STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555375	A. BUILDING _____ B. WING _____	**05/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WINDSOR GARDENS CONVALESCENT CENTER OF LONG BEACH	**3232 E. ARTESIA BLVD. LONG BEACH, CA 90805**

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 -** Minimal harm or potential for 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 follow their policy by implementing safety measures to prevent a fall for one of three sampled residents (Resident 1). Resident 1, who required a two-person physical assist during repositioning, was not properly turned and repositioned by two staff members. This deficient practice resulted in Resident 1 falling from bed onto the floor, during repositioning by a Certified Nursing Assistant (CNA 1) alone. Findings: A review of Resident 1's Admission Face Sheet indicated the resident was admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's quarterly Minimum Data Set (MDS), a resident assessment and care screening tool, dated [DATE], indicated Resident 1 had no cognitive (thought process) problems, no impaired decision-making, and was able to make needs known and able to understand others. According to the MDS, the resident was assessed as requiring two-person assistance with bed mobility, transferring, totally dependent on locomotion on and off the unit, and extensive assistance with personal hygiene. A review of Resident 1's fall risk assessment dated [DATE] and timed at 9:07 a.m., indicated a score of 18 (a total score above 10 represents high risk for fall). According to the fall risk assessment, Resident 1 sustained multiple falls within six months. A review of Resident 1's care plan initiated on 2/17/20, identified a problem with risk for fall and injury related to general weakness, impaired mobility, impaired cognition, and history of falls. The goals indicated Resident 1 would be free of falls through the review date. The staff interventions included to provide a reachable call light, place the bed in lowest position, and side rails as ordered. A review of Resident 1's care plan initiated on 2/17/20, identified a problem with ADLs (Activities of Daily Living (tasks a person performs throughout their day)) self-care performance related to general weakness, impaired mobility, impaired cognition, and history of falls. The goals indicated Resident 1 would improve current level of function in bed mobility, transfers, and ADLs through the review date. The staff interventions included to use side rails as enablers for bed mobility, and determine resident's ability to reposition in bed. According to the care plan for bed mobility Resident 1 required (1-2) staff participation to reposition and turn in bed. A review of the facility's document titled Fall Scene Investigation, dated 3/2/20 and timed at 7:18 a.m., indicated Resident 1 sustained a witnessed fall. According to the report Resident 1 rolled out of bed while being changed by CNA 1 and landed on a floor pad. The report indicted Resident 1 was found lying on the left side. The report indicated the root cause of the fall was inadequate amount of assistance being provided during care. The report also indicated Resident 1 sustained skin tears to the left shoulder, left elbow, left wrist, and the right wrist. The report indicated the new interventions to prevent a reoccurrence included a transfer to the general acute care hospital (GACH) and provide two-person assistance during ADLs. During an interview on 3/18/20 at 6:15 a.m., Registered Nurse Supervisor (RN 1) stated he was notified by another staff member of Resident 1 rolling off the bed onto the floor during care by CNA 1. According to RN 1 the CNA (CNA 1) should have requested assistance and used bumper things for safety but did not. RN 1 stated a full body assessment was completed for Resident 1 with neurological checks (examination that determines the functioning of nerves delivering sensory information to the brain). RN 1 stated Resident 1 sustained skin tears to both arms, elbow and shoulders, with moderate pain on the left side of the body. RN 1 stated Resident 1 was able to move all limbs fully with no impairment, and continued care was endorsed to the next oncoming shift. During an interview on 3/18/20 at 2:24 p.m., CNA 1 stated Resident 1 was being repositioned during care and during the process of turning the resident on the left side, the resident rolled onto the floor. CNA 1 acknowledged caring for the resident alone. CNA 1 stated she tried to prevent Resident 1 from falling to the floor but was unable to stop the fall successfully. CNA 1 stated the other staff members were notified of the fall including RN 1, and they all assisted the resident back into bed. CNA 1 stated RN 1 provided care immediately after the fall. A review of the facility's policy titled Positioning, indicated for the residents to be moved and positioned as needed to promote comfort, relieve pain and to promote proper body posture. The policy indicated to turn resident to the side and to put side rail up on far side of the bed. A review of the facility policy titled, Falls Management, dated 11/2012 indicated, residents would be assessed for fall risk and interventions would be implemented to reduce the risk of falls. The policy indicated licensed nurses would monitor the residents' status and revise care plans as needed during their weekly progress notes. The policy indicated recent falls would be reviewed daily by a designated facility fall team, to evaluate cause, determine additional strategies as needed to prevent recurrence for each resident and further revise the care plan if needed.

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.