

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

PRINTED: 10/31/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435105	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/17/2023
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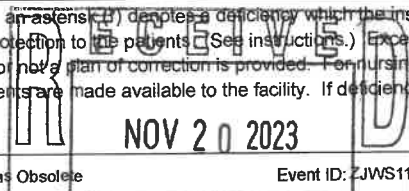
NAME OF PROVIDER OR SUPPLIER WHEATCREST HILLS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 VANDER HORCK ST BRITTON, SD 57430
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR 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
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F 000	INITIAL COMMENTS A complaint health survey for compliance with 42 CFR Part 483, Subpart B, requirements for Long Term Care facilities was conducted on 10/17/23. Areas surveyed included resident personal cares and resident transfers involving mechanical full body lifts. Wheatcrest Hills Healthcare Center was found not in compliance with the following requirement: F689.	F 000		
F 689 SS=D	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: Based on record review, interview, observation, personnel file review, in-service and audit review, manufacturer's review, policy review, and job description review, the provider failed to ensure: *One of five sampled residents (6) was safely transferred according to manufacturer's instructions using a full-body mechanical lift by one of one certified nursing assistant (CNA) (D) that resulted in a bruise to the resident's right upper arm. *A device assessment for the proper mechanical lift to be used and documentation of the proper sling size were completed for one of five sampled residents (6) prior to the use of a full-body mechanical lift. Findings include:	F 689	1. Resident #6 is discharge from the facility. Residents 1,2,3 and 4 were reviewed for appropriate devices. All residents have the potential to be affected. 2. The DNS or designee will educate all nursing staff on utilizing two staff on the use of a full body mechanical lift, that if a resident ha a change in condition and a lift is necessary the IDT team must approve the use, if IDT team not present, the nurse may approve and complete device evaluation prior to 11/10/23. All nursing staff not in attendance will be educated prior to their next working shift by DNS or designee. All new hires will be educated upon hire on utilizing two staff for total lift transfers. All current nursing staff have signed an agreement that they are aware of the use of two staff with a total mechanical lift. The IDT team reviewed the device policy by 11/10/2023. 3. The DNS or designee will audit 4 total lift residents and any residents with a change in condition weekly times four weeks and monthly times two months for utilization of two staff with total lift transfers. The DNS or designee will bring the results of the, to the monthly QAPI committee for review and recommendation to continue or discontinue the audits.	11/15/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Stephen Schmitz	TITLE Executive Director	(X6) DATE 11/7/2023
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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 689	Continued From page 1 1. Review of the 10/9/23 Facility Self-Reporting Form submitted to the South Dakota Department of Health (SD DOH) regarding resident 6 revealed: *The incident occurred on 10/9/23 at 6:00 a.m. and the final report included: -Resident 6 had osteoarthritis with chronic pain and was on comfort care related to a decline in her condition. --She had indicated the injury was to her "bad arm," her right arm. -CNA D had reported resident 6 "was weak so she needed to use the Hoyer." [provider uses term Hoyer or hoyer when referencing their full-body mechanical lift that is an EZ Way Smart Lift, in future reference throughout the citation, Hoyer is the EZ Way Smart Lift]. While she was transferring resident 6, she had grabbed the top of the lift and had accidentally bumped her upper right arm when placing her in bed. -CNA D had transferred resident 6 by herself and had been re-educated on "being careful" and "being aware of where the resident extremities are when transferring." -All staff as well as CNA D had been re-educated about using two people when using the Hoyer lift. -Audits for compliance to ensure two staff are present when using the Hoyer had been initiated after the education. Interview on 10/17/23 at 1:30 p.m. with director of nursing (DNS) B revealed: *Resident 6 had passed away on 10/13/23. *She reported the incident in question had occurred on 10/8/23 at approximately 11:00 a.m., and she was notified on 10/9/23 at 6:00 a.m.	F 689			

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F 689	<p>Continued From page 2</p> <p>*They currently had four residents (1, 2, 3, and 4) that used the full-body mechanical lift.</p> <p>Interview on 10/17/23 at 2:00 p.m. with director of rehabilitation (DOR) C revealed she:</p> <p>*Was a licensed occupational therapy assistant.</p> <p>*Was involved in assessing residents upon admission regarding their transfer ability and possible need for a mechanical lift.</p> <p>*Reassessed residents every three months and as needed regarding their transfer ability.</p> <p>*Stated she had not assessed resident 6 for a mechanical lift as she never used a mechanical lift and was not informed of the resident's need for a mechanical lift.</p> <p>*Stated that the nursing department completed the training for the mechanical lifts.</p> <p>Interview on 10/17/23 at 2:15 p.m. with CNA D regarding the incident on 10/8/23 revealed:</p> <p>*She agreed the incident occurred late morning.</p> <p>*Resident 6 had never used any kind of mechanical lift prior to the incident.</p> <p>*She had let the nurse know she was going to use the full-body mechanical lift that day with resident 6 because the resident was very weak.</p> <p>*Resident 6 bumped her right upper arm with the "brace" of the full-body mechanical lift during the transfer.</p> <p>*She stated "We're supposed to have two [staff members] when using the Hoyer [full-body] lift," but stated the reason she had used it independently was that "we were short-staffed."</p> <p>*She explained that "short-staffed" meant that two CNAs were working the day shift covering the three hallways, caring "for 40 residents," and on those days when transferring residents with the full-body mechanical lifts "we weren't using two because we were short-staffed."</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>*She stated when three CNAs worked the day shift, one for each hall, she felt she was able to ask one of the other CNAs for assistance when transferring residents that required a full-body mechanical lift.</p> <p>Interview on 10/17/23 at 5:05 p.m. with DNS B revealed:</p> <p>*Regarding the provider's mechanical lifts:</p> <ul style="list-style-type: none"> -The need for a mechanical lift in a resident's care was a cooperative effort between the therapy department and nursing department which had involved DNS B, DOR C, and minimum data set (MDS) Coordinator J. -The "Device Evaluation -V4" was the assessment used for mechanical lifts. -The provider had no policy or procedure for the mechanical lifts. -She stated the manufacturer's "Operator's Instructions" was their policy. -She stated their unwritten "policy" was to have two staff members involved with the resident transfers utilizing the full-body mechanical lift. <p>*Regarding staffing:</p> <ul style="list-style-type: none"> -The nursing department was adequately staffed. -When only two CNAs were scheduled she had informed nursing staff that the second person required for the full-body mechanical lift was not limited to only the other CNA scheduled, but other staff members that were CNA certified or licensed nurses could assist with the transfers. --The nurse and the medication aide were available to assist as needed. --That included the social services director, housekeeping supervisor, receptionist, and activity director who were all CNA certified. --She stated there were three CNAs working when the incident occurred on 10/8/23. <p>*Regarding resident 6:</p>	F 689		

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F 689	<p>Continued From page 4</p> <ul style="list-style-type: none"> -No mechanical lift had been used prior to the incident on 10/8/23. -No Device Evaluation identifying the need for a mechanical lift had been completed. -She stated CNA D had checked with the nurse and the nurse had given consent for the use of the full-body mechanical lift. <p>MDS coordinator J was unavailable for interview during the survey.</p> <p>Review of resident 6's closed electronic medical record revealed:</p> <ul style="list-style-type: none"> *She was admitted on 7/9/20. *Her diagnosis was chronic kidney disease. *The 9/28/23 significant change in status Minimum Data Set (MDS) assessment revealed she: <ul style="list-style-type: none"> -Scored fourteen on the Brief Interview for Mental Status (BIMS) examination indicating she was cognitively intact. -Required extensive assistance of two staff for transfers, bed mobility, and toilet use. -Was unsteady moving from a seated position to a standing position, moving on and off the toilet, and transferring between the bed and the chair or wheelchair. -Had a limited range of motion for both upper (shoulder, elbow, wrist, hand) and lower extremities (hip, knee, ankle, foot) on both her right and left side. -Was medically complex. -Was on a scheduled pain medication regimen. -Experienced pain frequently. *The 9/28/23 "Device Evaluation -V4" revealed: <ul style="list-style-type: none"> -Identified need for electric recliner. -"Mechanical Lift" was answered "No". -Signed by MDS coordinator J. *Progress notes revealed: 	F 689			

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F 689	<p>Continued From page 5</p> <p>-On 10/9/23 at 7:49 a.m. "Nurse [RN] observed bruising to upper inside of right arm. CNA [CNA D's initials] stated she used the Hoyer [full-body] lift to transfer resident to bed as she was to weak to stand, and the resident put her arm up to grab the top of lift and rubbed inner right arm against the sling. Then when CNA [D] placed her in bed the hoyer [Hoyer] bumped into resident's right upper arm. Resident voices her arm is sore but states it is her 'bad arm' that she has arthritic flare ups at times is WNL [Within Normal Limits] for her. Denies any staff wrong doing and denies need for hospital visit/eval [evaluation]. Receives scheduled pain medication. Currently on comfort cares per declined condition. Resident stable at this time, able to voice needs/complaints, resident denies any at this time. Nurse to CNA teaching, to monitor extremity placement with transfers. Nursing to monitor healing progress. Left message for family and MD [Medical Doctor] regarding incident."</p> <p>-On 10/9/23 at 12:41 p.m. RN "Reassessed resident at this time, states she is doing okay, denies any increased pain, states her normal aching is tolerable at this time. Resident is able to lift right arm up, voices she thinks it is better now. Denies need for morphine solution at this time. Resident asked if CNA [CNA D's initials] could come sit with her because she doesn't want to be alone, notified resident that [CNA D's initials] will be in tomorrow, voices understanding..."</p> <p>*There was no assessment completed prior to the 10/8/23 incident or after the incident regarding: -If a mechanical lift was to have been used. -The type of mechanical lift that was to have been used. -The appropriate size sling that was to have been used.</p> <p>*Review of progress notes after the 10/8/23</p>	F 689			

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F 689	<p>Continued From page 6</p> <p>incident through 10/13/23 revealed there was no documentation related to use of a mechanical lift.</p> <p>*Review of resident 6's 10/16/23 closed care plan revealed:</p> <p>-Problem: "The resident has an ADL [Activities of Daily Living] self-care performance deficit r/t [related to] osteoporosis compression fractures" which was initiated on 7/9/20.</p> <p>-Interventions included:</p> <p>--"LOCOMOTION: assist x1 with w/c [wheelchair] locomotion."</p> <p>--"AMBULATION: I have been using my wheelchair more."</p> <p>--"TRANSFER: I need assist x1 for all transfers."</p> <p>-Problem: "I have had a decline in condition" initiated on 10/5/23.</p> <p>-Interventions included:</p> <p>--"Adjust provision of ADLS to compensate for resident's changing activities."</p> <p>--"Encourage participation to the extent the resident wishes to participate."</p> <p>--"Work with nursing staff to provide maximum comfort for the resident."</p> <p>Review of resident 6's 10/9/23 "Event Investigation Final Summary" form revealed:</p> <p>*She was "currently on comfort cares ..."</p> <p>*She had "increased weakness."</p> <p>--"Staff needing to use hoyer [Hoyer] [full-body] lift for transfers."</p> <p>*A change was needed on her care plan.</p> <p>--"Watch placement of arms when transferring resident."</p> <p>*Both DNS B and Administrator A signed the form on 10/9/23.</p> <p>*A report was made to the SD DOH on 10/9/23 at 9:51 a.m.</p>	F 689			

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F 689	<p>Continued From page 7</p> <p>2. Observation on 10/17/23 at 2:50 p.m. of CNA/Certified Medication Aide (CMA) E and CNA F transferring resident 2 in her room with a full-body mechanical lift from the bed to her wheelchair revealed:</p> <p>*CNA/CMA E and CNA F were on opposite sides of the bed and assisted resident 2 in rolling side to side to place a medium sized sling underneath her.</p> <p>*CNA/CMA E brought the full-body mechanical lift to the bedside with the arm of the lift over the resident.</p> <p>*Both staff members hooked the loops of the sling to the hangar assembly.</p> <p>-Green loops were used to support the resident's back in a sitting position.</p> <p>-Black loops were used to support the resident's legs lower than her shoulders.</p> <p>*CNA/CMA E stepped away from the resident to stand behind the lift, operated the mechanical lift, and raised the resident from her bed with the loops taut.</p> <p>*CNA F remained with resident 2 and crossed the resident's arms in front of her and placed her hands on her lap during the transfer.</p> <p>*CNA/CMA E and CNA F worked together to move the resident from over the bed to over her wheelchair and lowered her to sit in the wheelchair.</p> <p>*Once resident 2 was seated and the loops were relaxed, both staff then unhooked the loops from the hangar assembly and tucked the loops under the sling, which remained under the resident in the wheelchair.</p> <p>Review of resident 2's electronic medical record revealed:</p> <p>*She was admitted on 8/15/17.</p> <p>*Her diagnoses included Alzheimer's Disease and</p>	F 689		
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F 689	<p>Continued From page 8</p> <p>Dementia.</p> <p>*The 7/24/23 quarterly review Minimum Data Set (MDS) assessment revealed she:</p> <ul style="list-style-type: none"> -Scored two on the BIMS examination indicating she had severe cognitive impairment. -Required extensive assistance of two staff for transfers, bed mobility, dressing, and toilet use. -Was not steady when transferred between the bed and the chair or wheelchair. -Was medically complex. <p>*The 10/17/23 "Device Evaluation -V4 [Version 4]" revealed:</p> <ul style="list-style-type: none"> -The need for a mechanical lift: --Due to the resident's need for dependent transfer. --Type of lift device was a full-body mechanical lift. --Sling size was medium. <p>-The IDT [Inter Disciplinary Team] Summary Plan stated "Uses Hoyer [full-body] lift for transfers as unable to stand."</p> <p>-Signed by DNS B.</p> <p>Interview on 10/17/23 at 3:02 p.m. with CNA/CMA E following the full-body mechanical lift transfer with resident 2 revealed she:</p> <ul style="list-style-type: none"> *Had been trained to use the provider's mechanical lifts. *Always had used the full-body mechanical lift with another staff member. *Would have never used the full-body mechanical lift to transfer a resident by herself. *Stated if another CNA was not available "I'll grab the nurse." <p>Interview on 10/17/23 at 3:04 p.m. with CNA F following the full-body mechanical lift transfer with resident 2 revealed she:</p> <ul style="list-style-type: none"> *Always used the full-body mechanical lift with 	F 689			

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F 689	<p>Continued From page 9</p> <p>another staff member.</p> <p>*Stated if she couldn't find another CNA, "I get the nurse or the med aide."</p> <p>*Stated "I don't know of other staff using the Hoyer [full-body] lift with just one person."</p> <p>*Had been trained by DNS B to use the provider's mechanical lifts.</p> <p>*Stated she participated in the annual competency training on the mechanical lifts.</p> <p>3. Interview on 10/17/23 at 3:15 p.m. with resident 1 in her room revealed she:</p> <p>*Had been admitted four months ago.</p> <p>*Planned to stay long-term.</p> <p>*Used the full-body mechanical lift with staff assistance for her transfers.</p> <p>*Stated that two staff members assisted with her transfers using the lift.</p> <p>*Could not recall ever being transferred with just one staff member using the lift.</p> <p>*Had not experienced any accidents with the lift and had no concerns.</p> <p>Review of resident 1's electronic medical record revealed:</p> <p>*She was admitted on 6/30/23.</p> <p>*Her diagnosis was arthritis.</p> <p>*The 9/27/23 quarterly review MDS assessment revealed she:</p> <p>-Scored fifteen on the BIMS examination indicating she was cognitively intact.</p> <p>-Required extensive assistance of two staff for transfers, bed mobility, locomotion, and toilet use.</p> <p>-Was not steady when transferred between the bed and the chair or wheelchair.</p> <p>-Had a limited range of motion on one side for both her upper (shoulder, elbow, wrist, hand) and lower extremities (hip, knee, ankle, foot).</p> <p>-Was medically complex.</p>	F 689			

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F 689	<p>Continued From page 10</p> <p>*The 9/27/23 "Device Evaluation -V4" revealed: -The need for a mechanical lift: --Due to the resident's need for dependent transfer. --Type of lift device was a full-body mechanical lift. --Sling size was bariatric. -Signed by MDS coordinator J.</p> <p>4. Interview on 10/17/23 at 3:23 p.m. with resident 3 in his room revealed he: *Could not remember how long he had been living at the facility. *Used the full-body mechanical lift with staff assistance for his transfers. *Stated two and sometimes three staff members assisted with his transfers using the lift. *Could not recall ever being transferred with just one staff member when using the lift.</p> <p>Interview on 10/17/23 at 3:30 p.m. with CNA/CMA H revealed she: *Had been trained on using the mechanical lifts. *Stated for the "full-body lifts" we always have two staff members involved in the lift. *Stated "We'd get written up" if a resident was transferred with a full-body mechanical lift with only one staff person.</p> <p>Interview on 10/17/23 at 3:45 p.m. with CNA I revealed she: *Had started her employment in June 2023. *Was trained on how to use the mechanical lifts during her orientation. *Stated her training included always using two staff members with the full-body mechanical lift. *Stated if she ever transferred a resident by herself using a full-body mechanical lift "I'd probably get in trouble from my DNS."</p>	F 689			

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PRINTED: 10/31/2023
FORM APPROVED
OMB NO. 0938-0391

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F 689	<p>Continued From page 11</p> <p>Observation on 10/17/23 at 3:55 p.m. of CNA G and CNA F transferring resident 3 in his room from his recliner to his bed revealed:</p> <ul style="list-style-type: none"> *The sling for the full-body mechanical lift was underneath the resident who sat in his recliner. *CNA G brought the full-body mechanical lift to the recliner with the arm of the lift over the resident. *Both staff members hooked the loops of the sling to the hangar assembly. -Green loops were used to support the resident's back in a sitting position. -Black loops were used to support the resident's legs lower than his shoulders. *CNA G stepped away from the resident to stand behind the lift, operated the mechanical lift, and raised the resident from his recliner with the loops taut. *CNA F remained with resident 3 as he crossed his arms and placed his hands on his lap during the transfer. *CNA G and CNA F worked together to move the resident from his recliner to over his bed and lowered him to lay down on his bed. *Once resident 3 was lying and the loops were relaxed, both staff then unhooked the loops from the hangar assembly and laid the loops on the bed with the sling remaining under the resident lying on his bed. <p>Review of resident 3's electronic medical record revealed:</p> <ul style="list-style-type: none"> *He was admitted on 2/21/23. *His diagnosis was Arthritis. *The 8/23/23 quarterly review MDS assessment revealed he: -Scored ten on the BIMS examination indicating he had moderately impaired cognition. 	F 689			

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F 689	<p>Continued From page 12</p> <ul style="list-style-type: none"> -Required extensive assistance of two staff for transfers, bed mobility, dressing, and toilet use. -Was not steady when transferred between the bed and the chair or wheelchair. -Had a limited range of motion for his lower extremities (hip, knee, ankle, foot) on both his right and left side. -Was medically complex. *The 8/23/23 "Device Evaluation -V4" revealed: <ul style="list-style-type: none"> -The need for a mechanical lift: <ul style="list-style-type: none"> --Due to the resident's need for dependent transfer. --Type of lift device was a full-body mechanical lift. --Sling size was medium. -Signed by MDS coordinator J. <p>5. Review of resident 4's electronic medical record revealed:</p> <ul style="list-style-type: none"> *He was admitted on 8/31/16. *His diagnosis was Parkinson's Disease. *The 8/1/23 significant change in status MDS assessment revealed he: <ul style="list-style-type: none"> -Scored twelve on the BIMS examination indicating he had moderately impaired cognition. -Required extensive assistance of two staff for transfers, bed mobility, and dressing. -Was not steady when transferred between the bed and the chair or wheelchair. -Had a limited range of motion for his upper extremities (shoulder, elbow, wrist, hand) and lower extremities (hip, knee, ankle, foot) on both his right and left side. -Had a progressive neurological condition. *The 8/1/23 "Device Evaluation -V4" revealed: <ul style="list-style-type: none"> -The need for a mechanical lift: <ul style="list-style-type: none"> --Due to the resident's need for dependent transfer. --Type of lift device was a full-body mechanical 	F 689			

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F 689	<p>Continued From page 13</p> <p>lift. --Sling size was medium. -Signed by MDS coordinator J.</p> <p>6. Review of the October 2023 CNA schedule revealed on 10/8/23 there were three CNAs that had worked the day shift during which time the incident had occurred.</p> <p>Review of CNA D's personnel file revealed: *She was hired on 9/1/96. *She had completed the CNA Competency for Mechanical Lift form which was signed on 3/16/23 by an RN Validator.</p> <p>Review of the provider's 10/9/23 all staff education sign-in revealed: *"When using the hoyer [Hoyer] [full-body] lift you are to have 2 staff members present at all times. It is unacceptable to use the hoyer [Hoyer] [full-body lift] with 1 staff. It doesn't have to be another CNA. You can ask other staff members that are CNA certified: [first names of social service director, housekeeping supervisor, receptionist, and activity director] or any of the office and floor nurses/med aides." -CNA D, CNA/CMA E, CNA F, CNA G, CNA/CMA H, and CNA I had signed the education form.</p> <p>Following the education DNS B initiated twice weekly for six weeks auditing for staff having two staff present when the full-body mechanical lift is utilized.</p> <p>Review of the 6/14/23 EZ Way Smart Lift Operator's Instructions revealed: *"The EZ Way Smart Lift was designed to be operated safely by one person. However, with some patients it is best to use two people."</p>	F 689			

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F 689	<p>Continued From page 14</p> <p>**Safety Notes**: -"The EZ Way Smart Lift was designed to be operated safely by one caregiver. However, depending on the situation, facility policy, and the patient's condition, two caregivers may be necessary."</p> <p>Review of the provider's September 2017 Devices policy revealed: **In the event a resident's medical condition or symptom(s) warrants the use of a physical device, the least restrictive device is used after a comprehensive evaluation is completed.** **Procedure: The Device Evaluation is:** -"Completed at admission prior to implementation by a licensed nurse (LN) for device required for use by the resident. A Device Evaluation is completed for each individual device." -"The Device Evaluation Review is completed quarterly or upon change in condition... for each resident using a device."</p> <p>Review of the provider's November 2019 Executive Director's job description revealed: **Manages delivery of the highest level of health services and quality of care that is responsive to customers' needs.** **Responsible to maintain a safe, healthy, clean, and well-organized building that reflects a high standard of care and service.** **Empower staff so that each recognizes their role in achieving and maintaining quality of care and service to the resident.**</p> <p>Review of the provider's March 2012 Director of Nursing Services job description revealed: **Essential Functions:** -Develops and maintains a nursing service philosophy, objectives, standards of practice,</p>	F 689			

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F 689	<p>Continued From page 15 policy and process manuals." -"Responsible for recruiting, interviewing, hiring, disciplining, coaching, and conducting performance appraisals on assigned units..."</p> <p>Review of the provider's March 2012 CNA job description revealed: **"Under general supervision performs a combination of following duties in caring for residents in the Center, consistent with the plan of care and established long-term care standards and Center policies and processes." **"Reports to the Licensed Nurse directing and overseeing resident care on assigned unit."</p>	F 689		
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