

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/18/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/04/2023
NAME OF PROVIDER OR SUPPLIER BETHESDA OF BERESFORD			STREET ADDRESS, CITY, STATE, ZIP CODE 606 W CEDAR BERESFORD, SD 57004		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 585 SS=F	<p>A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted from 10/3/23 through 10/4/23. Areas surveyed included accident hazards, grievances, and orientation and training for direct care staff. Bethesda of Beresford was found not in compliance with the following requirements: F585 and F689.</p> <p>Grievances CFR(s): 483.10(j)(1)-(4)</p> <p>§483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy</p>	F 585	<p>This deficiency has the potential to impact all residents.</p> <p>Administrator, DON, and interdisciplinary team reviewed and revised the Grievance Policy and Procedure will be reviewed and revised on 11/1/23. Resident Council will be held on 11/1/23 to discuss the new Grievance Policy and Procedure and where to locate them and announcing the Social Services Designee as the grievance official. Grievance forms will be located outside the nurse's station and included in the Resident Admission Handbook as well as the original location next to the Administration office with clear signage and in plain view.</p> <p>CNA C was removed from all future scheduled shifts on 10/11/2023. All employees will be educated on the Grievance Policy and Procedure by Administrator or designee, to included but not limited to, clear and accessible forms, written and verbal grievances or complaints, appropriate timeframes for following up, on 11/2/23.</p> <p>Administrator or designee will audit all Grievances, to included but not limited to, clear and accessible forms, written and verbal grievances or complaints,</p>	11/2/2023	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

10/25/2023

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.

OCT 27 2023

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F 585	Continued From page 1 to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by	F 585	appropriate resolutions and timeframes for following up, weekly for four weeks and then monthly for two more months. Administrator or designee will present the audit findings at the monthly QAPI meetings for review.	

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F 585	<p>Continued From page 2</p> <p>anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, observation, and policy review, the provider failed to implement an effective grievance process to ensure a resident's right to file grievances included documentation, investigation, and follow-up with the resident and the resident's representative's grievances regarding issues of resident care and quality of life that were important to the resident. That failure had the potential to affect all 35 residents.</p> <p>Specifically, the provider failed to ensure the following:</p>	F 585			

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F 585	<p>Continued From page 3</p> <p>*Information on how to file a grievance or complaint was available to the resident and their representative and posted in a prominent location.</p> <p>*The right to file a grievance, orally or in writing, the right to file grievances anonymously, the contact information of the grievance official with whom a grievance could have been filed, a reasonably expected time frame for completing the review of the grievance, and the right to obtain a written decision regarding his or her grievance.</p> <p>*The Grievance Official was clearly identified (the person who was responsible for overseeing the grievance process, receiving and tracking grievances through to a conclusion; leading any necessary investigations; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, and issuing written grievance decisions to the resident).</p> <p>*All written grievance decisions included the date that the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concern(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to have been taken by the provider as a result of the grievance, and the date the written decision was issued.</p> <p>*Maintenance of grievance documentation for a period of no less than three (3) years from the issuance of the grievance decision.</p> <p>*Prompt efforts to resolve grievances and to have kept the residents informed of progress toward the resolution.</p>	F 585		
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F 585	<p>Continued From page 4</p> <p>*Staff completed a grievance form if given an oral grievance, investigated and followed up with the resident and their representative.</p> <p>*The provider informed the resident council in writing the responses to concerns brought up in the resident council meetings and provided a prompt update on efforts by the provider to resolve any grievances.</p> <p>Findings include:</p> <p>1. Interview on 10/3/23 at 4:12 p.m. with resident 1 about submitting grievances revealed:</p> <p>*She verbally informed the director of nursing (DON) of any issues she had.</p> <p>*The resident explained that the DON had ended her employment with the provider the previous week.</p> <p>*She had a concern about certified nurse aide (CNA) C who "had been rough" with her over the past weekend.</p> <p>-Since the DON was no longer employed with the provider, she told the nurse on staff about the situation.</p> <p>-She could not remember which nurse she had informed about the above incident.</p> <p>-That nurse encouraged her to tell the administrator about the incident.</p> <p>-The resident informed the administrator the next day.</p> <p>-She said, "They must have talked to him [the CNA] about it because he came back and apologized."</p> <p>-She confirmed she felt comfortable with allowing CNA C to continue to provide care for her.</p> <p>2. Interview on 10/4/23 at 1:39 p.m. with administrator A and registered nurse (RN) B about their grievance process revealed:</p> <p>*They were aware of the above-described</p>	F 585		

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F 585	<p>Continued From page 5</p> <p>incident between resident 1 and CNA C.</p> <p>*Administrator A had spoken to CNA C and the CNA's contracted agency about the incident.</p> <p>-She felt that she had resolved the resident's concern.</p> <p>*She confirmed there was no documentation about that grievance.</p> <p>*The leadership team talked about "grievances" in their morning meeting each day and documented the grievance topics on their morning meeting notes.</p> <p>*She confirmed they had no formal grievance tracker.</p> <p>-There was no documentation of follow-up or actions that were completed regarding resolving grievances.</p> <p>-They usually would informally resolve issues and concerns.</p> <p>*They had no grievance official.</p> <p>3. Observations conducted throughout the facility on 10/4/23 from 2:30 p.m. to 2:49 p.m. revealed there was no information on how to file a grievance or complaint available to the residents or their representatives posted in a visible location.</p> <p>4. Interview on 10/4/23 at 2:30 p.m. with resident 2 about how he submitted grievances revealed:</p> <p>*If he had a concern to voice, he would inform whoever would come into his room.</p> <p>*He was not aware of any way to formally submit a grievance.</p> <p>*He had lost some clothes "a while back."</p> <p>-He told administrator A about his lost items.</p> <p>-He had not heard back about those lost clothes for about three weeks.</p> <p>-Eventually, administrator A informed him that they could not find his lost clothing and offered to</p>	F 585		
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F 585	<p>Continued From page 6</p> <p>replace the clothing items. "But they didn't fit anyway," he said.</p> <p>5. Continued interview on 10/4/23 at 2:50 p.m. with administrator A and RN B about resident or resident representative grievances revealed: *The residents who attended resident council would mostly voice complaints about food. -They were not aware of the requirement to address grievances that were brought up in resident council. *They confirmed there was no documentation of the verbal grievances from residents 1 and 2. *RN B revealed there was a manila folder with blank grievance forms that were hidden from plain view inside a binder which was labeled "Accident Reporting Urgent Safety." -The binder was used for staff to report work-related personnel injuries. -The binder was stored in a group of metal slots near the administration offices that contained the previous survey results. -The grievance forms were not in plain view.</p> <p>6. A request had been submitted on 10/3/23 to administrator A to review the past 60 days of grievances. Administrator A indicated there was no formal grievance documentation.</p> <p>7. Review of the provider's policy "Resident/Family/Representative Grievances/Complaints," last reviewed 2/6/14, read in pertinent part: **Purpose ...Residents and their families are encouraged to be in close communication with staff." -"We desire for them to feel free to visit with appropriate department heads ...at the time there is a question, concern, problem, or</p>	F 585		

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F 585	<p>Continued From page 7</p> <p>recommendation regarding treatment or care." --"This should always be done on a verbal basis first; Bethesda will make every effort to come to a resolution." --"If this should prove unsatisfactory, then the following grievance procedure should be used so that problems and misunderstandings between Bethesda of Beresford and resident and their families may be resolved in a fair and equitable manner." **"Definitions:" --"Complaint:" --"A verbal concern regarding resident care or services which is resolved at the point of service; or" --"A verbal concern that could have been addressed by staff present at the point of service if staff had been informed of the complaint at that time." --"Grievance:" --"A verbal complaint that cannot be resolved by the staff present, is postponed for later resolution, is referred to other staff for later resolution, required investigation, and/or requires further actions for resolution; or" --"A written complaint is always considered a grievance." --"If an identified resident writes or attaches a written complaint on a resident satisfaction survey and requests resolution, then the complaint meets the definitions of a grievance. If a resident has not requested resolution, the complaint will be treated as a grievance under this policy only if the organization would usually treat such a complaint as a grievance ...; or" --"All verbal or written complaints regarding abuse, neglect, resident harm or compliance with CMS [Centers for Medicare and Medicaid Services] requirements are grievances and shall</p>	F 585		
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F 585	Continued From page 8 be addressed immediately; or" --"If a resident or the resident's representative requests that his/her complaint be handled as a formal complaint or grievance or requests a response from Bethesda of Beresford, then the complaint is considered a grievance." **"Policy: ...Whenever reasonably possible, resident concerns will be resolved informally at the point of service. For concerns that cannot be promptly resolved, or that for other reasons are considered grievances rather than complaints, Bethesda will review, investigate, and respond to the resident/representative in a manner compliant with its grievance procedure." **"Procedure:" -"Complaints Procedure" --"1. Any resident who has a concern shall be encouraged to notify the caregiver." --"2. Social Services may serve as a resource to assist in a resolution of complaints." --"3. A complaint is considered resolved when a resident or representative is satisfied with the actions taken on their behalf. A complaint that is unresolved shall be handled as a grievance." --"4. Complaint information should be documented in the incident reporting system." -"Grievance Procedure, Submission of Grievances:" --"1. Upon request, the facility will provide resident or their representative(s) information regarding the internal grievance process including whom to contact to file a grievance. As part of its notification of resident rights, the facility will also provide resident and their representatives a phone number and address for filing a grievance with state agencies." --"2. Any Bethesda employee who receives a written or verbal grievance promptly contacts administration or available supervisory staff for	F 585		

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F 585 Continued From page 9
further follow-up and resolution."
--"3. Grievances involving situations or practices that place the resident in immediate danger shall be referred to the administrative staff; however, staff present shall be responsible to ensure that the resident is removed from danger."
--"4. Staff shall initiate abuse/neglect protocols respective to facility policy and procedure for grievances involving allegations of abuse or neglect."
-"Grievance Investigation and Response:"
--"1. Administrative staff will initiate a Complaint/Grievance investigation upon receipt of a written or verbal grievance."
--"2. An investigation must be completed for all grievances. The investigation may be informal, but must be thorough ..."
--"3. The administrative staff shall be responsible to undertake a thorough investigation of the concern which may include but is not limited to review of any necessary documents/medical records, staff interviews, and family/representative follow-up interviews."
--"4. In all cases, a response ...shall be provided to the resident/representative with supporting documentation ..."
-"Grievance Documentation:"
--"1. Bethesda of Beresford will maintain documentation of its efforts to resolve resident grievances to include but not limited to name of resident/representative submitting complaint/grievance, summary of the concern, investigation, and response provided."

F 585

F 689 Free of Accident Hazards/Supervision/Devices
SS=G CFR(s): 483.25(d)(1)(2)

§483.25(d) Accidents.
The facility must ensure that -

F 689

Unable to timely complete orientation packets for CNAs C, E, F, G, and H. Unable to complete EZ Way Lift competency checklist for CNAs E, F, as they were removed from the schedule after the incident with the lift.

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F 689	<p>Continued From page 10</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on review of a South Dakota Department of Health facility incident report, interview, observation, policy review, and document review, the provider failed to develop and implement an effective training and orientation program for five of seven certified nurse assistants (CNAs) (C, E, F, G, and H) that might have contributed to an accident involving a full-body mechanical lift falling on top of one of one sampled resident (1) resulting in bodily injury. Findings include:</p> <p>1. Review of the provider's incident report submitted to the South Dakota Department of Health on 8/24/23 revealed the following: *On 8/24/23 at approximately 7:40 a.m., CNAs E and F were assisting resident 1 from her bed to her wheelchair using the full-body mechanical lift (EZ Way). *Both CNA E and F were contracted staff employed through a staffing agency. *CNA E was controlling the mechanical lift, while CNA F was standing behind the wheelchair and holding onto the resident's sling handles. *CNA F tilted the wheelchair back to maneuver the resident into the wheelchair. *At some point, the full-body mechanical lift "began to tip to the right." -The legs of the lift were in the open position. *Using the controls, CNA E began to lift the resident "back up in the air to prevent her from falling with the lift."</p>	F 689	<p>CNA G's lift competency checklist was completed on 9/16/23 and CNA H's was completed on 10/3/23. All other CNA's lift competency checklist will be completed as part of their general orientation upon hire.</p> <p>Administrator, DON, and interdisciplinary team in collaboration with the medical director to review, revise, create as necessary the policy and procedure about the use of mechanical lifts ensuring all staff required to use lifts when providing cares are appropriately trained, including documented competency demonstration upon hire, annually, and as needed following an event.</p> <p>The Temp Orientation Packet has been reviewed and revised by Administrator, DON, and interdisciplinary team to include the EZ Way lift competency checklist on 11/1/23. Reeducation and training will be completed by Administrator or designee by 11/2/23. All employees not in attendance will be educated by the start of their next working shift.</p> <p>Administrator or designee will audit completed orientation packets and competency lift checklists weekly for four weeks and then monthly for two more months.</p> <p>Administrator or designee will present the audit findings at the monthly QAPI meetings for review.</p>	

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F 689	<p>Continued From page 11</p> <p>*At some point, the wheelchair tilted all the way back and fell to the floor.</p> <p>*CNA F was "holding onto the sling with [resident 1] and then lowered [resident 1] to the ground."</p> <p>**During the process of the lift tilting, lowering [resident 1] to the ground, the Full Lift bumped [resident 1] on the head.</p> <p>-"[Resident 1] stated the top support bar of the Full Lift hit her forehead, the top support with the pad, hit the top of her head."</p> <p>*The nurse on staff was notified and resident 1 was assessed for injury.</p> <p>-The nurse noted that resident 1 had a hematoma "to left forehead and one to top of her head."</p> <p>-The hematoma to her forehead measured 6 centimeters (cm) by 4.5 cm.</p> <p>*Upon entering the room, the nurse noted that resident 1 was "sitting on the floor on her buttocks in upright position slightly to the left, [CNA F] was assisting [resident 1] to stay upright."</p> <p>*Two nurses and the two CNAs assisted resident 1 to her wheelchair.</p> <p>*After the incident, the full-body mechanical lift and the resident's sling were removed, and the lift manufacturer was contacted to inspect the EZ Way mechanical lift.</p> <p>2. Review of the undated email report from the full-body mechanical lift manufacturer's representative (rep) revealed:</p> <p>*The serial number of the lift examined was "030159."</p> <p>*The rep noted the following:</p> <p>-The lift had "old hanger bars."</p> <p>-The lift had "a new actuator." The actuator was the motor of the machine that lifted the resident up and down.</p> <p>-"They were using a Goldman Large sling with</p>	F 689			

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F 689	<p>Continued From page 12</p> <p>head support (I did stress to her that she should use the same brand with lifts)."</p> <p>- "I could not see any mechanical issues that would have failed during a transfer. All leg bolts were tight and other than age and wear, nothing appeared faulty ..."</p> <p>3. Interview on 10/3/23 at 2:19 p.m. with resident 1 about the incident revealed:</p> <p>*CNAs E and F were transferring her from her bed to her wheelchair using the full-body mechanical lift.</p> <p>*It was the norm for her to have been transferred using the full-body mechanical lift due to a previous stroke, and she was no longer able to move her left leg or left arm.</p> <p>*During the transfer, she "looked up and the thing was hanging over me like a pterodactyl."</p> <p>-The lift started to tilt forward on top of her.</p> <p>- "The CNAs were trying very hard to not let it hit me."</p> <p>*Resident 1 stated that she used to work as a CNA, and in her opinion the CNAs were doing everything correctly.</p> <p>*She stated that was not the first time a mechanical lift had fallen on top of her during a transfer. She indicated that had happened about five years ago.</p> <p>*From her perspective during the transfer, she was in the sling facing CNA E.</p> <p>-CNA E was manning the lift controls.</p> <p>-CNA F was behind her holding onto the sling.</p> <p>*As she was being lowered into the wheelchair, the lift started to tilt forward, and the wheelchair started to tilt backward. The machine had not stopped going down and hit her in the head.</p> <p>-The metal support bar hit her forehead and the top of her head.</p>	F 689		

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F 689	<p>Continued From page 13</p> <p>Interview on 10/3/23 at 2:38 p.m. with administrator A about the incident revealed:</p> <p>*She confirmed that CNAs E and F were contracted staff from a staffing agency and that they were no longer employed with the provider.</p> <p>*Her expectations after a resident experienced a fall with staff present were:</p> <ul style="list-style-type: none"> -Staff were to make sure the resident was okay first, then leave the scene as it was before getting help. -They taught that to new CNAs-in-training during their orientation. -"I would assume that trained CNAs would know this already." <p>*Their orientation and training process was to partner the new CNA agency staff with a CNA who was already acquainted with the facility and the residents.</p> <ul style="list-style-type: none"> -The new CNA agency staff would have one day to partner with another CNA. -She "can't be 100% sure" about what topics were discussed during the agency CNAs' first day. <p>4. Observation and interview on 10/3/23 at 3:50 p.m. with CNAs C and H demonstrating how they transferred resident 1 revealed:</p> <p>*The CNAs placed the sling under the resident by rolling her from side to side and adjusting the sling underneath her.</p> <p>*CNA C moved the mechanical lift into place above the resident in her bed, and CNA H locked the wheels.</p> <p>*They attached the anchor points of the sling onto the lift support bar and slowly lifted her into the air.</p> <p>*Resident 1 stated that she liked to hang onto the lift support bar while she was transferred.</p> <p>*While she was lowered into her wheelchair,</p>	F 689		

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F 689	<p>Continued From page 14</p> <p>resident 1 mentioned that the lift was going about the same speed as it was when the incident happened.</p> <p>Further review of the manufacturer's guidelines about how to use the full-body lift revealed: *On page 6, under "Step 2, Moving the lift to the patient:" -"2) Do not lock the wheels of the EZ Way Smart Lift when lifting or transferring patients."</p> <p>A follow-up interview was attempted with CNAs C and H after the transfer. However, they were unavailable.</p> <p>5. Phone Interview on 10/3/23 at 4:52 p.m. with CNA E about her training and orientation experience at the facility revealed: *She laughed and said, "What orientation?" *On her first day at that facility, she went to the morning meeting and was given a pocket care plan. *She explained that she was supposed to have been paired with another CNA to shadow. -She said that her CNA partner was not very helpful and said to her, "I don't get paid enough to train you." -CNA E mentioned that she had informed other CNAs and nurses about that CNA's comments, but no one had done anything about it. *She had operated several different styles and brands of full-body mechanical lifts previously. -She confirmed that no one at that facility had shown her how to use those facility-specific lifts.</p> <p>6. Phone interview on 10/3/23 at 6:05 p.m. with CNA F about her orientation and training experience with the provider facility revealed: *When asked about the orientation process, she</p>	F 689		

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F 689	<p>Continued From page 15</p> <p>laughed and said, "What orientation process? They handed you a piece of paper and said good luck."</p> <p>*On her first day with the provider, she arrived early for the morning meeting.</p> <p>-The night shift discussed updates and pertinent information about the previous night.</p> <p>-She was assigned to a CNA to shadow for the day.</p> <p>-The pocket care plan was handed to her, and she went on her way.</p> <p>*She said, "The first week was rough because you're thrown into it without much direction."</p> <p>*She confirmed that no staff had educated her on how to properly operate the facility's full-body mechanical lift.</p> <p>7. Interview on 10/4/23 at 11:37 a.m. with CNA H about her experience with the provider's orientation and training process revealed:</p> <p>*She was a "per diem" CNA, meaning she picked up shifts as needed.</p> <p>*She was not employed through the provider, rather she was employed through a staffing agency.</p> <p>*She had worked about five or six shifts at the facility.</p> <p>*On her first day, she attended the morning report meeting, received a pocket care plan, was assigned to a group of specific residents, and was "set free."</p> <p>*No one had oriented her to the facility.</p> <p>-She was not introduced to the residents.</p> <p>-No staff had shown her where important resident care items were located.</p> <p>-She had no knowledge about the communication radios until the end of her first shift.</p> <p>-To communicate with other staff members and to ask for assistance, she had to walk around the</p>	F 689		

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F 689	<p>Continued From page 16</p> <p>facility to find other staff to assist her.</p> <p>-She was not aware that she and the other staff were expected to chart on resident care items in the electronic medical chart.</p> <p>--Items such as toileting, continence, and transferring.</p> <p>8. Interview on 10/4/23 at 12:58 p.m. with administrator A and registered nurse B about the orientation and training process for new CNAs revealed: *Administrator A confirmed the following: -There was no documentation for orientation, training, education, or competency checks for CNAs E and F. -They had no formal training or orientation for new agency staff. *Their process was to pair the new CNAs with another CNA that had "been here awhile," and check in with the new staff several times throughout their first day to see if they had any questions. *RN B indicated that they "relled on the fact that they are trained CNAs for competency and scope of practice."</p> <p>9. Interview on 10/4/23 at 2:15 p.m. with CNA G about her experience with the provider's orientation and training revealed: *She was a contracted CNA through a staffing agency. *She had been there for about two weeks. *When asked about her orientation and training experience at the facility, she chuckled and said, "There's no orientation. They say, 'Here's your group,' and they let you go. I didn't even get a walk-through of the building. No one introduced me to the residents." *On her first shift at the facility, she arrived at</p>	F 689			

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F 689	<p>Continued From page 17</p> <p>5:45 a.m. and attended the morning meeting. *She was paired with a float staff person who had not been employed at that facility very long.</p> <p>10. Review of resident 1's electronic health record revealed: *Under the skin observation tool assessments: -8/26/23 "Top of Scalp bruising" --Length was 11 cm, width was 5 cm. --"Post fall bruising beginning to yellow and heal. No noted open areas. Skin clean, dry and intact." -8/28/23 "Face bruising" --There were no measurements. --"Bruising to forehead, bilateral eyes and cheeks noted post incident. Bruising has indications of healing." -9/2/23 "Face bruising" and "Top of Scalp bruising" --There were no measurements. --"Post fall bruising beginning to yellow and heal ..." *A health status note from 8/24/23 at 9:24 a.m. read, "Resident seen by [medical doctor] in facility today for recertification visit. Provider did neuro assessment and it was wnl [within normal limits]." *A nurse's progress note from 8/24/23 at 10:16 a.m. read, "Lift tipped over during transfer this morning. Two CNA's present in room. Lift landed on top of resident. Has a 1cm circular bruise to left arm, near elbow. Bruise and lump to left top of forehead and a lump to top of head, with no immediate bruise. [Medical doctor] in building and aware. Brother [name redacted] was left a VM [voicemail]. Neuro checks started. Ice [pack] to top of head. Pain immediately following was 4/10. VSS [Vital signs stable] Assisted to w/c [wheelchair] with 2 nurses and 2 CNA's present in room and use of hoyer lift [full-body mechanical lift]."</p>	F 689			

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F 689	<p>Continued From page 18</p> <p>*A nurse's note from 8/25/23 at 3:30 a.m. and 9:29 p.m. read (both notes were the same), "Fall follow-up from fall on 8/24/23. Resident A/O [alert and oriented] x 3, neuro's unremarkable. Resident has no complaints of pain in head or body at this time. Bruising to head and arm continue but no noted new bruises. right extremities have full active ROM [range of motion] and left has full passive ROM." *Another nurse's note from 8/25/23 at 3:09 p.m. read, "Fall f/u [follow-up]: Res compliant with assessment. Res continues with scattered bruising r/t [related to] the fall. Res denies any pain/discomfort at this time r/t the fall. Neuros WNL. VSS. Res pleasant and able to make her needs known." *Nursing notes indicate the bruise was spreading from the top of her head and forehead down to her face, around her eyes, and down her neck as it healed. *Her medication administration record indicated she received a dose of the painkiller tramadol on 8/26/23 and 8/27/23 due to pain. -She had a physician's order for "traMADol HCl Oral Tablet 50 MG [milligrams] (Tramadol HCl) Give 1 tablet by mouth as needed for Pain/headache not managed with tylenol TID/PRN [three times a day/as needed]" that was ordered on 4/20/23. *There were no other notes, assessments, or physician's orders regarding her bruising after 8/27/23. *Her care plan read: -Under the "ADLS" section (activities of daily living), there was an intervention which read "TRANSFER: Assist of 2 with the hoyer. Date Initiated: 06/24/2022 Revision on: 06/24/2022"</p> <p>11. Review of the "EZ Way Smart Lift</p>	F 689		

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F 689	Continued From page 19 Competency Checklist" that the provider utilized for staff after the resident's fall revealed: *CNAs E, F, G, and H had not completed the competency checklists. *CNA C completed his competency checklist on 8/27/23.	F 689		
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