STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235502	A. BUILDING _____ B. WING _____	07/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BEAUMONT REHABILITATION & CONTINUING CARE DEARBORN	**16391 ROTUNDA DR DEARBORN, MI 48120**

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	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to MI 226. Based on observation, interview, and record review, the facility failed to provide appropriate transfer assistance for one (#601) resident reviewed for accidents, resulting in Resident #601 sustaining a right humerus (long bone in the arm that runs from the shoulder to the elbow) fracture and experiencing pain. Findings include: The complainant reported to the State Agency that facility staff failed to transfer resident safely resulting in a fracture. On 7/14/2020 at 12:00 PM, Resident #601 (R601) was observed awake in her bed. When R601 was queried if she had a recent fall, she said, No. R601 then added, My arm got broke. That was a while back. The girl (Certified Nurse Aide (CNA) F) went to get someone to help transfer me. The guy (CNA C) lifted me and my arm snapped. He no longer works here. They took an x-ray and that's when they knew it was broke. A review of R601's clinical record documented admission into the facility on [DATE]. Her [DIAGNOSES REDACTED]. A Minimum Data Set ((MDS) dated [DATE] documented intact cognition. A MDS dated [DATE] documented R601 was totally dependent upon staff for transfers which required two+ person physical assistance. Additional record review documented in part the following clinical notes: --3/15/2020 at 3:31 AM (nursing): received resident awake in bed watching TV with no acute distress noted .Resident complained of general pain, PRN (as needed) Tylenol given. --3/16/2020 at 2:37 PM (Physician): Resident says she has been having right shoulder and upper arm pain since she was transferred from her bed yesterday. Right side is paralyzed but now hurts since being moved. No recent falls. Right upper extremity pain. Obtain right shoulder and humeral x-ray. Continue present medications. --3/16/2020 at 2:58 PM (nursing): Patient received this morning in her room alert and awake. Patient has complaints of pain in her right shoulder .X-ray results came back showing fracture is present .Family, patient, and Nurse Practitioner notified. Patient ordered to follow up with ortho. --3/16/2020 at 3:08 PM (restorative CNA): resident received AROM (active range of motion) 15 reps x 2 for 15 minutes to both (lower and upper extremities) to restore her strength and mobility. Resident stopped after a few minutes stated her arm was hurting. Notified the nurse and they ordered an x-ray. --3/17/2020 at 2:19 PM (nursing): Resident alert and able to make needs known to staff .Medicated for pain in right arm as ordered with effectiveness. --3/17/2020 at 11:04 PM (nursing): resident alert and able to make needs known to staff. PRN [MEDICATION NAME] (medication used to relieve moderate to severe pain) administered for shoulder pain with effectiveness. --3/18/2020 at 4:08 AM (nursing): Resident complained of right arm pain at 1:00 AM. PRN [MEDICATION NAME] administered with positive results. --Radiology report of 3/16/2020 documented: Impressions: Impacted fracture surgical neck of the right humerus. On 7/14/2020 at 3:03 PM, the facility's investigation into R601's fractured humerus was reviewed with the Director of Nursing (DON). --CNA C's written statement indicated in part the following: I was asked to assist with a transfer of a resident .I went in and sat the patient up on the bedside. I had already placed her wheelchair at the side of the bed. Once I placed the bed at the same level of the wheelchair, I lifted and slid the resident over into the wheelchair. The aide thanked me for my help and I went on to finish rounding. --The following was noted in the facility summary: While lifting (R601) (CNA C) lost his gripping and shifted with a short jerking motion during the transfer. When queried about the facility summary that CNA C lost his gripping, the DON said, The (former) Administrator talked with (CNA C) and got that info from him. It was not part of his statement. When queried if the former Administrator's interview with CNA C was documented or if there was a written statement from CNA F, the DON stated that neither were part of the investigation packet. On 7/14/2020 at 3:15 PM, CNA F was queried about R601's transfer. CNA F said she asked for assistance because (R601) is a two person assist. (CNA C) picked (R601) up by himself. CNA F added, I'm not sure why he picked her up by himself. When queried if she saw CNA C slip or lose his footing, CNA F said, No. CNA F stated she saw R601's elbow hit the arm rest. On 7/14/2020 at 3:30 PM, the DON produced a written statement from CNA F which indicated the following: He (CNA C) picked her up and put her in the chair. When she went in the chair, her elbow hit the arm rest. The chair and bed were level. This statement was dated 7/14/2020. On 7/14/2020 at 4:35 PM, R601's plan of care related to her transfer status between 3/10/2020 and 3/25/2020 was reviewed with MDS Coordinator, Nurse D. On 3/12/2020 CNA F documented that R601's transfer status was extensive two-person assist. When queried about how the CNAs know a resident's transfer status, Nurse D said, There is a Kardex in their room. On 7/14/2020 at 5:11 PM, the DON stated that CNA C no longer works at the facility. He was an agency employee. The DON said, We did not do a disciplinary. I feel the disciplinary was not to let him come back. When queried about what CNA C did wrong, the DON said, The MDS showed (R601) was a two-person (assist), she should have been a two-person assist. (CNA C) did it himself. The DON provided documentation that indicated CNA C's last day of employment at the facility was 3/17/2020 related to being under investigation for fall and playing games in patient's room. The facility policy titled, Transfer Policy, undated, was reviewed and revealed in part the following: --Check the resident's Kardex to see what kind of transfer the resident is (i.e. 1 person, 2 person, hoyer lift).

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.