

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

PRINTED: 02/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/02/2022
NAME OF PROVIDER OR SUPPLIER SANFORD CARE CENTER VERMILLION			STREET ADDRESS, CITY, STATE, ZIP CODE 125 S WALKER STREET VERMILLION, SD 57069	
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F 000	INITIAL COMMENTS Surveyor: 42477 A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 2/2/22. Areas surveyed included accidents and quality of care. Sanford Care Center Vermillion was found not in compliance with the following requirements: F684 and F689.	F 000		
F 684 SS=G	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Surveyor: 42477 Based on observation, interview, record review, and review of facility reported event received by the South Dakota Department of Health (SD DOH), the provider failed to ensure one of one resident (1) received care and services related to: *Pain management, including a pain identification system to accurately reflect the pain she had been experiencing. *Bathing and restorative services to promote her well-being and mobility. *Completion of grievance investigation for the resident's concerns. *Implementation of physical therapy orders to prevent accidents and/or injuries.	F 684	F684 Plan: 1. Resident 1 has severe cognitive impairment as noted at her last care conference on 2/10/22. Staff discussed with family at her care conference on 2/10/22 options for assessing Resident 1's pain levels as using behaviors and the pain icon on her communication tablet may not be as effective as a facial picture pain scale. So it was decided at that time to implement the Wong-Baker Faces Pain Rating scale to use to assess Resident 1's level of pain from now on. Care plan for this was updated by RN J on 2/11/22. RN J has added to the CNA flow sheet assigned days of Tuesday and Saturday for Resident 1 to have baths each week and to document they are done; write "R" if resident refused and tell the nurse if the resident refused. Education Coordinator will include in the mandatory training due 3/2/22 that the RN will need to make a progress note if the resident refuses the bath. Resident 1 has an order	

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

TITLE

(X6) DATE

Jeff Burns

Administrator

2-25-22

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 684	<p>Continued From page 1</p> <p>Findings include:</p> <p>1. Review of the provider's reported event received by the SD DOH for resident 1 revealed: *She was being transferred by an unidentified certified nursing assistant (CNA) on the morning of 12/16/21. *The: -CNA was using a gait belt and completed a pivot transfer when the resident's legs "gave out." -Resident had not felt like her foot was completely flat and felt it bent backward/sideways when she was lowered to the ground. -CNA and registered nurse (RN) stated that she had no complaints of pain, until the next day on 12/17/21. *"On 12/18/21, complaints of pain continued, but relief with Tylenol was not effective. Staff were monitoring and questioning if foot was sprained, or other." *On 12/19/21 she was noted to have "significant swelling and pain was not been able to be relieved, and more urgent care was sought..." -She was found to have a distal tibia fracture (ankle fracture). *On 12/22/21 an interview was conducted with the resident, her daughter, and the provider's social worker (SW) D. During that interview: -Resident 1 stated "no" when asked if the fall had happened as the CNA described it. -The resident and daughter requested to not have the CNA work with the resident anymore. --[Provider name] was able to accommodate this request."</p> <p>Observation and interview on 2/2/22 at 1:30 p.m. with resident 1 revealed: *She was sitting in her wheelchair and had a boot on her right foot.</p>	F 684	<p>for Restorative Therapy from October 2020 for 3-6 times per week which a new order was requested on 2/23/22 by the Improvement Advisor as we only offer it 5 times per week now. The Director of Nursing is also recruiting to hire additional CNAs to improve restorative therapy staffing. In the future if social worker or other TC staff take a concern from family or resident regarding a staff member they will clarify with resident/family if they want to file a grievance or if they are alleging abuse, neglect or harm and immediately follow our grievance policy. Forms to file a grievance are available outside the social work office during times when management or social worker unavailable.</p> <p>2. The Care Center IDT staff will review current resident list to identify other residents who have cognitive and/or communication impairments that may not be able to communicate pain to staff using verbal responses. Care plans will be adjusted as necessary by RN J or designee if alternative pain assessment tools should be used for residents. The Care Center IDT staff will also review bathing and restorative therapy flow sheets to identify other residents that have not received baths according to resident preference or restorative therapy as ordered and follow up with staff as necessary. The social worker will review family and resident concerns from the last year to determine if any should have been elevated to a grievance and followed our grievance process. She will report any findings to Director of Nursing for further follow up depending on date of concern. The below corrective actions will correct future occurrences for these issues.</p> <p>3. Education Coordinator will educate staff at mandatory education session by 3/2/22 on facial picture pain scale and pain policy including evaluating pain per policy and if current pain regimen is not working, physician is notified. RN J or designee will add to the post-fall huddle form that a pain assessment is</p>	

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F 684	<p>Continued From page 2</p> <p>*She had difficulty communicating but was able to say "yes" and would communicate with her tablet.</p> <p>*She was able to communicate her concerns with this surveyor. She:</p> <ul style="list-style-type: none"> -Responded the CNA's report of the fall was not accurate. -Had a lot of pain after the fall. -Had not been wearing a gait belt. -Was aware right away that she had hurt her foot. -Had not felt they were addressing her pain. -Had concerns because the CNA was still providing care for her. -Had not felt safe. -Had felt it was not an accident. -Had not felt that she received weekly baths. -Had not felt that the staff completed exercises with her. -Confirmed she received therapy services. <p>Phone interview on 2/2/22 at 3:00 p.m. with RN C regarding resident 1's fall revealed:</p> <ul style="list-style-type: none"> *She had been told the resident was gently lowered to the ground, by CNA H. *She had a little bit of ankle pain, so she gave her Tylenol. *She had a hard time remembering the details of the event. <p>*When asked how the resident's leg was when she came into the room, she stated:</p> <ul style="list-style-type: none"> -Maybe it was "bent a little, she had not remembered specifics, it was too long ago." <p>Phone interview on 2/2/22 at 3:10 p.m. with CNA H regarding resident 1 revealed she:</p> <ul style="list-style-type: none"> *Was getting the resident up for the day. *Had the resident standing up, and had a clean brief partly up when her leg just kind of "gave out." *Had not wanted to let her go but had to lower her 	F 684	<p>needed every 8 hours and check with IT and Medical Director on adding standing order for Falls to include assessment of pain every 8 hours. Education Coordinator revised our Fall policy on 2/24/22 to update the assessments required post-fall and will include review of this during mandatory education by 3/2/22 with staff. RN J or designee will also ask IT to create the post-fall huddle form into documentation template in Matrix/EMR for RNs to document directly into EMR. RN J has also added to the CNA flow sheet assigned days for each resident to have baths according to their preference. CNAs will document on the flow sheet when baths are done; write "R" if resident refuses bath and tell the nurse if resident refused. Education Coordinator will include in mandatory staff training by 3/2/22 that the RN will need to make a progress note if the resident refuses a bath. For restorative therapy, the Director of Nursing is working on several items to help improve the restorative therapy program to make it available to residents as ordered, including posting a new job opening for this to read age 16 or older as our current listing for CNAs says 18 or older due to need to run the lifts. However, the restorative therapy aide would not have to use a lift, he/she could provide therapy for residents who do not use lift. This could allow restorative therapy hours to include after school, evenings and weekends. The Education Coordinator is also identifying 2-3 CNAs to be trained as backup restorative therapy aide as our other backup aides have resigned. We are also looking into if we could work with USD Physical Therapy department interns to assist with restorative therapy if they would be interested in CNA certification. RN J or designee will add daily discussion at IDT meeting of any care concerns received and review if grievance process needs to be initiated and/or if concern has been entered into Safetyzone. The grievance policy will also be reviewed with all staff by the Education Coordinator at the mandatory education by 3/2/22.</p> <p>4. The Director of Nursing and/or designee will perform an audit of at least 6 residents per month to evaluate if fall assessments are complete, if appropriate pain assessment tool is used, if pain medication given is not documented as "effective" that there is a follow up intervention documented, to ensure baths are documented as completed as scheduled (unless refused) and that restorative therapy is completed as ordered (unless refused). All resident and family concerns identified by staff and/or IDT for grievance follow up will be reviewed by Director of Nursing or designee to determine if the grievance procedure was initiated and policy followed. The results of these audits will be reported quarterly by the Director of Nursing or designee to the Care Center/Assisted Living QAPI Committee meeting beginning at the next meeting on 3/8/22 and reviewed by the committee to determine</p>	

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F 684	<p>Continued From page 3</p> <p>to the ground to use her walkie talkie to call for help.</p> <p>*Was unable to remember where her feet were at the time of the incident.</p> <p>*Was unsure how the fracture may have happened.</p> <p>*Had been informed by other staff she was a stand-pivot transfer.</p> <p>*Was not informed until after the fall that she was not a stand-pivot transfer.</p> <p>*Stated after the fall, they continued to stand-pivot transfer her until she went to the doctor on 12/19/21.</p> <p>-Then they started using the EZ-Stand lift.</p> <p>*Was informed by SW D the family had not wanted her working with the resident anymore.</p> <p>*Had been working with the resident.</p> <p>*Had asked the resident if she would like her to help transfer her and she stated the resident had said "yes."</p> <p>*Had been told other CNAs had not helped the resident with restorative therapy.</p> <p>*Restorative aide (RA) G was responsible for completing restorative therapy for the residents.</p> <p>*Stated resident 1 had not liked RA G so he usually had not worked with her.</p> <p>Phone interview on 2/2/22 at 3:22 p.m. with RN F revealed:</p> <p>*He had worked with the resident after her fall.</p> <p>*He had not helped transfer her after the fall.</p> <p>*The resident's daughter came in on 12/19/21 and the decision was made to send resident 1 in to urgent care for an evaluation.</p> <p>*When asked about the resident's non-weight bearing (NWB) status he stated the resident was "never NWB."</p> <p>*When asked if the resident had any swelling he stated she "always had some swelling."</p>	F 684	future frequency of audits and any additional recommendations based on the results of the audits. Audits will continue for a period of one year.	3/2/22

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F 684	Continued From page 4 Phone interview on 2/2/22 at 3:30 p.m. with resident 1's daughter revealed: *The facility had called her and informed her that her mom had been lowered to the ground on 12/16/21. *They had made it sound like it was "no big deal" so she did not come in to see her until 12/19/21. *On 12/19/21 she came in to see her mom, she: -Stated her mom was in her wheelchair screaming in pain. -Felt it had been obvious it was her foot because her mom would not let her come near her foot. -Stated her foot was so swollen it "looked like someone had shoved a softball in her sock." -Felt it would have been hard for staff to not notice the swelling. -Took pictures of her mom's foot and emailed them to SW D. *Her mom was taken to the hospital because she insisted that she be seen. *RN F and an unidentified CNA stated her foot had been bothering her. *After the interview with SW D and CNA H took place, she requested that CNA H not work with her mom anymore. -She was told by SW D because of staffing they were unable to do that, but they would do their best. *She had asked the medical doctor (MD) on 12/19/21 to order physical therapy because her mom had not been receiving her restorative therapy exercises. Phone interview on 2/2/22 at 4:10 p.m. with RA G revealed he: *Oversaw restorative therapy for the residents. *Had often been pulled to the floor to work as a CNA.	F 684		

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F 684	<p>Continued From page 5</p> <p>*Only had the restorative gym open twice in January because he had been working as a CNA on the floor.</p> <p>*Had not worked with resident 1 since November 2021.</p> <p>Phone interview on 2/2/22 at 4:20 p.m. with RN F revealed:</p> <p>*The resident was unable to give numbers for her pain, he looks at her behavior.</p> <p>*When asked how he monitored the effectiveness of the medication given, he stated by looking at her behavior.</p> <p>*When asked if they had ever implemented a pain scale such as a face pain scale or other non-verbal pain scale he said "no."</p> <p>*The skin assessment he had completed for resident 1 on 2/2/22, he:</p> <ul style="list-style-type: none"> -Usually checked the resident from head to toe. -Had not checked the resident's lower extremities. -Stated the CNA had already placed the resident's TED (anti-embolism stocking) hose on. -Had taken the CNA's word that there was not any swelling or redness. -"Still regrets" he had trusted the aide that there was no redness or swelling. <p>Phone interview on 2/2/22 at 4:40 p.m. with SW D revealed:</p> <p>*A grievance had not been filled out regarding the interview with resident 1 and her daughter.</p> <p>*Resident 1's daughter had informed her that CNA H could work with resident 1 if there was another person present.</p> <p>Review of resident 1's 12/19/21 urgent care provider notes revealed:</p> <p>*She presented to urgent care with her daughter</p>	F 684			

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F 684	<p>Continued From page 6 regarding her right foot pain.</p> <p>*The foot pain started on 12/16/21, when she was lowered to the floor during a transfer.</p> <p>*The resident was going to be placed in a tall boot, "...However her swelling is so severe that we cannot strap the boot. I discussed sending the boot with down to [the facility name], elevating the leg, applying compression stockings; then hopefully in the morning we can apply the boot..."</p> <p>**"...She is set up for 4 or 5 days of restorative care each week and she only gets 1 day a week. I discussed placing a physical therapy evaluation and treatment as she will still need to be doing strengthening exercises whether that foot is fractured or not..."</p> <p>**"...The pain is just below the knee down to the foot. She is still unable to bear any weight due to the excruciating pain..."</p> <p>*The provider ordered Tylenol and Ibuprofen daily.</p> <p>Review of resident 1's provider radiology notes revealed:</p> <p>*She had a distal tibial metaphyseal fracture and a "subtle impaction type fracture involving the proximal fibula..."</p> <p>*He had also noted soft tissue swelling.</p> <p>Review of resident 1's physical therapy (PT) notes revealed:</p> <p>*On 4/16/21, her discharge summary stated:</p> <p>-She had been seen for 24 PT sessions.</p> <p>-Her long term goals included she would participate in regular restorative therapy.</p> <p>*On 12/22/21:</p> <p>-"She has hx [history] of CVA [cerebrovascular accident] with significant R [right] sided weakness and requires assistance with all ADLs [activities of daily living], mobility, and transfers. She sustained</p>	F 684		

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F 684	<p>Continued From page 7</p> <p>a R distal tib/fib [tibia/fibula] fracture this week during a transfer where she was lowered to the floor. Xrays indicated fracture and she was put into a tall CAM [controlled ankle motion] with instructions for NWB'ing [non-weight bearing] x 6 weeks [for six weeks]. Nursing state they are using the EZ stand for transfers but she is having difficulty with prolonged standing. Staff and MD are also concerned about her declining status and difficulty tolerating activity. Patient can somewhat verbalize she is having difficulty with mobility and has some pain in her R ankle."</p> <p>Review of resident 1's nursing progress notes revealed:</p> <p>*On 12/16/21: -"Staff was assisting resident with AM [morning cares]. When staff went to transfer resident to wheelchair the residents legs gave out and she was lowered to the floor..."</p> <p>*On 12/17/21, about 30 hours after the fall: -"Resident had complaints of right leg pain. PRN [as needed] Tylenol given and did provide relief."</p> <p>*On 12/18/21 RN F had completed a skin assessment.</p> <p>*On 12/18/21 at 1:35 p.m.: -"[resident's name] continues to c/o [complain of] right leg pain indicating she may have strained or twisted something during recent fall. [resident's name] does voice some relief with prn APAP [Tylenol]."</p> <p>*On 12/19/21 at 12:32 p.m.: -"[Resident's name] continues to c/o right leg pain and voices no relief with prn APAP today. [Daughter's name] here this morning and as she communicates with [resident's name] seems to isolate the discomfort around [resident's name] right ankle. [Resident's name] also indicated discomfort she is experiencing has occurred in</p>	F 684		

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F 684	<p>Continued From page 8 conjunction with recent fall..."</p> <p>*On 1/16/21 a note was made: -"This afternoon the CNA was helping resident and her I Pad flipped onto the ground and the bracket turned and got wedges between her chair and leg. The bracket was putting pressure on her leg. To relieve the pressure from the bracket, the CNA pushed down on resident's right thigh to get the bracket wedged out from between the chair and the resident. A bruise may form on her right thigh from pushing down on it..."</p> <p>Interview on 2/2/22 at 3:45 p.m. with LPN E regarding the note she documented on 1/16/21 revealed: *She had put the note in just in case there was a bruise. *When asked who the CNA was and she stated, "[CNA H's name]."</p> <p>Review of resident 1's medication administration record revealed: *She received a dose of Tylenol on 12/16/21 and 12/17/21. -They had both been marked as "effective" for pain control. *On 12/18/21 she had received Tylenol and it had been marked as "somewhat effective." -Although it was somewhat effective, she had not received any additional doses. *On 12/19/21 Tylenol was marked as given at 11:13 a.m. and noted to be "not effective."</p> <p>Review of resident 1's bathing records from 12/1/21 through 1/31/22 revealed she: *Had not received any baths for 23 days, from 12/1/21 through 12/23/21. *Received one bath on 12/24/21. *Received her next bath on 1/1/22, 8 days later.</p>	F 684		

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F 684	<p>Continued From page 9</p> <p>*Had her next bath was 10 days later, on 1/18/22.</p> <p>Interview on 2/2/22 at 4:30 p.m. with RN J regarding resident 1's missing baths revealed: *Surveyor asked if there was additional baths, as surveyor was unable to verify resident had received consistent bathing. -They are working on improving their process regarding baths being completed and documentation of the completed baths. *She had been unable to state if resident 1 had received any additional baths.</p> <p>Review of the CNA's flowsheets for resident 1 revealed the only exercise that had been listed was for stretching upper and lower extremities with cares.</p> <p>Review of resident 1's 11/18/21 care plan and Kardex revealed: *PT/occupational therapy's recommendations of transferring the resident with two staff for a manual assist had not been added, until after her fall. -In the submitted event report, SW D stated it had been updated after her fall. *For pain management: -"Monitor pain. Non drug interventions: Reposition. Administer pain medications as ordered. Assess pain management effectiveness." *Restorative needs had not been on her care plan. *Her bathing preferences had not been on her care plan.</p> <p>Interview and review on 2/2/22 at 4:55 p.m. with administrator A and chief nursing officer (CNO) B regarding resident 1's fall incident report</p>	F 684		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/02/2022
NAME OF PROVIDER OR SUPPLIER SANFORD CARE CENTER VERMILLION			STREET ADDRESS, CITY, STATE, ZIP CODE 125 S WALKER STREET VERMILLION, SD 57069		
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F 684	<p>Continued From page 10</p> <p>revealed:</p> <p>*They had recalled the fall being discussed.</p> <p>*When asked if they had been aware about the resident and her daughter's wishes to not have CNA H care for her anymore CNO B stated:</p> <p>-"If he had been aware of the situation they would have done their best to not have CNA H work with the resident."</p> <p>*Implementing a pain rating scale such as the faces pain tool could have been beneficial for resident 1.</p> <p>*They would expect staff to follow physician orders and resident care plans.</p> <p>2. Review of the provider's November 2021 Pain policy revealed:</p> <p>**Pain is a subjective phenomenon, generally related to the extent and location of tissue disruption or disease process (i.e. arthritis). In non-responsive residents or cognitively impaired residents, it may be manifested by non-verbal behaviors."</p> <p>*Regarding pain assessment guidelines:</p> <p>-"Identify the individual's cognitive function, physiologic and developmental expressions of pain."</p> <p>-"Use the appropriate and preferred pain assessment tools."</p> <p>-"Pain assessment and interventions are guided by: a numerical pain rating, physiologic and developmental indicators of pain, achievement of individual comfort goal, ability to perform at anticipated level for therapies and activities."</p> <p>Review of the provider's November 2021 Falls, Promoting a Safe Environment policy revealed:</p> <p>**Care planning will address specific interventions to decrease the risk of falls, injuries related to those falls, and minimize the use of unnecessary</p>	F 684			

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F 684	Continued From page 11 restraints." **If a resident fall occurs, the charge nurse will complete a head-to-toe assessment with neuro checks..."	F 684		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Surveyor: 42477 Based on observation, interview, electronic medical record (EMR) review, and facility event report received by the South Dakota Department of Health (SD DOH) revealed the provider failed to ensure staff had updated one of one resident's (1) care plan regarding transfer needs, who sustained a fracture after a pivot transfer had been completed by one of one certified nursing assistant (CNA) H. Findings include: 1. Interviews and resident 1's EMR review completed during an onsite complaint survey on 2/2/22 revealed: *Resident 1 had an annual evaluation completed by physical therapy (PT) and occupational therapy (OT) on 12/1/21. *Their recommendations included that the resident be transferred by two staff manually or for staff to use the EZ-Stand lift. -OT and PT recommendations had never been	F 689	F689 Plan: 1. RN J changed Resident 1's care plan on 12/17/21 to 2 person transfer or EZLift; the previous care plan stated 1-2 person transfer. The PT and OT annual evaluation notes from 12/1/21 were not sent to the Care Center or included in the LTC EMR; they were found in the hospital EMR system and needed to be printed. They should have been sent to Care Center by Rehab staff so care plans could have been updated timely. On 3/1/22 RN J discussed with PT & OT staff the need for PT & OT notes timely. PT & OT staff agreed to email RN J, DON and Education Coordinator, all PT & OT notes with new recommendations and RN J or designee will update care plan and Kardex. RN J or designee will also print new recommendations and communicate them with charge nurse and oncoming staff. If Restorative Therapy orders change, then PT or OT staff will update those orders in Matrix EMR and email those changes as well to RN J, DON and Education Coordinator to update care plan and Kardex. 2. The Care Center IDT will review PT orders for transfers for all residents and compare with care plans to identify any other residents that may need their care plans updated per PT orders. Care plans will be updated by RN J or designee as necessary. On 3/1/22 RN J discussed with PT & OT staff the need for PT & OT notes timely. PT & OT staff agreed to email RN J, DON and Education Coordinator, all PT & OT notes with new recommendations and RN J or designee will update care plan and Kardex. RN J or designee will also print new recommendations and communicate them with charge nurse and oncoming staff. If Restorative Therapy orders change, then PT or OT staff will update those orders in Matrix EMR and email those changes as well to RN J, DON and Education Coordinator to update care plan and Kardex. 3. PT and OT staff will fax to the Care Center all PT OT notes so changes in recommendations and/or orders can be updated on resident care plans by RN J or designee. Education Coordinator will review the Transfer Activities policy with staff at the mandatory education sessions by 3/2/22.	

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F 689	<p>Continued From page 12 implemented.</p> <p>*On 12/16/21 the resident was transferred by CNA H using one staff and a gait belt and was "gently lowered to the ground."</p> <p>-As a result of this incident she sustained a tibia and fibula fracture to her right lower leg.</p> <p>Review of resident 1's OT notes revealed: *On 12/1/21 she was seen by both OT and PT for her annual evaluation: -"PT has recommended that pt [patient] transfer with 2 staff or stand lift. PT has given approval for family to ambulate with pt using hand rail. Pt is inconsistent with participation with restorative therapy which also has limited availability." *Regarding transfers: -"...As of May 2021, is [it] has been recommended that pt complete transfers with 2 staff and the use of hemi-walker or with stand lift."</p> <p>Review of the provider's February 2022 Transfer Activities policy revealed: **"Follow individualized plan of care for specific intervention for amount of assistance and equipment needed." **"Obtain assistance of another individual if necessary for safe transfer. Position gait belt." **"If resident is able to participate in transfer, have resident place unaffected foot under the ankle on the affected side. If necessary, place unaffected foot under the affected knee and slide down to ankle..."</p> <p>Refer to F684.</p>	F 689	<p>4. Director of Nursing or designee will audit at least 6 residents monthly who are receiving PT or OT and review PT or OT orders with care plans for accuracy. The results of these audits will be reported quarterly by the Director of Nursing designee to the Care Center/Assisted Living QAPI Committee beginning at the next meeting on 3/8/22 and reviewed by the committee to determine future frequency of audits and any additional recommendations based on the results of the audits. Audits will continue for a period of one year.</p>	3/2/22	

