STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

X1) PROVIDER/SUPPLIER/LIC/CLA IDENTIFICATION NUMBER: 430087

X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

X3) DATE SURVEY COMPLETED
C. 10/23/2019

NAME OF PROVIDER OR SUPPLIER
GOOD SAMARITAN SOCIETY CANISTOTA
700 WEST MAIN ST
CANISTOTA, SD 57012

X4) ID
PREFIX
TAG
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

F 000
INITIAL COMMENTS
Surveyor: 32335
A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities, was conducted on 10/23/19. Areas surveyed included accidents and hazards. Good Samaritan Society Canistota was found not in compliance with the following requirement: F689.

F 689
Free of Accident Hazards/Supervision/Devices
SS=E
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: 41088
Surveyor: 32335
Based on observation, interview, record review, and manufacturer's instructions review, the provider failed to:
*Appropriately assess four of four sampled residents (1, 2, 3, and 4) for the use of the sit-to-stand lift.
*Ensure two of two certified nursing assistants (CNA) (B and C) used the Hoyer lift sling appropriately for one of one sampled resident (5).
Findings include:
Surveyor: 41088
1. Review of resident 3's 8/28/19 quarterly

X5) ID
PREFIX
TAG
PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

F 000
Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the center's allegation of compliance in accordance with section 7300 of the State Operations Manual.

F 689
R1, R2, R3, and R4 were re-assessed for proper lift use, and found to be appropriate for their current status of care for transfer assistance including utilizing the sit-to-stand lift (KG 12/2/19). Staff received re-education on proper use of the lift for trauma residents and positioned correctly while being transferred with the lift (KG 12/2/19). R1, R2, R3, and R4 are also being referred to physical therapy to verify that the sit-to-stand lift is appropriate for them (KG 12/2/19).
To correct the deficient practice by 1/6 (KG 12/2/19), CNAs B and C have received re-education on safe resident handling practices.
To identify other residents having the potential for the deficient practice, all residents utilizing a sit-to-stand lift will be reassessed to determine appropriateness for use of that lift.
To ensure systematic change, nursing staff will be re-educated by DNS or designee on the safe resident handling program and assessment process utilizing training developed in coordination with industry experts on safe resident handling and transfer (KG 12/2/19).
To monitor our performance to ensure that solutions are sustained, record review/observation audits for adherence to safe resident handling program will be conducted by DNS or designee weekly X 4, bi-weekly X 4, and monthly X 2. The results of these audits will be reviewed and reported by DNS or designee (KG 12/2/19) at the monthly Quality Committee meeting.

LAbORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Kelli Guyse

TITLe
Administrator

(20) DATE
11/07/2019
12/03/2019

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. Reimbursement for 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.
### Summary Statement of Deficiencies

**F 689** Continued From page 1

Minimum Data Set (MDS) assessment revealed:
* Her Brief Interview for Mental Status (BIMS) score was fifteen indicating her cognition was intact.
* She required extensive physical assistance of one staff member for bed mobility and transferring.
* She used a wheelchair and had not walked during the assessment timeframe.
* She had no upper extremity impairment but had lower extremity impairment on both sides.

Review of the provider's undated list of residents who used lifts revealed she required: "Transfer Between Surfaces: Requires sit to stand and medium harness with sit to stand and 1 staff assist."

Surveyor: 32335
Observation on 10/23/19 at 10:43 a.m. of resident 3 in her room revealed:
* CNA A had brought the sit-to-stand lift into the room to transfer her from her wheelchair to the commode.
* He put the leg strap around the back of her legs and secured it in place.
* He then put the harness around her back, attached the harness to the lift, and then clipped the abdomen strap.
* He proceeded to lift her out of her wheelchair.
* She was holding on with both hands.
* She was not bearing any weight and could not stand upright.
* Her knees were bent, and she was hanging from the lift.

Surveyor: 41088
2. Review of resident 5's 10/2/19 MDS admission assessment revealed:
**Continued From page 2**

"His BIMS score was ninety-nine indicating he was unable to complete the interview.
-He had long and short term memory problems.
*He was totally dependent on two staff members for bed mobility and transferring.
*He used a wheelchair and had not walked during the assessment timeframe.
*He had upper and lower extremity impairment on both sides.

Review of the provider’s undated list of residents who used lifts revealed he required: "Transfer: Resident requires weight bearing support: total lift, 2 staff assist. x-large high back mesh sling, may leave mesh sling in wheelchair. Bed mobility: Lying to Sitting and sitting to lying: dependent using x-large high back sling and 2 assist using total lift."

Surveyor: 32335
Observation on 10/23/19 at 11:11 a.m. in resident 5's room revealed:
*CNAs B and C had the Hoyer total body lift in the room and were preparing to transfer him from his bed to his wheelchair.
*They positioned the lift over him.
*The sling had already been under him.
*They secured the top part of the sling by placing the green loops on each side onto the hooks.
*They secured the bottom part of the sling by placing the last loop on each side onto the hook.
*Half of his right buttock was out of the sling.
-They had both noticed the sling was not under him properly when they first started lifting him up, but they continued to lift him and move him over to his chair anyway.

Interview immediately following the above observation with CNAs B and C revealed they..."
Continued From page 3

had noticed the sling was not properly positioned.
CNA C stated, "That's what we were just talking
about." "It [the sling] wasn't over far enough."

Surveyor: 41088
3. Review of resident 2's 8/3/19 quarterly MDS
assessment revealed:
* Her BIMS score was thirteen indicating her
cognition was intact.
* She required extensive physical assistance of
two staff members for bed mobility and
transferring.
* She used an electric wheelchair and had not
walked during the assessment timeframe.
* She had impairment to her upper and lower
extremities on both sides.

Review of the provider's undated list of residents
who used lifts revealed she required: "Lying to
Sitting and sitting to lying: 2 staff assist, total lift
medium high back sling. Transfer- transfer
between surfaces and CAN pull self to stand: sit
to stand and 1 assist using medium harness for
transfers on/off commode."

Surveyor: 32335
Observation on 10/23/19 at 12:55 p.m. in resident
2's room revealed:
* She was in an electric wheelchair, and she
operated it with her right hand.
* She had a half lap tray on the left side.
* She was leaning to the right.
*CNA A had brought the sit-to-stand lift into her
room to transfer her from her wheelchair to the
commode.
* He used a medium sized harness.
* He put the leg strap around the back of her legs
and secured it in place.
* He then put the harness around her back,
F 689 Continued From page 4
attached the harness to the lift, and then clipped the abdomen strap.
*He proceeded to lift her out of her wheelchair.
*She was holding on with both hands.
*She was not bearing any weight and could not stand.
*Her knees were bent, and she was hanging from the lift.
*Her left hand slipped, and she was barely holding on with that hand.

Review of resident 2's 6/7/19 Sit-Stand-Walk Data Collection Tool revealed: "The resident has been chicken winging with transfer et [and] holding on to the lifts."

Surveyor: 41088
4. Review of resident 4's 10/2/19 admission MDS assessment revealed:
*Her BIMS score was seven indicating severe cognitive impairment.
*She required extensive physical assistance of two staff members for bed mobility and transferring.
*She used a wheelchair and had not walked during the assessment timeframe.
*She had no impairment in upper or lower extremities.

Review of the provider's undated list of residents who used lifts revealed she required: "Sitting to Lying and lying to sitting: Total lift, medium high back sling and 2 assist. Transfer Between Surfaces: Sit to stand with L sling and 1 assist."

Surveyor: 32335
Observation on 10/23/19 at 1:08 p.m. in resident 4's room revealed:
*CNA D had the sit-to-stand lift in the room and
**GOOD SAMARITAN SOCIETY CANISTOTA**

**700 WEST MAIN ST**  
**CANISTOTA, SD 57012**

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F 689

was going to transfer her from her wheelchair to the commode.
*The resident was confused and could not answer simple questions.*
*She repeated "No" several times when not being asked any questions.*
*CNA D had told her two times to put her hands on the handles.*
*She was not able to understand and had not complied.*
*CNA D took the resident's right hand and placed it on the handle bar.*
*CNA D placed the leg strap around her legs and secured it in place.*
*She then secured the harness.*
*The shin plate was hitting her in the middle of the knee.*
*She was not bearing any weight and was hanging from the lift.*

Surveyor: 41088

5. Review of resident 1's 7/18/19 quarterly MDS assessment revealed:
*Her BIMS score was six indicating her cognition was severely impaired.*
*She required extensive physical assistance of two staff members for bed mobility and transferring.*
*She used a wheelchair and had not walked during the assessment timeframe.*
*She had upper extremity impairment on one side and lower body impairment on both sides.*

Review of the provider's undated list of residents who used lifts revealed she required: "Lying to sitting and sitting to lying: Using total lift 2 assist and large high back sling. Transfer Between Surfaces and CAN pull self to stand: use sit to stand, large harness and 1 assist on/off."
Continued From page 8

acommode."

Surveyor: 32335

Interview on 10/23/19 at 1:32 p.m. with CNA A revealed he had already used the sit-to-stand lift to transfer resident 1 from her wheelchair to the commode.

Observation and interview on 10/23/19 at 1:39 p.m. with resident 1 revealed:
*She was sitting in her wheelchair.
*She had limited use of her right arm due to a past stroke.
*She had taken her left hand to lift her right arm to move it.
*She had remembered the fall on 10/16/19 but was not able to verbalize exactly what had happened.
*Her speech was delayed, and it was difficult for her to communicate her thoughts after each question.

6. Interview on 10/23/19 at 2:15 p.m. with the administrator revealed:
*The use of the sit-to-stand lift was determined by the Sit-Stand-Walk Data Collection Tool.
*The tool was part of their Safe Resident Handling program.
*The nurses completed those assessments.
*It was not always the same nurse who completed the assessments, because they were completed on different shifts.
*The nurse determined the resident's weight bearing status.

Interview on 10/23/19 at 3:36 p.m. with the director of rehabilitation services revealed:
*She was a contracted physical therapist for the facility.
Continued From page 7

*She did not get many referrals from the facility to determine what lift would be appropriate for the residents.
*If residents could not bear weight and if they did not have upper body strength to hold themselves up they should not have been using a sit-to-stand lift.

The interim director of nursing had started on 10/22/19 and was not familiar with the above issue to be interviewed about it.

Interview on 10/23/19 at 3:46 p.m. and again at 4:40 p.m. with the MDS coordinator and the administrator revealed:
*The Sit-Stand-Walk Data Collection Tool had one question on it that determined if the resident was appropriate for the use of the sit-to-stand lift.
*That question was: "Can the resident bear weight on a least one leg?"
*If they answered yes to that question the resident was appropriate to use the sit-to-stand lift based on the Safe Resident Handling program.
*The MDS coordinator stated resident 2 had used the sit-to-stand lift for at least the past year.
*If a resident had "chicken wings" while using the sit-to-stand lift they were not appropriate for that type of lift.
*Staff should have been informing the charge nurse if there was a change in a resident's condition.
*The do not use the MDS information in conjunction with the Sit-Stand-Walk Data Collection to make the determination of the use of the sit-to-stand lift.
*They only used the tool and relied on the question "Can the resident bear weight on a least one leg?"
Review of the provider's undated Safe Resident Handling Program policy revealed:

"This program eliminates manual lifting, transferring and repositioning of residents, which in turn provides a safe living and working environment for both residents and employees. The Good Samaritan Society's goal is to maintain a safe living and working environment for residents and staff members.

*Always use your best nursing judgement when making decisions to use mobility devices. Consider pain, contractures, edema, open wounds, h/o precautions, weight bearing restrictions, and other factors that may change the resident's participation in using the recommended mobility device.

*Sit-to-Stand - For residents who demonstrate leg strength for weight bearing and are able to hold torso in an upright position but are NOT able to pull self to a standing position. The resident must be able to bear weight on at least one leg, have some upper body strength and be cognitively able to follow cues and cooperate with procedure.

Review of the manufacturer's instructions for the EZ Way Smart Stand revealed: "Patients [residents] should be able bear some weight, have upper body strength and be able to follow simple commands. If a patient does not meet each of these three criteria, an EZ Way total body lift must be used."