STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675746	A. BUILDING _____ B. WING _____	09/03/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CORONADO NURSING CENTER	**1751 N 15TH ST ABILENE, TX 79603**

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 interview and record review the facility failed to ensure each resident received adequate supervision and assistance to prevent accidents for 1 (Resident #1) of 3 residents reviewed for accidents. On 8/28/20 CNA A failed to ensure safe use of Hoyer lift with Resident #1. CNA A failed to operate the Hoyer lift with two staff per facility policy and failed to ensure all the straps of the sling were secure causing Resident #1 to have a fall from the sling and Hoyer lift. This failure was determined to be past non-compliance due to the facility having implemented action that corrected the non-compliance prior to the beginning of the investigation. This failure placed residents at risk of injury due to accidents. Findings: Record review of Resident #1's electronic face sheet accessed on 9/1/20 revealed a [AGE] year old female who was originally admitted on [DATE] with a most recent admission of 9/12/20 with the following Diagnosis: [REDACTED]. Resident #1 was discharged to a local hospital on [DATE] and was no longer at the facility. Record review of Resident #1's most recent quarterly Minimum (MDS) data set [DATE] revealed Resident #1 had adequate hearing and could easily understand others and make herself understood. Resident #1 had a Brief Interview for Mental Status score of 15 out of 15 which indicated an intact cognition. Resident #1 did not have a history of behaviors or rejecting care. Resident #1 could eat with supervision but needed extensive assistance with two persons for most other activities of daily living including transfers. Resident #1 also utilized a wheelchair for mobility. Record review of Resident #1's Care plan revealed a problem area of activities of daily living with the following goal: My activities of daily living needs will be anticipated and met; I will be clean, dry, and my dignity will be maintained without injury over the next 90 days. With one the following approaches: Resident requires a 2 assist with transfers with a Hoyer. This care plan was initiated on 1/18/19 and was discontinued 8/29/20 after her transfer to a local hospital. Record review of Resident #1's most recent event report dated 8/28/20 at 8:50 am revealed Resident #1 had a fall in her room which afterwards she verbally expressed excruciating pain at a 10 out of 10 pain scale. The event report revealed bruising to the right knee. Resident #1 was alert and had strong extremity movement in all extremities except for the right lower extremity. The event report also stated the use of a Hoyer lift as a contributing factor to the fall. Review of the vital signs record on the event report were the following Temperature 97.5 degrees Fahrenheit, pulse of 97 beats per minute (normal rage for an adult is 60-100), respiration 22 breaths per minute (normal range of respirations is 12-18), blood pressure was 128/81 millimeters of mercury (normal range of blood pressure is 90/60-120/80), oxygen saturation at 97% which was with in normal limits, and Resident #1 rated her pain at a 10 out 10 and she had also vomited once. The event report revealed she was taken to a local hospital via emergency medical services. (Note the increase in pulse, respiration, blood pressure, and the vomiting are indicators that confirm her report of severe pain). Record review of the Resident #1's progress notes for 8/28/20 revealed two entries. The first entry was at 9:00 am revealed a fall with right knee pain, notification of Resident #1 physician, order received to transport to local hospital, and attempt made to notify Resident #1 responsible party. The second entry is at 9:28 am revealed Resident #1 had vomiting and that she was taken to a local hospital via emergency transportation. In an interview on 8/31/20 at 5:22 pm Family member A stated the facility called her the morning of 8/28/20 and left a voicemail notifying her Resident #1 was injured. She called the facility and spoke with the director of nursing (DON) and the DON told her that certified nurse aide (CNA) A was using the Hoyer lift alone and her mother had a fall and was transported to a local hospital for precaution. Family member A stated Resident #1 right femur was confirmed broken by the doctor at 11:05 am via x-ray. Family member A stated at 11:35 am she got to see the right leg and it had a lot of swelling, bruising, and a knot above the knee on outer leg and Resident #1 was in a lot of pain. Family member A stated Resident #1 needed surgery for [REDACTED]. In a telephone interview on 9/1/20 at 2:45 pm CNA A stated she was transferring Resident #1 from the bed to her wheelchair via a Hoyer lift and she was doing so alone which she has done before in the past and is a common practice for the facility. CNA A did state it was facility policy to use a Hoyer lift with two people. CNA A stated Resident #1 requested to have a sheet in the sling as the sling hurts her legs and CNA A did place a sheet in the sling for her. CNA A stated as she began to lift Resident #1 off the bed she moved the foot of the bed over and then Resident #1 lower part of the sling came undone and Resident #1 slid out of the sling onto the bed and then slid off the bed to the floor. CNA A then called for help, and Resident #1 was complaining of pain. Record review of statement from interview with CNA A signed by the DON with no date but provided to this surveyor on 9/1/20 by the DON revealed CNA A stated she had heard before she was to have two people for a Hoyer lift but believed she could do it alone. CNA A confirmed there was a nurse on the station with her, but she did not seek out help from her because Resident #1 was ready to get up. CNA A also used a sheet between Resident #1 and the sling at the request of Resident #1. CNA A also stated she did not check to see if the sling was on properly and thinks the feet part is why she slid. In an interview on 9/1/20 at 1:45 pm the DON stated that CNA A admitted to operating the Hoyer lift alone even though CNA A knew it required two people to operate. The DON stated an inspection of the Hoyer lift and sling was done after the fall and it was determined the Hoyer lift and the sling did not malfunction, but that CNA A did not properly hook the sling to the lift. The DON stated a Hoyer lift should always been done with at least 2 people, but CNA A choose to do it alone and it resulted in an injury to Resident #1. The DON stated CNA A was a long-time employee of [AGE] years and knew operating the Hoyer lift alone was against facility policy, CNA A was placed on leave, had not been allowed to return, and was scheduled to be terminated on 9/5/20. Record review of a written statement provided on 9/3/20 by the DON revealed the incident that occurred on 8/28/20 in which a staff member used a Hoyer lift to transfer a Resident #1 resulted in a fall with injury due to noncompliance with policy. Factors that contributed to the incident: 1. CNA A transported the resident with only herself present. 2. A sheet was placed over the sling per the resident request because the sling hurts her skin. 3. CNA A did not seek the assistance of the certified medication aide or nurse who were available to help because she felt that she could perform the task alone. Education provided to staff: 1. Residents are not assigned a personal sling and no other slings should be used that is purchased for our type of lift. 2. Competency assessments with a lecture piece and a return demonstration with emphasis on: a. Types of lifts. b. Appropriate sling. c. Role of each member present. d. How to verify that the resident is safe to transfer once the sling is placed under the resident. e. Making sure the sling is secured to the Hoyer lift. 3. Education provided to each resident that requires a Hoyer lift to educate the resident on refusing transfer with less than two staff present. Compliance: 1. 91% of staff have completed Hoyer proficiency. 2. Remaining 9% have been given instructions that they will not engage in Hoyer transfers until proven competency. CNA A was terminated due to the circumstances and not following policy. As the DON, I do not feel I can educate on not following policy and procedures. Record review of in service and competency check sheets revealed 8/28/20 education was started with staff and all except for 9-10% of staff had been in serviced by 8/30/20. In an interview on 9/1/20 at 4:00 pm Resident #3 stated he needs a Hoyer lift for transfers and in the past staff would

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) occasionally use the lift alone, but since 8/28/20 he has always had two people to operate the Hoyer lift. Resident #3 stated the facility did in service him to refuse a Hoyer lift transfer if a staff person was trying to operate the Hoyer lift alone. In an interview on 9/1/20 at 4:30 pm registered nurse (RN) A stated since 8/28/20 the facility has in-serviced them on Hoyer lifts and the role of the second person. RN A stated the in-service was a demonstration in service with her having to do a return demonstration. In an observation and interview on 9/2/20 at 1:45 pm CNA B and CNA C was observed transferring a resident from her wheelchair to her bed. CNA B and CNA C did not deviate from the steps laid out in the facility's policy for Using a Mechanical Lift. CNA B and CNA C stated they had attended a staff meeting where they were given reading material, demonstration, and a group participation activity with return demonstration on how to operate the lift and the role of the second person. CNA B and CNA C stated even before the in service they knew not to use a blanket or anything between the resident and the sling and to not operate the Hoyer lift alone. Record review of facility policy dated 2001 with a revision date of 2019 revealed the following: Using a Mechanical Lift, Purpose the purpose of this procedure is to establish the general principles of safe lifting using a mechanical lifting device. It is not a substitute for manufactures' s training or instructions. General Guidelines 1. At least two (2) nursing assistants required to safely move a resident with a mechanical lift . Steps in the Procedure .12. Attach sling straps to sling bar, according to manufacturer's instructions. a. Make sure the sling is securely attached to the clips and that it is properly balanced . c. Before resident is lifted, double check the security of the sling attachment. d. Examine all hooks, clips, or fasteners. e. Check the stability of the straps . 13. Lift the resident 2 inches from the surface to check the stability of the attachments, the fit of the sling and weight distribution . Record review of the facility's Hoyer user instruction manual dated 2015 revealed the following: .3. Safety precautions .DO NOT lift a patient unless you are trained and competent to do so . Never operate the lift with loose or missing parts or fasteners .5. Operating instructions .10. Slings: The selected sling is attached to the spreader bar hooks .