

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 366062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER CAPRICE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 9184 MARKET ST NORTH LIMA, OH 44452	
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 0689 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The following survey finding pertains to an incident of past noncompliance that was subsequently corrected prior to this survey. Based on medical record reviews, hospital and emergency department record review, facility incident and fall investigation report and interview, the facility failed to provide a safe mechanical (Hoyer) lift transfer for one resident (Resident #1) of three residents reviewed for Hoyer lift transfers. Actual harm occurred when Resident #1 was being transferred by facility staff, State tested Nurse Aide (STNA) #600 and #601, from a wheelchair to a [MEDICAL TREATMENT] bed in the attached [MEDICAL TREATMENT] center, when the Resident fell from a Hoyer lift pad to the floor and fractured his left clavicle and left femur. The facility census was 68. Findings include: Review of the closed medical record revealed Resident #1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. On [DATE] Resident #1 was transferred to the local hospital subsequent to a fall at the [MEDICAL TREATMENT] center. He was then transferred to another regional medical center on [DATE] where he expired on [DATE]. Review of the care plan dated [DATE] revealed Resident #1 required varying degrees of assistance with activities of daily living (ADLs) related to amputations of both lower extremities, end stage [MEDICAL CONDITION] and [MEDICAL CONDITION]. Interventions included the use of Hoyer lift per order for transfers. Resident #1 was at risk for falls related to bilateral lower extremity amputations, end stage [MEDICAL CONDITIONS] and antidepressant medication. Interventions included to eliminate environmental hazards, and to monitor for a pattern of risk or tendency to fall. Review of the comprehensive Minimum Data Set (MDS) 3.0 dated [DATE] revealed Resident #1 had severe cognitive impairment with memory problems, required extensive two-person physical assistance with transfers and extensive one person assistance with bed mobility, dressing, toilet use and personal hygiene, and had no falls prior to or since admission. physician's orders [REDACTED]. Review of a Fall assessment dated [DATE] and an after-fall assessment dated [DATE], revealed Resident #1 was at high risk for falls. Review of nursing notes dated [DATE] at 11:36 A.M. revealed Registered Nurse (RN) #301 was called to the attached [MEDICAL TREATMENT] center by STNAs #600 and #601 stating Resident #1 slipped out of the Hoyer lift and fell to the floor. Resident #1 was observed laying on the floor next to the [MEDICAL TREATMENT] bed. According to [MEDICAL TREATMENT] staff, Resident #1 hit his shoulder and the left side of his head on the floor when he fell. The resident complained of pain. [MEDICAL TREATMENT] staff informed RN #301 that Resident #1 was going to be transferred to the local hospital emergency room for evaluation and treatment and the [MEDICAL TREATMENT] staff were notifying the resident's family of the fall. Review of hospital/ emergency department records dated [DATE] revealed Resident #1 was seen in the emergency department for pain to the left shoulder and left leg after a fall from a Hoyer lift at the [MEDICAL TREATMENT] center on [DATE]. Review of X-ray results of the left shoulder and left leg dated [DATE] revealed Resident #1 had a distal clavicular (collar bone) fracture and a minimally displaced [MEDICAL CONDITION] left femur. Computed Tomography (CT) scan results dated [DATE] of Resident #1's head and neck without contrast dye revealed no injury or trauma in Resident #1's head or neck. The records also demonstrated Resident #1 suffered [MEDICAL CONDITION] and [MEDICAL CONDITION] in the hospital emergency department, was intubated and placed on a ventilator, and was admitted to the intensive care unit of the hospital. Review of the facility incident report/ fall investigation dated [DATE] revealed, on [DATE] at 11:36 A.M., two nursing home staff, STNAs #600 and #601, were transferring Resident #1 from his wheelchair to the [MEDICAL TREATMENT] bed using a Hoyer lift. During the transfer from chair to bed, Resident #1 slid out of the Hoyer lift pad/ sling and fell on to his left side on the floor. [MEDICAL TREATMENT] facility staff were taking care of the resident and preparing him for transfer to the hospital. Interview on [DATE] at 10:41 A.M. with the Administrator and Director of Nursing (DON) verified on [DATE] around noon, STNAs #600 and #601 took Resident #1 to a scheduled [MEDICAL TREATMENT] treatment at the [MEDICAL TREATMENT] treatment facility attached to the nursing home. STNA #600 and STNA #601 were transferring Resident #1 from his wheelchair to the [MEDICAL TREATMENT] bed for his treatment using a Hoyer lift. The Administrator and DON stated, in the middle of transferring the resident from the chair to the bed, the resident leaned to one side and slipped out of the Hoyer pad/sling falling onto his left side onto the floor of the [MEDICAL TREATMENT] center. The Administrator and DON reported they have performed in-service training and competency reviews for Hoyer lift transfers of all of their nursing staff; they have performed safety inspections and audits of their Hoyer lifts and Hoyer lift pads/ slings; they have audited medical records and care plans for all of their residents ordered Hoyer/ mechanical lift transfers and performed random audits of the staff performance of mechanical lift transfers. They reported they have also reviewed the issue with the [MEDICAL TREATMENT] center management and have implemented a new policy regarding [MEDICAL TREATMENT] resident transfers for [MEDICAL TREATMENT] treatments to include hand off of residents to [MEDICAL TREATMENT] staff at the [MEDICAL TREATMENT] center doorway/ weight scale. The Administrator stated, on [DATE], Resident #1 was admitted to the hospital for treatment, and on [DATE] Resident #1 died at another hospital not the one he was initially admitted to after the fall. The Administrator and DON reported they have not had any other incidents of falls related to Hoyer lift transfers. Interview on [DATE] at 8:28 A.M. with STNA #601 revealed on [DATE] around 11:30 A.M., she and STNA #600 were transporting Resident #1 to his scheduled [MEDICAL TREATMENT] treatment at the attached [MEDICAL TREATMENT] center. STNA #601 stated while she was transferring Resident #1 from his wheelchair to the [MEDICAL TREATMENT] bed using a Hoyer lift, Resident #1 slid out of the lift pad and landed on his left side on the floor. STNA #601 stated she was handling the movement of the Hoyer lift and STNA #600 was handling the movement of the wheelchair and was actually standing a couple of feet away from the resident (no hands on contact with the resident) when he fell. STNA #601 stated Resident #1 was known to have a tendency to grab hold of the Hoyer lift cradle bar during transfers and said she had not asked him to cross his arms over his chest prior to lifting him out of the wheelchair. Resident #1 was not holding the bar on [DATE], but he unexpectedly leaned to one side and he fell. STNA #601 stated it had been the routine practice at the nursing home for the nursing home aides to transfer residents from their wheelchairs to the [MEDICAL TREATMENT] beds/ chairs. STNA #600 stated she was not sure what caused the Hoyer lift strap on the Hoyer pad/ sling to let go. STNA #601 stated she was not sure of what had happened with Resident #1 that caused him to fall because she was concentrating on the Hoyer lift movements. Interview by telephone on [DATE] at 9:37 A.M. with Registered Nurse (RN) #300 revealed, on [DATE] around 11:30 A.M., she received a call from their STNAs #600 and #601 who were over in the [MEDICAL TREATMENT] center reporting Resident #1 had fallen out of the Hoyer lift pad/ sling and landed on the floor. RN #600 stated she went to the [MEDICAL TREATMENT] center and found Resident #1 laying on his left side. She stated the STNAs told her one of the straps of the Hoyer pad came off the hook on the lift and Resident #1 slid out of the Hoyer sling onto the floor. She stated she examined the Hoyer lift as well as the pad/ sling and could find no problems with them. RN #300 stated she then provided education and competency checks for STNAs #600 and #601 concerning Hoyer transfers. RN #300 stated it was the routine practice at the facility for their STNAs to do transfers in the [MEDICAL TREATMENT] center. Interview on [DATE] at 9:56</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.

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F 0689 Level of harm - Actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>A.M. with STNA #600 revealed on [DATE] she was assisting STNA #601 with the Hoyer lift transfer of Resident #1 from his wheelchair to the [MEDICAL TREATMENT] bed in the [MEDICAL TREATMENT] facility. STNA #600 stated she was moving the wheelchair out of the way and was only touching one of Resident #1's arms during the transfer. STNA #600 stated Resident #1 leaned to one side and one of the support straps disconnected from the lift and Resident #1 fell out of the sling onto the floor on his left side. STNA #600 stated they had not requested Resident #1 cross his arms over his chest prior to lifting him out of the wheelchair. STNA #600 stated she had not expected Resident #1 to lean to one side when he fell from the Hoyer lift pad to the floor. Interview on [DATE] at 11:58 A.M. with Medical Doctor (MD) #800 revealed, on [DATE], Resident #1 was admitted to their emergency department after a fall at a local [MEDICAL TREATMENT] center within the nursing home. MD #800 stated Resident #1 had suffered a fracture to his left clavicle and left femur with the fall. MD #800 stated, while in the emergency department, Resident #1 suffered an episode of [MEDICAL CONDITION] and [MEDICAL CONDITION] and required intubation (airway tube) and ventilator support and he was admitted to the hospital intensive care unit. MD #800 stated, on [DATE], Resident #1 was transferred to a larger hospital that was better able to meet his needs. Review of facility policy titled using a portable lifting machine dated [DATE] revealed Step 4; Instruct the resident to fold both arms over his or her chest, if possible. And Step 6; assist the resident in guiding his or her legs. Review of the facility [MEDICAL TREATMENT] Transport Info undated included with the [MEDICAL TREATMENT] contract revealed a statement (facility) staff assists residents receiving [MEDICAL TREATMENT] to and from their treatment on a daily basis as needed. They work together with the ([MEDICAL TREATMENT] center) staff. There was mention of facility staff transferring residents within the [MEDICAL TREATMENT] center. Review of the facility management plan for Resident Hoyer Lift Transfer Safety revealed the following corrective actions were implemented prior to this survey, and the deficiency was corrected as of [DATE]. a. On [DATE], the facility performed safety inspections and audits of all of their Hoyer/ mechanical lifts and Hoyer lift pads/ slings and found no damaged pads. b. On [DATE], the facility provided in-service training to STNAs #600 and #601 and all other nursing staff responsible for Hoyer lift transfers. c. On [DATE], the facility performed reviews and audits of medical records and care plans for all residents ordered Hoyer/ mechanical transfers and no problems were identified. d. Between [DATE] and [DATE], the facility performed three random observations of staff Hoyer lift transfers of residents per week. e. Beginning on [DATE] the facility started audits of all Hoyer lift pads/slides and discarded/replaced any damaged or defective pads. This will be ongoing. f. On [DATE], the facility completed Hoyer/ mechanical lift competency reviews, initially begun on [DATE], for all of their nursing staff. g. On [DATE], the facility met with [MEDICAL TREATMENT] center management staff and implemented a new transport policy and procedure between the facilities to allow only [MEDICAL TREATMENT] staff to transport and transfer residents within the [MEDICAL TREATMENT] center. This deficiency substantiates Complaint Number OH 438.</p>		