STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676313	A. BUILDING _____ B. WING _____	03/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAREDO NURSING AND REHABILITATION CENTER	1701 TOURNAMENT TRAIL DR LAREDO, TX 78041

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** Based on observation, record review and interview, the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents, for one Resident (R #1) of 7 residents reviewed for falls and accident hazards. R #1 required 2 persons transfer with a mechanical lift. CNA D transferred R #1 by herself. R #1 fell and sustained a proximal left humeral fracture. The facility did not provide the type and amount of supervision necessary to prevent R #1 from falling and sustaining a fracture. This failure could place residents with high risk for falls at risk for additional falls and injuries. The findings included: Review of R #1's Face sheet dated March 4, 2020 documented an [AGE] year-old male admitted [DATE], with a re-admission date of [DATE], with the [DIAGNOSES REDACTED]. R #1 was discharged [DATE]. Review of R #1's Minimum Data Set ((MDS) dated [DATE] documented he: - had severe cognitive impairment due to rarely/never being understood. -required extensive assistance for all activities of daily living -required two-person assistance with bed mobility and transfers. -was frequently incontinent of urine and bowel -had one fall since admission or prior assessment with no injury Review of R #1's Care Plan dated 6/24/2014 which was revised on 1/21/2019 documented I have an Activity of Daily living self-care performance deficit related to [MEDICAL CONDITIONS] with [MEDICAL CONDITION] and left upper extremity contracture, dementia. Goal I will maintain current level of function in bed mobility, transfers, eating, dressing, toilet use and personal hygiene, through the review date. Interventions documented . -Toilet use: I am not toileted. I require extensive two staff participation for incontinent care. (date initiated 6/2[DATE]4 and date revised 6/1[DATE]8) -Transfers: I require two staff participation for transfers with hoyer lift (mechanical lift). (date initiated 6/2[DATE]4 and date revised 10/1[DATE]8) Review of R#1's Nurse's Note dated 1/31/20 6:20 AM documented Notified by CNA that resident was slipping off shower chair and she assisted him to the floor in order to break the fall. Upon entering resident's room found resident in supine position on the floor between the left side of the bed and shower chair. Resident alert and with no signs and symptoms of distress noted. Resident able to move upper and lower extremities with no complications. Resident with contracture to left arm. With assistance of CNA, resident transferred to bed for further assessment. Vital signs taken: Blood Pressure 157/90, Respirations 20, Pulse 75, Temperature 97.9 degrees Fahrenheit, and Oxygen saturations 99% on Room Air. Description of Initial Action/ Follow up to action: Once in bed, head to toe assessment performed and noted resident with small closed abrasion to right forearm, light purple discoloration to left shoulder area with a small purple (blotch) next to it. As we continued with assessment resident did do facial grimacing as if in pain when left arm was moved. Pain medication administered at this time. Called MD at this time, left voice message pending MD response. ADON aware. Review of R#1's Nurse's Note dated 1/31/20 7:04 AM documented MD returned call and was informed of current situation. Resident resting comfortably in bed with no facial grimace or distress noted at this time. MD gave orders for X-ray of left shoulder to hand. X-rays scheduled STAT, pending to get done. At approximately 7:10AM, Responsible Party was notified and expressed no concerns, just wants call back with results. Review of Radiology Interpretation for R #1 dated 1/31/20, revealed impression: evidence of proximal left humeral fracture. Acute or subacute in nature. During an interview with CNA D on [DATE] at 1:21 PM, CNA D stated she could not find a staff member to help her transfer R #1 back from the shower chair to the bed. CNA D stated, There was no staff on the hall or on the floor, so I took it upon myself to pick up R #1 and transfer him alone. CNA D stated I knew R #1 was a two person transfer with a hoyer (mechanical lift), but I wasn't going to leave him in the chair until I could find someone because I didn't know how long that would take. CNA D stated she placed her arms under R #1's arms and around his body and started to transfer. When she took R #1 off the chair, he immediately began to slip, so she grabbed tighter around his body and assisted him slowly to the floor. CNA D stated, when that occurred, the left arm which was contracted, moved upward. CNA D said she heard a pop to R #1's left arm. She lowered R #1 to the ground and called the nurse immediately. CNA D stated LVN A came into the room and assessed R #1. CNA D stated this was an accident and I was fired because I didn't get assistance to use a hoyer lift (mechanical lift). During an interview on [DATE] at 3:30 PM, LVN A stated she was notified by an unidentified CNA that R #1 had a fall. LVN A stated CNA D told her R #1 had not fallen, but was assisted to the ground because during the transfer, R#1 had slipped from the shower chair. LVN A stated CNA D said she had guided R #1 to the floor and she heard a pop from R #1's left side but did not specify the exact location. LVN A stated R #1 was alert on the floor lying face up and he did not show signs of pain. LVN A said she checked R #1's vital signs which were stable and did a quick assessment. LVN A stated, she and CNA D and another unidentified CNA transferred R #1 with a draw sheet back to bed for further assessment. LVN A stated she was able to examine R #1 while he was in bed more thoroughly and realized that he had a slight grimace when she manipulated his left arm. LVN A said she gave R #1 his PRN (as needed) pain medication. LVN A said she notified R #1's doctor and the doctor ordered an x ray which was carried out. LVN A said she called the DON, ADON, responsible party, and administrator about the incident. LVN A stated R #1 required the assistance of two persons during transferring and also required the use of a mechanical lift. LVN A said she asked CNA D why she transferred R #1 alone and why she did not ask for help, and CNA D told her that she was looking in the hallways for help, but she did not see anyone so, she did it by herself. LVN A stated that CNA D should have asked for help from another staff member or turned on the call light to let other staff members know that help was needed. During an interview on [DATE] at 2:43 PM, the DON stated R #1 required the assistance of two persons with a mechanical lift, but CNA D transferred R #1 from the shower chair to the bed by herself. The DON said CNA D said R #1 slipped during transfer and she assisted R #1 to the floor. CNA D said she heard a pop from one of R #1's arms. The DON stated CNA D should have called another staff member to help her with the transfer. The DON stated, we tell the staff to press the call light or continue to look for someone to assist with the transfer and/or wait for assistance. Review of the facility's undated Total Mechanical Lift Competency checklist which is used as a procedure guide and check off for staff members indicated Mechanical lift operation: a. Ensures two caregivers are present. As of exit date 3/4/20, the facility took the following actions to correct the non-compliance by: -Observations made by the surveyor on 3/4/20 of two other residents in the facility being transferred as indicated on care plan and Kadex with the proper use of a mechanical lift and two nursing staff. -Seven licensed nursing staff interviewed by the surveyor on 3/4/20 stated they had received training from the facility on 1/31/20 about transfers with a mechanical lift and gait belt, proper use of Kardex, abuse and neglect, fall prevention, call lights, and repositioning. These staff represented all shifts. During an interview on 3/4/20 at 2:45 PM, the DON stated some ways the facility attempts to prevent and reduce falls are daily rounds done by managers into designated rooms to check on the residents and make sure that all interventions that are required for that resident are in place. Other ways to prevent falls is by using a fall star program which highlights and identifies the residents that are at risk for falls, so that staff can monitor them more frequently and make sure that any intervention set for that resident in the Kardex are followed. Staff have been in-serviced on 1/31/20 on requiring two persons for all mechanical

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.

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F 0689 **Level of harm -** Actual harm **Residents Affected -** Few	(continued... from page 1) lift transfers, how to properly use the mechanical lift, and following the Kardex. Facility staff and rehabilitation staff worked together to show a demonstration of how to properly use a mechanical lift for a transfer and a gait belt transfer. They had staff return the demonstration to properly evaluate staff abilities and to make sure staff understood the teaching. The DON stated that an action plan for the fall was included in the QAPI meeting on 2/2/20 and the facility documented that the problem identified was increased falls and major injury. The DON stated the action plan dated 2/2/20 included training CNAs, medication aides, charge nurses on stop and watch declines and SBARs. The action plan had assigned walk through for department managers. Reviewed fall and risk management in morning meetings and completed a fall track and trends, and reviewed interventions carried out in care plans and ensured guardian angel rounds were done daily, which allowed managers to go to assigned rooms and check on each resident in the room.