STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225723	A. Building B. Wing	10/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fall River Healthcare	1748 Highland Avenue Fall River, MA 02720

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 40702 Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who required extensive assistance of two staff members with the use of sit-to-stand mechanical lift for transfers, the Facility failed to ensure staff implemented and followed interventions from Resident #1's plan of care related to transfers, when on 09/30/22, Certified Nurse Aide (CNA) #1 who was assigned to care for Resident #1, attempted to transfer him/her out of bed and into his/her wheelchair using a sit-to-stand mechanical lift without another staff member present to provide assistance, Resident #1 fell on to the floor and the mechanical lift landed on top of him/her. Resident #1 was transferred to the Hospital Emergency Department for evaluation and was diagnosed with a left ankle fracture. Findings include: Review of the Facility's Policy, titled Comprehensive Person-Centered Care Plans, dated as revised 11/2017, indicated that a comprehensive person-centered care plan will be developed and implemented for each resident. The Policy indicated that care plans include measurable objectives and timeframe's and describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Review of the Facility's Policy, titled Lifting Machine Using a Mechanical Lift, dated as revised 4/2018, indicated two staff members are needed to safely move a resident with a mechanical lift. The Policy indicated to make sure the sling is securely attached to the clips and that it is properly balanced and to support the resident as he or she is moved. Resident #1 was admitted to the Facility in December 2021, diagnoses included left side hemiplegia and hemiparesis (muscle weakness and partial paralysis) following a cerebral infarction (stroke), lack of coordination, unsteadiness on feet, abnormalities of gait and mobility, and contracture of left hand. Review of Resident #1's Quarterly Minimum Data Set (MDS) Assessment, dated 07/13/22, indicated that he/she required extensive assistance of two staff members for transfers. Review of Resident #1's Nursing Evaluation, dated 09/28/22, indicated that he/she was at risk for falls, was dependent for transfers and required two staff members with a mechanical lift. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Actual harm Residents Affected - Few	Review of Resident #1's Activities of Daily Living (ADL) Care Plan, (confirmed with the Director of Nurses as the plan of care that was in effect at the time of the fall) indicated that he/she was dependent on two staff members with sit-to-stand mechanical lift for transfers. Review of Resident #1's Care Kardex (used by Certified Nurse Aides to determine residents level of care), dated as of 03/16/22 (confirmed with the Director of Nurses as the Resident Kardex that was in effect at the time of the fall), indicated that he/she was dependent on two staff members with sit-to-stand mechanical lift for transfers. During an interview on 10/25/22 at 11:10 A.M., Resident #1 said that CNA #1 transferred him/her onto the sit-to-stand mechanical lift and as she was turning the mechanical lift, it tilted sideways, and threw him/her on the floor. Resident #1 said after he/she fell on to the floor, the lift then landed on top of him/her. Resident #1 said that he/she could not move, that CNA #1 seemed like she was in shock and he/she yelled at her (CNA #1) to get help. Resident #1 said there is supposed to be two CNA's using the mechanical lift when they transfer him/her. Resident #1 said that when he/she fell it caused a fracture to his/her left ankle. Review of the Report submitted by the Facility via the Health Care Reporting System (HCFRS), dated 10/04/22, indicated that on 09/30/22 at approximately 10:15 A.M., Resident #1 had a fall during a transfer in his/her room and the assigned CNA (later identified as CNA #1) notified staff of the incident. The Report indicated that Resident #1 was lying on his/her back on the floor, his/her left leg was turned (rotated) outward and he/she complained of pain in that area. The Report indicated the physician was notified and Resident #1 was transferred to the Hospital Emergency Department for evaluation. The Report indicated that Resident #1 returned to the Facility with a diagnosis of left distal tibia and fibula fracture (fracture of the ankle) and a cast was applied to his/her left lower extremity. Review of Resident #1's Fall Incident Report, dated 09/30/22, indicated that at approximately 10:15 A.M., the nurse was called by Resident #1's CNA (CNA #1) to his/her room and CNA #1 said that Resident #1 fell . Resident #1 was found lying on the floor in front of his/her wheelchair. The Report indicated that Resident #1 complained of pain to his/her left leg upon movement and his/her leg was externally rotated. The Report indicated that Resident #1 said CNA #1 was transferring him/her in the sit-to-stand mechanical lift and it tipped over falling on top of him/her. The Report indicated that the Nurse Practitioner was notified, and Resident #1 was transferred to the Hospital Emergency Department for evaluation. Review of a Nurse Progress Note, dated 09/30/22, indicated that at approximately 10:15 A.M., the nurse was called by Resident #1's CNA (CNA #1) into his/her room and CNA #1 said that Resident #1 fell . The Note indicated that the nurse found him/her lying on the floor in front of his/her wheelchair. During an interview on 10/25/22 at 1:17 P.M., Nurse #1 said that CNA #1 called her into Resident #1's room and said she found him/her lying on the floor next to the heat register, with the back of his/her head against the seat of his/her wheelchair. Nurse #1 said that Resident #1 required the assistance of two staff members with use of the sit-to-stand mechanical lift, and said she was not aware that CNA #1 attempted to transfer Resident #1 by herself. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Actual harm Residents Affected - Few	Review of CNA #1's Written Witness Statement, dated 09/30/22, indicated that she transferred Resident #1 out of his/her bed with the sit-to-stand mechanical lift. The Statement indicated that she (CNA #1) turned the mechanical lift, Resident #1 became unsteady, and the mechanical lift tipped over sideways, and Resident #1 fell . The Statement indicated that she (CNA #1) could not stop him/her from falling. During an interview on 10/26/22 at 1:23 P.M., Certified Nurse Aide #1 said that she was aware that Resident #1 required two staff members with sit-to-stand mechanical lift for transfers, and said that on 9/30/22, she transferred Resident #1 onto the sit-to-stand mechanical lift alone, without the assistance of another staff member. CNA #1 said that she did not follow Resident #1's plan of care. During an interview on 10/25/22 at 2:47 P.M., the Director of Nurses (DON) said that Resident #1's plan of care indicated he/she was dependent on two staff members with sit-to-stand mechanical lift for transfers and said that CNA #1 did not follow Resident #1's plan of care.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 40702 Based on records reviewed and interviews, for one of three sampled residents (Resident #1), who required extensive assistance of two staff members with the use of sit-to-stand mechanical lift for transfers, the Facility failed to ensure he/she was provided the necessary level of staff assistance required to maintain his/her safety to prevent incidents and/or accidents resulting in an injury. On 09/30/22, Certified Nurse Aide (CNA) #1 who was assigned to care for Resident #1, attempted to transfer him/her out of bed into his/her wheelchair using a sit-to-stand mechanical lift without another staff member present to provide assistance, and during the transfer the mechanical lift became unsteady, started to lean to one side, and tipped over. Resident #1 fell to the floor and the mechanical lift landed on top of his/her body. Resident #1 complained of pain to his/her left leg, he/she was transferred to the Hospital Emergency Department for evaluation, and diagnosed with a left ankle fracture. Findings include: Review of the Facility's Policy, titled Lifting Machine Using a Mechanical Lift, dated as revised 4/2018, indicated two staff members are needed to safely move a resident with a mechanical lift. The Policy indicated to make sure the sling is securely attached to the clips and that it is properly balanced and to support the resident as he or she is moved. Review of the Facility's Policy, titled Safe Lifting and Movement of Residents, dated as revised 5/2018, indicated that in order, to protect the safety and well-being of residents, and to promote quality care, the facility uses appropriate techniques and devices to lift and move residents. Review of the Report submitted by the Facility via the Health Care Reporting System (HCFRS), dated 10/04/22, indicated that on 09/30/22 at approximately 10:15 A.M., Resident #1 had a fall during a transfer in his/her room and the assigned CNA (later identified as CNA #1) notified staff of the incident. The Report indicated that Resident #1 was lying on his/her back on the floor, his/her left leg was turned (rotated) outward and he/she complained of pain in that area. The Report indicated the physician was notified and Resident #1 was transferred to the Hospital Emergency Department for evaluation. The Report indicated that Resident #1 returned to the Facility with a diagnosis of left distal tibia and fibula fracture (fracture of the ankle) and a cast was applied to his/her left lower extremity. During an interview on 10/25/22 at 11:10 A.M., Resident #1 said that CNA #1 transferred him/her with the sit-to-stand mechanical lift and as she was turning the mechanical lift, it tilted sideways and threw him/her on the floor, Resident #1 said after he/she fell the lift landed on top of him/her. Resident #1 said that he/she could not move, that CNA #1 seemed like she was in shock and said that he/she yelled at her (CNA #1) to get help. Resident #1 said there is supposed to be two CNA's using the mechanical lift when they transfer him/her. Resident #1 said that when he/she fell it caused a fracture to his/her left ankle. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Resident #1 was admitted to the Facility in December 2021, diagnoses included left side hemiplegia and hemiparesis (muscle weakness and partial paralysis) following cerebral infarction (stroke), lack of coordination, unsteadiness on feet, abnormalities of gait and mobility, and contracture of left hand. Review of Resident#1's Quarterly Minimum Data Set (MDS) Assessment, dated 07/13/22, indicated that Resident #1 required extensive assistance of two staff members for transfers. Review of Resident #1's Nursing Evaluation, dated 09/28/22, indicated that he/she was at risk for falls, was dependent for transfers and required two staff members with a mechanical lift. Review of Resident #1's Activities of Daily Living (ADL) Care Plan, (confirmed with the Director of Nurses as the plan of care that was in effect at the time of the fall) indicated that he/she was dependent on two staff members with sit-to-stand mechanical lift for transfers. Review of Resident #1's Care Kardex (used by Certified Nurse Aides to determine residents level of care), dated as of 03/16/22 (confirmed with the Director of Nurses as the Resident Kardex that was in effect at the time of the fall), indicated that he/she was dependent on two staff members with sit-to-stand mechanical lift for transfers. Review of Resident #1's Fall Incident Report, dated 09/30/22, indicated that at approximately 10:15 A.M., the nurse was called by Resident #1's CNA (CNA #1) to his/her room and CNA #1 said that Resident #1 fell . Resident #1 was found lying on the floor in front of his/her wheelchair. The Report indicated that Resident #1 complained of pain to his/her left leg upon movement and his/her leg was externally rotated. The Report indicated that Resident #1 said CNA #1 was transferring him/her in the sit-to-stand mechanical lift and it tipped over falling on top of him/her. The Report indicated that the Nurse Practitioner was notified, and Resident #1 was transferred to the Hospital Emergency Department for evaluation. Review of a Nurse Progress Note, dated 09/30/22, indicated that at approximately 10:15 A.M., the nurse was called by Resident #1's CNA (CNA #1) into his/her room and CNA #1 said that Resident #1 fell . The Note indicated the nurse found him/her lying on the floor in front of his/her wheelchair. The Note indicated that Resident #1 complained of pain to his/her left leg upon movement and his/her left leg was externally rotated. The Note indicated that the Nurse Practitioner was notified, and Resident #1 was transferred to the Hospital Emergency Department for evaluation. During an interview on 10/25/22 at 1:17 P.M., Nurse #1 said that CNA #1 called her into Resident #1's room and said she found him/her lying on the floor next to the heat register, with the back of his/her head against the seat of his/her wheelchair. Nurse #1 said that she and Nurse #2 assessed Resident #1, that his/her left leg was externally rotated and when he/she put pressure on his/her left foot he/she yelled it hurts. Nurse #1 said that Resident #1 told her the lift fell on top him/her and broke his/her leg. Nurse #1 said that the mechanical lift belt was still clipped around Resident #1's upper body, but that the mechanical lift was not in his/her room when she entered. Nurse #1 said that Resident #1 required the assistance of two staff members with use of the mechanical sit-to-stand lift, and said she was not aware that CNA #1 attempted to transfer Resident #1 by herself until Resident #1 told her about how he/she fell . (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 10/26/22 at 1:11 P.M., Nurse #2 said she and Nurse #1 were at the nurse's station when CNA #1 approached them and said Resident #1 was on the floor. Nurse #2 said upon entering Resident #1's room he/she was lying on the floor next to the heat register. Nurse #2 said Resident #1 told them that the mechanical lift tipped over and fell on top of him/her, and that Resident #1 then said that girl (CNA #1) does not know what she is doing. Nurse #2 said she and Nurse #1 assessed Resident #1 and he/she yelled it hurts when he/she moved his/her left leg. Nurse #2 said Resident #1 was transported to the Hospital Emergency Department for evaluation. Review of CNA #1's Written Witness Statement, dated 09/30/22, indicated that she transferred Resident #1 out of bed with the sit-to-stand mechanical lift. The Statement indicated that she (CNA #1) turned the mechanical lift, Resident #1 became unsteady, and the mechanical lift tipped over sideways, and Resident #1 fell . The Statement indicated that she (CNA #1) could not stop he/she from falling. During an interview on 10/26/22 at 1:23 P.M., Certified Nurse Aide #1 said that she transferred Resident #1 with the sit-to-stand mechanical lift and then went to turn the lift, Resident #1 became unsteady, the mechanical lift tipped over and Resident #1 fell on the floor with the mechanical lift landing on top of him/her. CNA #1 said that she unhooked Resident #1 from the mechanical lift, picked the mechanical lift up and moved it away from him/her. CNA #1 said that she transferred Resident #1 with the sit-to-stand mechanical lift alone, without the assistance of another staff member present to help. CNA #1 said she was aware that Resident #1 required two staff members to be present and assist with sit-to-stand mechanical lift transfers. Review of a Hospital Emergency Department Report, dated 09/30/22, indicated that Resident #1 was seen in the Emergency Department for left ankle pain after injury. The Report indicated that an X-ray revealed Resident #1 had a fracture of left distal tibia and fibula (ankle) and indicated that his/her left ankle was placed in an ortho glass splint (soft cast) and to follow up with an orthopedic physician. During an interview on 10/25/22 at 2:47 P.M., the Director of Nurses (DON) said CNA #1 told her that she used the sit-to-stand mechanical lift by herself to transfer Resident #1 and that he/she became unsteady and fell on the floor. The DON said CNA #1 acknowledged that she was aware that two staff members were required to participate during all mechanical lift transfers.