON) in the hallway laughing and felt as if she was laughing at him. Resident #1 stated that he asked the ADON why she was laughing and said to her, Everyone knows what that faggot did to me.</p> <p>On 5/6/25 at 5:55 PM, during the interview, Resident #1 became very emotional and began crying. Resident #1 stated, I have not had the best life. I've seen a lot of things. It's been hard for me to get this out of my mind. Why did he target me? I'm someone that has health issues. He was trying to take advantage of me. I feel like people are laughing at me. Am I a video game? I'm not gay. It's about my dignity. It's embarrassing and humiliating, and I'm angry.</p> <p>An interview was conducted on 5/7/25 at 3:15 PM with Certified Nursing Assistant (CNA) #2. CNA #2 stated that on 3/29/25, a Transportation Driver approached him and stated that the receptionist was very inappropriate in a sexual manner with him. CNA #2 also stated that on this same day, the receptionist got very close to him as well and started making funny noises in his ear. CNA #2 further stated that he perceived the actions that the receptionist did were sexual and told the receptionist, I don't go that way. Don't even try it. CNA #2 lastly stated that he did not tell the management team about these occurrences until the following week on 4/2/25 when he was asked questions by the Director of Nursing (DON) regarding the receptionist.</p> <p>A review of a written statement dated 4/2/25 by the Transportation Driver read: On Saturday, March 29, 2025, I came to pick up a resident for dialysis. As I was walking to push the resident's wheelchair, the weekend ambassador stood in front of me and tried to grab my private area. I pushed his hand away. He tried to touch my private area again, so I left to get a witness. I grabbed a CNA, and he stopped trying to touch me. After that, I had no more incidents with him.</p> <p>An interview was conducted on 5/7/25 at 5:35 PM with the Administrator. The Administrator stated that a Facility Reported Incident was initiated and investigated regarding the incidents that occurred over the weekend of 3/29/25-3/30/25. The Administrator also stated that the police were contacted on 4/3/25 to inform them of the sexual allegations, and a police report was filed. The Administrator further stated that the Receptionist was terminated and is not registered with any licensing board. The Administrator lastly stated that sexual abuse was confirmed for four individuals (Resident #1, Resident #3, CNA #2, and the Transportation Driver), and the allegations of sexual abuse are substantiated.</p> <p>An interview was conducted on 5/8/25 at 12:20 PM with the former ADON. The former ADON stated that on 3/31/25, Resident #1 told her that the receptionist puckered his lips up, blew him a kiss, and made a smacking sound. The former ADON also stated, Resident #1 was very agitated, upset, and visibly irritated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on 5/8/25 at 12:38 PM with the Discharge Planning Assistant. The Discharge Planning Assistant stated that she interviewed Resident #3 on 4/2/25 regarding interaction with the weekend receptionist. The Discharge Planning Assistant also stated that Resident #3 informed her that on one occasion the Receptionist came to his room to inform him that his ride was on the way and said to him, I want to suck that dick. The Discharge Planning Assistant further stated that Resident #3 said he was unsure if he heard him correctly. However, the Receptionist repeated it again as they got closer to the double doors. The Discharge Planning Assistant lastly stated that Resident #3 said when he came back to the facility from his dialysis appointment, the receptionist was standing in the business office with the lights off and was beckoning him to come in, however he ignored him.</p> <p>An interview was conducted on 5/8/25 at 2:10 PM with the Activities Assistant. The Activities Assistant stated that Resident #1 told her that the male receptionist said to him, have you ever had your dick sucked? The Activities Assistant also stated that Resident #1 said that the receptionist has videos of it on his phone. The Activities Assistant further stated, I'm a mandated reporter, so I told the Social Worker Assistant and the Social Worker about this, and then the Administrator wanted to speak with me.</p> <p>The Facility's Abuse/Neglect/Misappropriation/Crime policy with an effective date of 10/17/23 read: Patients of the Center have the legal right to be free from verbal, sexual, mental, and physical abuse, corporal punishment, involuntary seclusion including abuse facilitated or enabled through the use of technology, and free from chemical and physical restraints except in an emergency and/or as authorized in writing by a physician.</p> <p>On 5/8/25 at approximately 5:00 PM, a final interview was conducted with the Administrator, Director of Nursing, and Regional Director of Clinical Services. An opportunity was offered to the facility's staff to present additional information. They had no further comments and voiced no concerns regarding the above information.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on staff interviews and review of facility documents, the facility staff failed to ensure a violation involving abuse was reported to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services), within two hours of the violation occurring.</p> <p>The findings included:</p> <p>An interview was conducted on 5/7/25 at 2:50 PM with the Director of Nursing (DON). The DON stated that CNA #2 disclosed information on 4/2/25 during an interview regarding sexual allegations that occurred on 3/29/25. The DON stated that CNA #2 should have reported this to the Administrator, the Director of Nursing, or his immediate supervisor no later than two hours after the incidents occurred.</p> <p>An interview was conducted on 5/7/25 at 3:15 PM with Certified Nursing Assistant (CNA) #2. CNA #2 stated that on 3/29/25 a transporting driver approached him and stated that the receptionist was very inappropriate in a sexual manner with him. CNA #2 also stated that on this same day the receptionist got very close to him as well and started making funny noises in his ear. CNA #2 further stated that he perceived the actions that the receptionist did was in a sexual manner and told the receptionist, I don't go that way. Don't even try it. CNA #2 lastly stated that he did not tell the management team about these occurrences until the following week on 4/2/25 when he was asked questions by the Director of Nursing (DON) regarding the receptionist.</p> <p>A review of a written statement dated 4/2/25 by the Transportation Driver read: On Saturday March 29, 2025, I came to pick up a resident for dialysis. As I was walking to push the resident's wheelchair, the weekend ambassador stood in front of me and tried to grab my private area. I pushed his hand away. He tried to touch my private area again, so I left to get a witness. I grabbed a CNA, and he stopped trying to touch me. After that, I had no more incidents with him.</p> <p>An interview was conducted on 5/7/25 at 5:35 PM with Administrator. The Administrator stated that a Facility Reported Incident was initiated and investigated regarding the incidents that took place on the weekend of 3/29/25-3/30/25. The Administrator also stated that sexual abuse was confirmed for four individuals. The Administrator further stated that the allegation of sexual abuse is substantiated.</p> <p>Review of a reportable incident filed by the facility, documented the report was faxed to the Office of Licensure and Certification on 3/31/25 at 4:33 PM.</p> <p>The Facility's Abuse/Neglect/Misappropriation/Crime policy with an effective date of 10/17/23 read: All employees are responsible for immediately (no later than two hours after the allegation is made if the incident involves abuse or bodily injury, no later than 24 hours if the incident does not involve abuse or bodily injury) reporting to the Administrator, or in their absence, the Director of Nursing, or their immediate supervisor any and all suspected or witnessed incidents of patient abuse, neglect, theft, exploitation and/or mistreatment of a patient as well as any reasonable suspicion of a crime against a patient.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/25 at approximately 5:00 PM, a final interview was conducted with the Administrator, Director of Nursing, and Regional Director of Clinical Services. An opportunity was offered to the facility's staff to present additional information. They had no further comments and voiced no concerns regarding the above information.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on resident interview, staff interviews, clinical record review, and review of facility documents, the facility staff failed to follow the professional standards of quality regarding two trained staff members assisting with mechanical lifts and transfers for 1 of 5 residents (Resident # 5), in survey sample.</p> <p>The findings included:</p> <p>Resident #5 was originally admitted to the facility 11/22/22. The current diagnoses included chronic kidney disease, type 2 diabetes mellitus with other diabetic kidney complication, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 5/5/25 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 09 out of a possible 15. This indicated Resident #5's cognitive abilities for daily decision making were moderately impaired.</p> <p>An interview was conducted on 5/12/25 at 3:30 PM with Resident #5. Resident #5 stated that she was hit in the head by the Hoyer lift bar when a Certified Nursing Assistant (CNA) was providing care for her. Resident #5 also stated that she told the CNA that she was hit in the head by the bar. Resident #5 further stated that there was only one CNA in the room when this incident occurred.</p> <p>An interview was conducted on 5/12/25 at 5:13 PM with the Director of Nursing (DON). The DON stated that it was an accident when the Hoyer sling bar hit Resident #5 in the head. The DON also stated that due to this occurring, Resident #5 received a small hematoma on the head. The DON further stated that two trained staff members must assist with mechanical lifts and transfers.</p> <p>An interview was conducted on 5/13/25 at 10:45 AM with CNA #3. CNA #3 stated that she began giving Resident #5 care, and called for help, but no one came. CNA #3 also stated that she was transferring Resident #5 with the Hoyer lift and the leg of the Hoyer lift got caught on the roommates bed and the Hoyer lift began to tip. CNA #3 further stated that she maneuvered Resident #5 in the sling, called for help, and when help arrived, they unhooked Resident #5. CNA #3 lastly stated that she never saw the Hoyer lift sling bar hit Resident #5 in the head. When asked if it is standard protocol for one (1) person to operate a mechanical lift alone? CNA #3 stated, No it is not. It's standard to have two (2) individuals assisting with Hoyer lift transfers.</p> <p>The facility's Mechanical Lift policy with an effective date of 1/29/24 read: Two trained staff must assist with mechanical lift and transfer.</p> <p>According to the Office of People with Developmental Disabilities (State of New York): The number of staff required to perform a transfer is at the discretion of the practitioner who prescribed or recommended use of a mechanical lift device. However, it is always best practice to use mechanical lift equipment with a minimum of two staff. One staff member's primary role is the operation and movement of the lift equipment. The second staff is primarily responsible for the safe positioning of the individual in the sling or harness system during the transfer. Both staff should continually observe and communicate with each other and the individual throughout the transfer.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>chrome-extension://efaidnbmninnbpcjpcglclefindmkaj/https://opwdd.ny.gov/system/files/documents/2021/09/2021-use-of-mechanical-lifts.pdf</p> <p>On 5/13/25 at approximately 4:40 PM, a final interview was conducted with the Administrator, Director of Nursing, Regional Director of Clinical Services, Regional Director of Operations, and Corporate Compliance Specialist. An opportunity was offered to the facility's staff to present additional information. They had no further comments and voiced no concerns regarding the above information.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	
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>Based on resident interview, staff interviews, clinical record review, and review of facility documents, the facility staff failed to provide two-person assistance while transferring Resident #5, which resulted in the resident being struck in the head by the Hoyer lift sling bar for 1 of 5 residents in the survey sample.</p> <p>The findings included:</p> <p>Resident #5 was originally admitted to the facility 11/22/22. The current diagnoses included chronic kidney disease, type 2 diabetes mellitus with other diabetic kidney complication, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and muscle weakness.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 5/5/25 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 09 out of a possible 15. This indicated Resident #5's cognitive abilities for daily decision making were moderately impaired.</p> <p>An interview was conducted on 5/12/25 at 3:30 PM with Resident #5. Resident #5 stated that she was hit in the head by the Hoyer lift bar when a Certified Nursing Assistant (CNA) was providing care for her. Resident #5 also stated that she told the CNA that she was hit in the head by the bar. Resident #5 further stated that there was only one CNA in the room when this incident occurred.</p> <p>An interview was conducted on 5/12/25 at 5:13 PM with the Director of Nursing (DON). The DON stated that it was an accident when the Hoyer sling bar hit Resident #5 in the head. The DON also stated that due to this occurring, Resident #5 received a small hematoma on the head. The DON further stated that two trained staff members must assist with mechanical lifts and transfers.</p> <p>An interview was conducted on 5/13/25 at 10:45 AM with CNA #3. CNA #3 stated that she began giving Resident #5 care, and called for help, but no one came. CNA #3 also stated that she was transferring Resident #5 with the Hoyer lift and the leg of the Hoyer lift got caught on the roommate's bed and the Hoyer lift began to tip. CNA #3 further stated that she maneuvered Resident #5 in the sling, called for help, and when help arrived, they unhooked Resident #5. CNA #3 lastly stated that she never saw the Hoyer lift sling bar hit Resident #5 in the head. When asked if it is standard protocol for one (1) person to operate a mechanical lift alone? CNA #3 stated, No it is not. It's standard to have two (2) individuals assisting with Hoyer lift transfers.</p> <p>An interview was conducted on 5/13/25 at 12:10 PM with Licensed Practical Nurse (LPN) #2. LPN #2 stated she heard CNA #3 yelling for help and upon entering Resident #5's room, she saw Resident #5 in the chair, the Hoyer lift was tilted, and the CNA was holding the Hoyer. LPN #2 also stated that she assisted the CNA with unhooking the sling off the Hoyer Bar. LPN further stated that about 15 minutes later she was called to dining room and informed by Resident #5's son that the resident had a bruise on top of her head.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 561 North Airport Drive Highland Springs, VA 23075	

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>An interview was conducted on 5/13/25 at 1:24 PM with LPN #3. LPN #3 stated an assessment was completed immediately upon being notified of the Hoyer lift bar possibly hitting Resident #5 in the head. LPN #3 also stated that a raised area on top of Resident #5's head was observed. LPN #3 further stated that the CNA providing care for Resident #5 should not have been operating the Hoyer lift alone.</p> <p>A review of the eInteract Change in Condition Evaluation form dated 5/8/25 at 12:19 PM read: Writer notes nurse reports that while resident was being transferred by hoyer lift, resident reported that the lift bar hit the resident in the top of her head. Skin Status Evaluation: Raised area on top of head.</p> <p>A review of the Nursing Progress Note dated 5/8/25 at 1:58 PM read: Nursing observations, evaluation, and recommendations are: Writer notes nurse reports that while resident was being transferred by hoyer lift, resident reported that the lift bar hit the resident in the top of her head.</p> <p>A review of the MEDICAL (MD,NP,PA) Progress Note dated 5/9/25 at 1:48 PM read: Head trauma from hoyer lift. Appears accidental injury, but APS filed by family for further investigation, Patient currently denied any pain at the site of injury, had ED visit 5/8/2025 where she had thorough trauma evaluation and no acute injuries noted. Small hematoma on crown region reported by nursing staff yesterday has now resolved Continue pain control with acetaminophen, may use lidocaine patch if convenient.</p> <p>A review of the Emergency Department After Visit Summary dated 5/8/25 read: You were seen in the ER after hitting your head. Our trauma team evaluated you and found no significant injuries or reasons to be admitted to the hospital. You are cleared to go back to your facility.</p> <p>The facility's Mechanical Lift policy with an effective date of 1/29/24 read: Two trained staff must assist with mechanical lift and transfer.</p> <p>On 5/13/25 at approximately 4:40 PM, a final interview was conducted with the Administrator, Director of Nursing, Regional Director of Clinical Services, Regional Director of Operations, and Corporate Compliance Specialist. An opportunity was offered to the facility's staff to present additional information. They had no further comments and voiced no concerns regarding the above information.</p>