

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 745019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/21/2024
NAME OF PROVIDER OR SUPPLIER James L West Center for Dementia Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 Summit Ave Fort Worth, TX 76102	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45268</p> <p>Based on interview and record review, the facility failed to ensure the resident environment remained free of accidents hazards and each resident received adequate supervision and assistance devices to prevent accidents for 1 (Resident #1) of 3 residents reviewed for accidents hazards.</p> <p>The facility failed to ensure that Resident #1 who was a two-person transfer was transferred as a two person transfer instead of a one-person transfer.</p> <p>This failure could place residents at risk of falls or injuries.</p> <p>Findings included:</p> <p>Review of Resident #1's electronic face sheet dated 02/21/2024, revealed an [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses that included dementia (term used to describe a group of symptoms affecting memory, thinking and social abilities), Parkinson's disease (progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), and hypertension (high blood pressure).</p> <p>Review of Resident #1's quarterly MDS dated [DATE], revealed Resident #1 had a BIMS of 01 which indicated severe cognitive impairment. Review of section GG titled functional abilities and goals indicated Resident #1 required two person assist for transfer from chair to bed.</p> <p>Review of Resident #1's care plan revised 03/16/2022 indicated focus areas included the following: Resident #1 had an ADL Self Care Performance Deficit. interventions included to TRANSFER: The resident requires mechanical Hoyer lift with two staff for assistance.</p> <p>Review of camera footage dated 02/12/2024 at 7:29 AM provided by Family A revealed CNA B had Resident #1 on the sling and hooked the sling up to the mechanical Hoyer lift. CNA B proceeded to lift Resident #1 off the bed and attempt to position him to transfer him to the wheelchair without assistance of another CNA. CNA B lifted Resident #1 from over the bed then put him back over the bed and left him hanging in the air while she went to get assistance.</p> <p>Observation on 02/21/2024 at 10:50 AM, Resident #1 was in his bed in the lowest position with a mat on the floor. Resident #1 was not able to complete an interview due to cognitive impairment.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 02/21/2024 at 10:53 AM, CNA C stated she did assist CNA B with transferring; however, she was not sure if CNA B had attempted to transfer Resident #1 before she arrived to the room. CNA C stated transfers using mechanical Hoyer lifts should be done with two people.</p> <p>Interview on 02/21/2024 at 2:45 PM, CNA B stated she was trying to determine if the Hoyer lift was working properly or not which was why she was moving the resident in the lift. CNA B stated residents should have been transferred using a Hoyer lift with two people. CNA B stated the risk of transferring a resident with one-person would-be injury. CNA B stated she had completed Hoyer lift training when she was hired; however, she was not sure if she had it again.</p> <p>Interview on 02/21/24 at 3:00 PM, the Director of Nursing revealed therapy completed most trainings regarding transfers. The Director of Nursing stated the education department was responsible for keeping track of when staff were due for training. The Director of Nursing stated she was not aware of CNA B attempting to transfer Resident #1 alone. The Director of Nursing stated staff were trained to always have two people for transferring residents with Hoyer lift. The Director of Nursing stated the risk of transferring a resident alone using a Hoyer lift would be possible injury to the staff member as well as the resident. The Director of Nursing stated Caregiver B would be suspended and retrained regarding transfers.</p> <p>Review of the facility policy Safe lifting and movement of residents revised 2017 revealed, Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices. Mechanical lifting devices shall be used for heavy lifting, including lifting, and moving residents when necessary. Only staff with documented training on the safe use and care of the machines and equipment used in this facility will be allowed to lift or move residents.</p>		