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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>675306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                        | (X3) DATE SURVEY<br>COMPLETED<br><br>04/09/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Bluebonnet Nursing and Rehabilitation                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>696 Fm 99<br>Karnes City, TX 78118 |                                                 |
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| F 0689<br><br>Level of Harm - Immediate<br>jeopardy to resident health or<br>safety<br><br>Residents Affected - Few                | <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> 28619</p> <p>Based on observations, interviews, and record reviews the facility failed to ensure the environment was free of accident hazards and supervision of staff for one resident (#1) of 3 residents who required mechanical lift transfers.</p> <p>NA A transferred Resident #1 alone on 01/17/2024 at 08:15 AM with a mechanical lift which required 2 people for safety. One of the straps holding the sling came loose and Resident #1 slipped toward the floor and hit her head on the mechanical lift which caused a head laceration and fractures to C4 (provides sensation for parts of the neck, shoulders and upper arms) and C5 (controls the deltoid muscles of shoulders and biceps, provides sensation to the upper arm down to the elbow).</p> <p>The noncompliance was identified as PNC. The IJ began on 01/17/2024 and ended on 01/18/2024. The facility had corrected the noncompliance before the survey began.</p> <p>This deficient practice could affect residents who require transfers with the mechanical lift at risk for injury or death.</p> <p>The findings included:</p> <p>Record review of Resident #1's electronic face sheet dated 04/05/2024 reflected she was admitted to the facility on [DATE]. Her diagnoses included: Alzheimer's disease (progressive mental deterioration that can occur in middle or old age, due to generalized degeneration of the brain), dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain), atherosclerotic heart disease (thickening or hardening of the arteries caused by a buildup of plaque in the inner lining of an artery (a blood vessel that carries blood from the heart to tissues and organs in the body) and neurocognitive disorder with Lewy bodies (a type of progressive dementia that leads to a decline in thinking, reasoning and independent function).</p> <p>Record review of Resident #1's annual MDS assessment with an ARD of 03/09/2024 reflected she was not a candidate for a BIMS assessment which signified she was severely cognitively impaired. She could rarely understand and rarely be understood. Resident #1 was dependent on staff for her ADL's. She required 2 people for her transfers.</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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>Record review of Resident #1's comprehensive person-centered care plan revised 01/05/2024 reflected Focus, resident has an ADL self-care performance deficit, Interventions, transfer the resident requires mechanical lift (devices used to assist with transfers and movement of individuals who require support for mobility beyond the manual type of transfer) for transfers x 2 staff. Date initiated: 11/05/2021. Further review reflected Focus, alteration in musculoskeletal status r/t fracture of the C2-4, C collar splint (a cervical collar, also known as a neck brace, is a medical device used to support and immobilize a person's neck) as recommended, when out of bed. Date initiated: 01/19/2024.</p> <p>Record review of Resident #1's progress note written by LVN B dated 01/17/2024 at 08:41 AM reflected Transfer Notification.] Resident #1] was transferred to a hospital on 01/17/2024 08:46 AM related to resident fell on to floor, causing a 2 cm laceration to top of head. Hematoma (a pool of mostly clotted blood that forms in tissue) to right forehead, 4x2 with abrasion.</p> <p>Record review of Resident #1's hospital CT (computed tomography scan is a medical imaging technique used to obtain detailed internal images of the body) dated 01/17/2024 at 09:54 AM reflected Reason for exam, laceration to head, trauma/injury, Findings, nondisplaced transversely oriented fracture ((still broken bones, but the pieces weren't moved far enough to be out of alignment during the break) involving the right C4 inferior articular facet (smooth, anterolaterally(the position of a structure as being away from the middle line, in front of the body) facing articular (referring to the joint or joints) processes of a lumbar vertebra) and right C5 superior articular facet (the superior articular processes project vertically upward from the articular pillars (the columnar arrangement of the articular portions of the cervical vertebrae) between the pedicles (connect the vertebral body to the transverse processes) and the [NAME] (connect the transverse and spinous processes) (a series of levers both muscles of posture and for muscles of active movement).</p> <p>Record review of NA A's written statement dated and signed 01/17/24 (untimed) reflected he was looking for someone to help, but no one was around and they were understaffed, so he attempted to place Resident #1 in the bed by himself. During the process, the sling on the mechanical lift on one side came undone and Resident #1 slipped out and he helped to guide her to the floor as safe as possible but she did hit the top of her head, and he immediately called for the nurse.</p> <p>Record review of the Administrator's follow-up note (undated) reflected he interviewed NA A on 01/17/2024 and was told NA A did not see anyone in his hall so he did not ask for assistance with the mechanical lift transfer for Resident #1. He stated his investigation of staffing revealed the census at the time was 58 and there were 2 nurses, one medication aide and 4 aides assigned to the units, and administrative staff was available.</p> <p>(continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>Record review of the Administrator's PIR dated 01/17/2024 at 10:39 AM reflected: Aide was suspended pending investigation. He was subsequently terminated. All staff were given abuse and neglect in-service and were trained on Hoyer policy requiring 2 people. Instructions given for intervening and reporting if witnessing improper Hoyer transfer. 100% of aides were required to perform return demonstration of proper Hoyer lift use. Family, physician, and Medical Director were informed of the incident. All Hoyer lift residents received a heat to toe assessment for any evidence of injury. Monitoring was implemented for incidents involving Hoyer residents. Five return demonstrations to be performed a week for 4 weeks and upon new hire. Training on recognizing sling condition was done with staff. Administrative staff examined all slings to ensure they were in good condition. Hoyer lifts were inspected. They were inspected in November 2023 by an outside company per policy. Aide verbalized to administrator that he knew a Hoyer transfer should be performed by 2 people. He verbalized that he had been trained to use the Hoyer. The NA chose not to wait for assistance as he did not see anyone in his hall. Hoyer was performed properly for getting Resident #1 out of bed. All equipment functioned properly and was in good condition during transfer. Poor decision making on part of the NA led to the incident. QA team had an Ad Hoc meeting to discuss and correct the situation.</p> <p>Record review of NA A's CNA Proficiency Audit dated 04/04/2023 reflected he was signed off as an S for Transfers Hoyer lift- 2 person assist.</p> <p>Observation on 04/04/2024 at 08:00 AM of Resident #1 revealed she was sitting in the dining room in a Geri-chair and had a C-collar around her neck.</p> <p>Interview on 04/05/2024 at 1:00 PM with the Administrator, he stated after Resident #1 was sent out to the hospital for evaluation he reported the incident to HHSC immediately. He stated that later in the day a nurse from the hospital informed a nurse at the facility of Resident #1's fracture. He immediately identified that 100% in-services for the nursing assistants needed to be done and a competency of their performance for mechanical lift transfers. He stated that was completed on 01/18/2024. He stated 100% of the staff, nursing and non-nursing staff were in-serviced on abuse and neglect and on having 2 people for a mechanical lift transfer and to report any variances of that immediately. He stated that was completed on 01/18/2024. He stated he checked the staffing for 1/17/2024 at 08:15 AM when the incident happened, and sufficient staff were available in the building and that NA A chose not to wait.</p> <p>Attempted interview on 04/09/2024 with NA A at 10:00 AM revealed the phone number listed for him at the facility was disconnected.</p> <p>Observation on 04/05/2024 at 09:10 AM of Resident #1 being transferred from her Geri chair to the bed by CNA D and NA E revealed no concerns.</p> <p>Observation on 04/08/2024 at 12:30 PM of Resident #2 being transferred from her Geri chair to the bed by CAN D and CNA F revealed no concerns.</p> <p>Interview on 04/09/2024 at 2:50 PM with LVN B revealed she assessed Resident #1 when the incident happened, made notifications to include the Administrator and had Resident #1 transferred to the hospital.</p> <p>(continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>Interview on 04/09/2024 at 09:00 a.m. with the DON at the time, RN C, she stated Resident #1 was transferred with a mechanical lift by NA A, who did not ask for help. She stated that he was trained on how to use the mechanical lift and everyone was retrained after the incident.</p> <p>Record reviews of the other two residents who required Hoyer lift transfers, Resident #2 and Resident #3 reflected both had 2-person transfers care planned and identified in their MDS assessments.</p> <p>Record review of the facility policy and procedure titled Hydraulic Lift (undated) reflected The hydraulic lift is a mechanical device used to transfer a resident from and to the bed and chair It is reserved for those who are paralyzed, obese or too weak to transfer without complete assistance. The number of staff to provide assistance with the transfer should be determined by manufacturer recommendations The resident will receive safe transfer to bed or chair via a mechanical lift device.</p> <p>Record review of the owners guide for the MEDLINE Hydraulic lift MODEL: MDS450EL (undated) reflected Transfer From Bed and From Chair To Bed .with the assistance of another caregiver.</p> <p>The facility course of action prior to surveyor entrance included:</p> <p>Record review of the Administrator's PIR dated 01/17/2024 revealed: All required notifications were made which included the Medical Director, Responsible Party, Physician, Nurse Practitioner, QA Ad Hoc Committee and HHSC.</p> <p>Record review of NA A's personnel folder reflected he was immediately suspended pending investigation on 01/17/2024 and subsequently terminated.</p> <p>Record review dated 01/17/2024- 54 staff, all staff, were in-serviced on using a staff roster were checked off and signed for in-services titled: Abuse/Neglect, Mechanical Lift.</p> <p>Record review of staff competencies dated from 01/17/2024 to 1/18/2024 reflected 100 return demonstrations were completed with the Hoyer transfers and 5 additional observations were done weekly and marked off by nurse managers for an additional 4 weeks. The staff who completed this training for the mechanical lift was all CNA's, MAs, and NAs, 12 CNAs, 6 MAs and 6 Student Nurse Aides to total 24</p> <p>Record review of slings examined dated 01/17/2024 to 04/09/2024 reflected the slings were examined weekly for condition and wear.</p> <p>STAFF INTERVIEWS ON TRAINING: 04/05/2024 from 2:00 PM to 3:30 PM revealed staff were scheduled for 12-hour shifts, many worked both day, evening, and night shifts.</p> <p>On 04/05/2024 at total of 3 LVN's, 5 CNA's and 2 NAs were interviewed on the mechanical lift transfers, 2 people requirement, intervening, reporting, abuse, and neglect. They were trained on asking for assistance, reporting if they witnessed someone trying to transfer a resident with a mechanical lift with one person, and to let the charge nurse know if they could not find someone to help them with a transfer. They were trained to check the straps for wear and condition and placement on the lift to ensure they were secure.</p> <p>(continued on next page)</p> |                                                                                 |                                                 |

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| F 0689<br><br>Level of Harm - Immediate<br>jeopardy to resident health or<br>safety<br><br>Residents Affected - Few                | <p>On 04/09/2024 between 02:00 PM and 5:00 PM, 2 RN's and 2 CNAs were interviewed on the mechanical lift, 2 people requirement, reporting, abuse, and neglect. They were trained on asking for assistance, reporting if they witnessed someone trying to transfer a resident with a mechanical lift with one person, and to let the charge nurse know if they could not find someone to help them with a transfer. They were trained to check the straps for wear and condition and placement on the lift to ensure they were secure.</p> <p>The noncompliance was identified as past noncompliance IJ. The noncompliance began on 01/17/2024 and ended on 01/18/2024 when all staff had been in-serviced on abuse/neglect, mechanical lift transfers (2 people required) and reporting it immediately if observed with only one person using the lift. The NA was suspended and then terminated before the surveyor entrance.</p> |                                                                                 |                                                 |