

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTNTIFICATION NUMBER 045182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2014
NAME OF PROVIDER OF SUPPLIER COURTYARD REHABILITATION AND HEALTH CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 2415 W HILLSBORO EL DORADO, AR 71730	
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 0323 Level of harm - Immediate jeopardy Residents Affected - Some	<p>Make sure that the nursing home area is free from accident hazards and risks and provides supervision to prevent avoidable accidents</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure adequate supervision was provided to prevent injury to Resident #1 during staff assisted transfers. The facility failed to ensure staff competency in the use of the mechanical lift was assessed and monitored for 1 (Resident #1) of 5 (Residents #1-5) case mix residents who required the use of the mechanical lifts for transfers. This failed practice resulted in an Immediate Jeopardy which caused or could have caused serious harm, injury or death for Resident #1 who fell from the mechanical lift while being transferred sustaining a laceration to the back of the head, and had the potential to affect 20 residents who required transfers using a mechanical lift according to the list provided by the Administrator on 1/24/14. The Immediate Jeopardy was removed by the facility on 1/7/14 prior to entrance date of survey, however the underlying deficient practices were not fully corrected. The facility was notified of the Immediate Jeopardy removed on 1/23/14 at 5:40 p.m. The findings are: Resident #1 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data</p> <p>Set with an Assessment Reference Date of 11/8/13 documented the resident had severely impaired cognitive skills for daily decision making per a staff assessment for mental status, was totally dependent on staff for transfers with two person to physical assist. a. A Nurses dated 1/7/14 at 10:00 a.m. documented, Summoned to resident room per CNA (Certified Nursing Assistant). Upon arrival to room observed resident lying on floor on abd (abdomen) and resident's arm. CNA stated, ' the lift tilted ' , resident was being transferred from Geri-Chair to bed with use of mechanical lift. 2 CNA's in room, resident responded verbally upon evaluation. 'I'm okay ' , grips bilaterally equal. Neuro checks initiated, WNL (within normal limits). Noted superficial laceration to back of head. Area cleansed. Ambulance notified of transfer to ER (emergency room) for treatment as indicated, family notified. 1315 (2:15 p.m.) resident returned to facility via ambulance in stable condition. b. An Incident/ Accident Reported dated 1/7/14 at 10:00 a.m. documented, Summoned to resident room per CNA. Upon arrival to room observed resident lying on floor on abd (abdomen) and resident's arm. CNA stated, ' the lift tilted ' , resident was being transferred from Geri-Chair to bed with use of mechanical lift. 2 CNA's in room, resident responded verbally upon evaluation. 'I'm okay ' , grips bilaterally equal. Neuro checks initiated, WNL (within normal limits). Noted superficial laceration to back of head. Area cleansed. Ambulance notified of transfer to ER (emergency room) for treatment as indicated, family notified. Physician Notified at 10:00 a.m. on 1/7/14. Family notified at 10:15 a.m. on 1/7/14. Injury: superficial laceration. Follow-Up: Resident sent to ER for evaluation. Staff re-educated on (use) mechanical lift/return demonstration. Neuro checks initiated. 1) On 1/22/14 at 2:40 p.m., CNA #2 was asked about the resident's fall on 1/7/14. She stated, I've worked here for [AGE] years, I was on my way to the shower with another resident and (CNA #3) came to the resident's (Residents #1) door and told me to come in and help her. When I walked in, she had already hooked the resident up to the lift and she started lifting him, she had the wheels locked before putting him up, she weighed him, the next thing I know he hit the floor. The lift tilted over, it happened so fast. The CNA was asked did the resident get hurt. She stated, Yes, he fell on his back, his head hit the corner of the dresser and he had a cut to his head. They took him straight to the ER for the cut on his head. They questioned us and sent me home. The CNA was asked did the other CNA (CNA #3) go home. She stated, Well, after the incident the other CNA went on the van route with the residents. I don't know if she came back here or not. The CNA was asked where was the resident being moved from? She stated, The bed. The CNA was asked if the other CNA (CNA#3) attempted to transfer the resident alone. She stated, Well when I came into the room, she already had him hooked up to the lift. The CNA was asked if the lift sling was too large or small. She stated, No, he had the right size sling, his was purple. 2) On 1/23/14 at 10:50 a.m. CNA #3 was asked if she was the one who did the weights? She stated, Yes. She was asked if she was alone when she weighed Resident #1. The CNA stated, No, (CNA #2) was with me. The CNA was asked what happened to cause the resident to fall. She stated, (CNA #2) was just standing on the opposite side of the geri-chair. I was just lifting to weigh him and letting him back down when it happened. I don't know what happened. The CNA was asked did the resident get hurt. She stated, They said he had a scratch on the head. There was some bleeding. When the resident fell another CNA (CNA#4) heard the commotion and ran in and (CNA #2) went to get a nurse. The CNA was asked if the resident was being lifted from the bed or the geri-chair. She stated, From the geri-chair. The CNA was asked if the lift was malfunctioning on that day the resident fell . She stated, No, it was working like it is now. The CNA was asked who does the training for mechanical lift transfers. She stated, I did it the last two times with the ADON (Assistant Director of Nursing). Either the ADON or supervisors does it. The CNA was asked, Were you sent home the day of the incident. CNA #3 stated, No, I left the building to go with the residents. I was gone the rest of the day. c. An ER Report dated 1/7/14 at 10:47 a.m. documented, Resident presented to the ER by EMS (emergency medical service). Chief Complaint: Fall, Injury/Pain. Patient was being transferred from a chair to the bed at the nursing home. The lift went forward and the patient hit his head. Onset of symptoms was immediately prior to arrival in the ER department. Additional review of symptoms unobtainable due to patient's impaired ability to communicate. Clinical Impression: Fall, Minor head injury. A CT (Computerized Tomography) Report dated 1/7/14 documented, admitting [DIAGNOSES REDACTED]. No evidence of subdural or epidural fluid collection or mass effect. d. On 1/21/14 at 1:53 p.m., the resident was observed lying in bed. An audit of the resident's head was done with the assistance of Licensed Practical Nurse (LPN) #1. There was a small indented healed area at the back of the residents head. No suture scars or lines visible. There was, no redness or swelling was observed. e. On 1/23/14 at 9:50 a.m., LPN #2 was asked about the slings for the lifts and how the CNA's know what size to use for each resident? She stated, The size that each resident uses is on the CNA care plan and also in the ADL (activities of daily living) book. The LPN was asked who weighs the resident? She stated, The restorative CNA's, there is only one working right now because the other one is off. The LPN was asked if the resident was already being transferred by CNA #3. She stated, According to (CNA #2), yes, she was already in the process of transferring the resident. (CNA #2) told me that she was not the one operating the lift (CNA #3) was. The LPN was asked how are the CNA's trained to use the lift. The LPN stated, There used to be an orientation where the new CNA's were trained at the time of hire; before they hit the floor, they were checked off for lift transfers. They would see the supervisor, then go to therapy to be trained in transfers using the gait belt, but that was stopped a long time ago. The LPN was asked how long ago. The LPN stated, Over a year ago. The ADON (Assistant Director Of Nursing) is suppose to be doing the training now. The LPN was asked if the CNA's who were hired over a year ago or within the past 6 months were trained in using the lift and demonstrated knowledge of using the mechanical lift. She stated, No, I can't say that they were. f. On 1/23/14 at 11:25 a.m., CNA #4 was asked about the resident's fall. She stated, (CNA #2) was not in the room, she was called in by (CNA #3) because this CNA was in the room alone with the resident and she was trying to get the resident's weight. The CNA also stated, (CNA #2) was sent home but (CNA 3) was not because she was gone out on the van the rest of the evening to take the</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045182	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2014
NAME OF PROVIDER OF SUPPLIER COURTYARD REHABILITATION AND HEALTH CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 2415 W HILLSBORO EL DORADO, AR 71730	
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 0323 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>residents to the dentist. g. On 1/23/14 3 CNA staff workers with hire dates within the past 2-., 9 months were interviewed and asked about training during orientation or since employment for the use of the mechanical lift. The responses were as follows: 1) At 10:20 a.m., CNA #1 stated, I've worked here for 8-9 months. I was not here the day that the resident fell . When asked if she had training to use the mechanical lift, she stated: .No (indicating no training during orientation or since employment), but we had training this month on using the lift. 2) At 11:25 a.m., CNA #4 was asked how long she had worked in the facility? She stated, Four months, I started on nights. The CNA was asked if she was shown how to use the mechanical lift. She stated, No one showed me here, honest. The only training that I had for using the lift was after the resident fell from the lift. When asked who normally does the training. She stated, The DON did it that day. I don't know who usually does it, because I never had the training using the lift until this month. 3) At 12:00 p.m., CNA #5 was asked how long she had worked here and stated, Three months. The CNA was asked if she was shown how to use the mechanical lift when she was hired? She stated, I orientated on the 200 hall 2 days and on the 300 hall 2 days with two different people. The CNA was asked again if she had been trained to use the mechanical lift since here at the facility. She stated, No, not until this month. The CNA was asked did you receive this training after the resident's fall. She stated, Yes. h. On 1/23/14 at 3:40 p.m., the Director of Nursing (DON) was asked how often training was done for mechanical lift transfers. She stated, They're given on orientation, as needed and when there is a new lift. The DON was asked how are they checked off as having demonstrated correct use of the lift. She stated, We have check off sheets in their personnel files. The DON was asked about CNA #2 most current training. She stated, I can't tell you about hers. When I looked in the file to do the reportable, I couldn't find it. The DON was asked what happened to cause the lift to tilt. She stated, I couldn't tell if it (lift) was locked or not. The DON was asked who does the lift instruction. She stated, (LPN #2). On 1/23/14 at 5:30 p.m., LPN #2 was asked when was the last time that she trained new orientees or Current CNA's to use the mechanical lift? She stated, It has been a long time. The LPN was asked, How long. She stated, It's been about a year. I helped to train a few of the CNA's using the lift after the resident's fall. The LPN was asked if orientees were being trained now, before working on the floor. She stated, I can't state that when they come now, they were checked off using the lift. I see the new hires on my hall, and a lot of times, I don't know when the new hires are coming to my hall until they show up. i. On 1/23/14 at 5:40 p.m., while talking with the DON and the Administrator about the incident with (Resident #1) the Administrator stated, The lift tilted because the wheels were locked. The DON was asked at this time what had been put in place to prevent recurrence of residents falling when being transferred from mechanical lifts. She stated, We immediately did a reportable and sent it in to OLTC (Office of Long Term Care) and had an inservice training for all staff with return demonstration. They were checked off for passing the training. They also watched the Invacare video for proper procedure using the lift. The DON was asked for documentation of how they were monitoring mechanical lift transfers to ensure they were currently being done correctly? She stated, I don't have the monitoring documented, but I have been checking mechanical lift transfers daily. j. On 1/24/14 at 10:00 a.m., employee files were randomly reviewed for training using the mechanical lift. CNA #1 had documentation of Orientation Video check list dated 8/7/13 with no skills check-off for demonstrating use of mechanical lift prior to 1/7/14. CNA #2 had no previous documentation for training using the mechanical lift prior to 1/7/14. CNA #3 's most current documentation prior to 1/7/14 was dated 8/17/11 for training using the Marissa lift. CNA #4 and CNA #5 had no documentation of skills check off demonstration using the mechanical lift prior to 1/7/14. k. The facility removed the Immediate Jeopardy and reduced the scope /severity to E on 1/7/14 , prior to the survey entrance date when the following actions were taken. On 1/7/14 the facility identified the issue and initiated corrective actions as follows: Incident and Accident Report completed, Investigation, to see what caused the resident to fall from the lift, Suspension of staff involved, Inservice initiated on 1/7/14 training on use of mechanical lift with return demonstration and check off after completion.</p>		