

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 43A072	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2015
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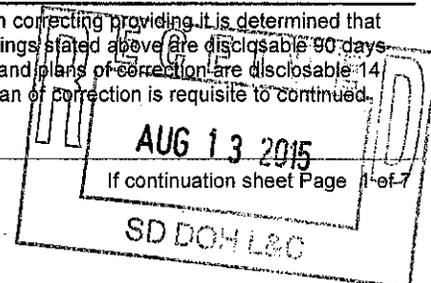
NAME OF PROVIDER OR SUPPLIER PLATTE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 EAST 7TH POST OFFICE BOX 200 PLATTE, SD 57369
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F 000	INITIAL COMMENTS Surveyor: 34030 A recertification health survey for compliance with 42 CFR Part 483, Subpart B, requirements for long term care facilities, was conducted from 7/20/15 through 7/22/15. Platte Care Center was found not in compliance with the following requirement: F323.	F 000	Addendums noted with an asterisk per 8/31/15 and 9/1/15 telephone to facility DON. SW/SDDH/JJ	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Surveyor: 34030 Surveyor: 35237 Based on observation, interview, record review, and manufacturer's instructions review, it was determined the provider failed to safely transfer one of one sampled resident (7) during three of three observed transfers creating a potential for injury. Findings include: 1. Review of resident 7's medical record revealed: *She had diagnoses that included Alzheimer's (memory) disease, Parkinson's (progressive disease of the nervous system that affects movement), history of fractures to her right hip	F 323	It is acknowledge that resident #7 when transferring with the EZway stand lift and during a manual transfer the risk to the resident # 7 and staff outweighed the benefits. On July 22, 2015 the residents #7 plan of Care was changed to read that all transfers were to be completed using the Sling lift and the assist of two staff. Staff was notified via the communication book. On July 28,29 &30 Staff was in-serviced on the manufactures instructions for the standing lift for residents. Staff was also educated on need for residents to bear weight for manual transfers. . Instructions for contacting the DON, PCC or charge nurse if at any point staff feels a resident is not meeting these standards. In August CNA staff meetings (August 26&27) all CNA, nursing assistant staff to receive in-service on use of Smart Stand lift, EZ way stand and Sling list.	* 7 SW/SDDH/JJ 09/10/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE CFO	(X6) DATE 8/12/15
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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 323	<p>Continued From page 1</p> <p>and knee, history of seizures (convulsions), and degenerative (worsening) joint disease.</p> <p>*A 7/19/15 ADL (activities of daily living; assistance with grooming, dressing, toileting, eating, and bathing) Functional Rehab (rehabilitation) Potential note by nursing that indicated she required:</p> <ul style="list-style-type: none"> -Total dependence of two staff assistance for bed mobility and toileting. -Extensive assistance of two staff for transfers. <p>*A 7/16/15 Physical Therapy Evaluation note that indicated:</p> <ul style="list-style-type: none"> -She had impaired range of motion to both upper and lower extremities (moving her arms and legs). -She was unable to follow commands for active range of motion and resisted passive range of motion to her upper extremities. -Nursing staff uses a standing lift for transfers but was not performed today." <p>*A 7/17/15 Restorative Evaluation note by nursing that indicated:</p> <ul style="list-style-type: none"> -"_____ is still toileted and transferring with standing lift. On occasion staff will transfer manually or transfer with sling lift if particularly stiff." -"Staff is able to transfer safely with standing lift or manual assist of two staff. _____ has done well with this program and we transfer her with the standing lift most days. We do anticipate at some time she will not be able to transfer using the standing lift and staff are aware that using a sling lift is always an option." <p>*A 7/17/15 Restorative Balance and ROM (range of motion) Evaluation note by nursing that indicated:</p> <ul style="list-style-type: none"> -She was unsteady and needed extensive assistance to stabilize during moving and transfers. 	F 323	<p>Each student shall complete a return demonstration on each apparatus to demonstrate competency. Staff members not attending in- service will need to demonstrate competency by <u>September 10, 2015</u>. On August 1, 2015 lift policy revised to include _____ assessment of resident ability to sit, grasp handles and bear weight and follow simple commands. Don or designated RN to assess _____ ability to meet lifting standards monthly, or upon staff concern with lift or manual transfer s on restorative evaluation intervention and enter interventions on resident's plan of care. Evaluation to include assessment of sitting on side of bed, ability to bear weight in lift or manually and ability stand in lift, grasp handles of lift. Resident must be able to understand process and follow simple commands even if assisted by staff to complete commands. DON will perform chart audits, using the restorative evaluation on residents using standing lift. DON will report compliance on the care center dashboard monthly and report to the Platte Health Center QIPI Team monthly beginning August 2015</p>	

*a visual
sw/5000H/ST*

*residents
who
utilize
mechanical
lifts
sw/5000H/ST*

*until
June 30,
2016
sw/5000H/ST*

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

PRINTED: 08/03/2015
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OMB NO. 0938-0391

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F 323	<p>Continued From page 2</p> <p>-She had impairments on both upper and lower extremities on both sides.</p> <p>-She had decreased function to her shoulders, elbows, knees, legs and ankles due to her Parkinson's diagnosis.</p> <p>Observation and interview on 7/21/15 at 8:07 a.m. of resident 7's transfer from bed to wheelchair with certified nursing assistants (CNA) A and B revealed:</p> <ul style="list-style-type: none"> *They could transfer her with or without the EZ stand (type of mechanical lift used to move a resident from one place to another) lift. *She was lying in bed on her right side. *Together they assisted her to a sitting position on the edge of the bed. *They had to hold onto her back to keep her in a sitting position. *They placed the EZ stand lift in front of her. *They put the EZ stand harness around her back and under her arms. *Then they attached the harness to the EZ stand lift. *They placed her feet onto the foot plate and attached the leg strap around her legs. *They did not attempt to place her hands on the handles of the lift. *They used the EZ stand to lift her to a standing position. *Then moved the lift with her in it around to her wheelchair and lowered her into the seat. *During the move the resident did not attempt to grab onto the lift's handles nor did the staff attempt to put her hands on the handles. <p>-Her arms were around the outside of the harness and hanging down in front of her body during the move.</p> <p>Surveyor: 34030</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>Observation on 7/21/15 at 10:30 a.m. of a dressing change on resident 7 revealed:</p> <ul style="list-style-type: none"> *She was in the whirlpool tub room. *She was upright in the EZ Stand lift. -She was in that position for ease of dressing change to her bottom after her bath. *Her arms dangled loosely by her sides outside the harness of the stand. <p>Interview on 7/21/15 at 1:55 p.m. with CNA A regarding resident 7 revealed:</p> <ul style="list-style-type: none"> *The resident needed two staff to assist with transfers. *They usually used a lift to transfer her. *The resident never held onto the handles of the EZ stand during transfers. *The Minimum Data Set (MDS) assessment nurse decided what type of transfer was needed for residents. <p>Interview on 7/21/15 at 2:00 p.m. with registered nurse/assistant MDS nurse D regarding resident 7's transfers revealed:</p> <ul style="list-style-type: none"> *The CNAs decided each day how to transfer her depending on the resident's alertness and their own capabilities. *She thought resident 7 used the total lift (a sling type of mechanical lift used to move from one place to another) for transfers in the morning when she first got up. *She had not watched a transfer of resident 7 in a long time, but thought the primary MDS nurse might have. <p>Interview on 7/21/15 at 2:20 p.m. with the director of nursing (DON) regarding resident 7 revealed:</p> <ul style="list-style-type: none"> *The MDS nurse and restorative therapy (RT) nursing staff looked at transfers and what was the best for residents with input from the CNAs. 	F 323		
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F 323	<p>Continued From page 4</p> <p>*The MDS nurse watched transfers on new admissions and with any significant changes in a resident's status.</p> <p>*RT would have assisted with maintaining the resident's strength and she oversaw the RT staff.</p> <p>*She thought they used the stand lift for resident 7, because it was easier to toilet her.</p> <p>*She agreed there could be a risk if the resident does not hold onto the handles.</p> <p>*She agreed the manufacturer's instructions would probably state the resident needed to hold onto the handles, because they would not want to get "sued."</p> <p>*A policy was requested for transferring residents, however she stated they had no specific policy on transferring.</p> <p>Observation and interview on 7/22/15 at 9:05 a.m. of resident 7's transfer from wheelchair to bed with CNA A and RT assistant/CNA C revealed:</p> <p>*She had been sitting in her wheelchair with her eyes closed.</p> <p>*They:</p> <ul style="list-style-type: none"> -Stated it would depend on which CNAs were transferring the resident and the resident's alertness on how they would do it -Could have transferred her manually or with a mechanical lift. -Positioned her wheelchair next to the side of the bed. -Applied a gait belt around her abdominal area. -Each stood on one side of the resident, they stood her up, and pivoted her around to sit on the edge of the bed. -Assisted her to lie on her right side in the bed. <p>*During the pivot transfer the resident's knees buckled (gave out).</p> <p>*They agreed her knees buckled during the</p>	F 323		
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F 323	<p>Continued From page 5</p> <p>transfer, and she was not bearing weight at that time.</p> <p>-They held her up completely by the gait belt</p> <p>*They would have always used two staff to transfer her when using the lift.</p> <p>*They agreed if the resident's knees had buckled when using the lift it could have been a safety risk.</p> <p>Interview on 7/22/15 at 10:00 a.m. and again at 11:15 a.m. with the DON regarding resident 7's transfers revealed:</p> <p>*The manufacturer's instructions for the mechanical lift were written to protect them from lawsuits.</p> <p>*She agreed if they did not follow the manufacturer's instructions it could put the facility at risk.</p> <p>*They tried to keep their residents as independent as they could be.</p> <p>*She felt the EZ stand lift made it easier to toilet the resident because a total mechanical lift was more difficult.</p> <p>-They had not tried to toilet the resident using a total lift.</p> <p>*She agreed they would not have wanted the resident to get hurt, and there was a risk if she had not not been transferred safely.</p> <p>*She confirmed there was a risk for resident and/or injury when the resident's knees buckled during the pivot transfer.</p> <p>*She agreed there was a risk for injury if the resident's knees buckled while she was in the EZ stand lift.</p> <p>*Transfer and lift training for the nursing staff would have been completed at the time of hire and annually.</p> <p>*She had been aware resident 7 did not hold onto the handles when in the EZ stand.</p>	F 323		

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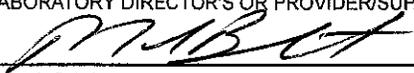
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F 323	<p>Continued From page 6</p> <p>*She felt the CNAs were capable of deciding what type of transfer or lift to use with the nurse's guidance.</p> <p>*She agreed they had not followed the manufacturer's instructions, but felt they had evaluated and assessed the resident's transfers appropriately.</p> <p>Review of the 3/11/09 EZ Way Stand operator's instructions revealed:</p> <p>**"The EZ way stand was designed specifically for toileting and changing briefs of patients [residents]. The EZ way stand can also be used for transferring the patient from chair, wheelchair, toilet or bed, and can be used for ambulation."</p> <p>**"Patients should be able to bear some weight, have upper body strength (i.e. be able to sit on the side of the bed unattended), and be able to follow simple commands. If a patient does not meet each of these three criteria, the EZ Lift total body lift must be used."</p> <p>*Instructions to raise the patient "Position patient's arms on the outside of the harness and have them place their hands on the padded handles."</p>	F 323			

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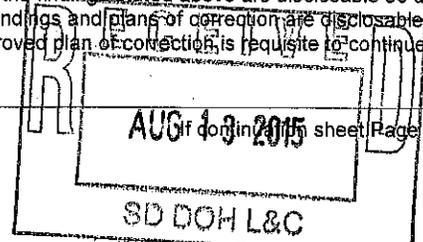
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K 000	INITIAL COMMENTS Surveyor: 32334 A recertification survey for compliance with the Life Safety Code (LSC) (2000 existing health care occupancy) was conducted on 7/22/15. Platte Care Center was found not in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2000 LSC for existing health care occupancies upon correction of deficiencies identified at K045 in conjunction with the provider's commitment to continued compliance with the fire safety standards.	K 000		
K 045 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Surveyor: 32334 Based on observation and interview, the provider failed to provide proper illumination of the means of egress for the exit discharge at three of three marked exits from the facility (east wing, north wing, and main entrance). Findings include: 1. Observation at 11:10 a.m. on 7/22/15 revealed the exit discharge from the east wing that went into a fenced lawn area. Exit discharge lighting on the exterior of that exit was provided by a single	K 045	Safety officer acknowledges that the East exit discharge light was a single bulb fixture. On August 10, 2015, maintenance staff replaced the fixture with a two bulb fixture. Safety officer acknowledged that he was uncertain if exit discharge lighting was wired into emergency power. On July 23, 2015 maintenance checked all three exits and they were confirmed to be on the emergency circuit. Maintenance staff will monitor the three exits weekly for both bulbs working and log. Safety officer will check logs and add it to his O.A. to be reported quarterly.	08/10/15

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K 045	<p>Continued From page 1</p> <p>bulb lighting fixture. Failure of that bulb would leave the exit discharge in darkness. Lighting of means of egress including exit discharge shall be arranged such that failure of a single lighting fixture does not leave the area in darkness. Those fixtures shall be tied to the emergency electrical system as part of the type II essential electrical service required for nursing homes. That issue was also found on the north wing and main entrance.</p> <p>Interview with the plant observation supervisor at the time of the above observations confirmed those conditions. He indicated he was not aware of requirements for exit discharge lighting. He was unsure if those lighting fixture were tied to the type II essential electrical service.</p>	K 045		
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South Dakota Department of Health

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S 000	Initial Comments Surveyor: 34030 A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:04, Medical Facilities, requirements for nursing facilities, was conducted from 7/20/15 through 7/22/15. Platte Care Center was found in compliance.	S 000		

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

TITLE

CEO

(X6) DATE

8/12/15

continuation sheet 1 of 1

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AUG 13 2015

SD DOH L&C