

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>045180</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NASHVILLE WELLNESS, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1407 NORTH MAIN STREET NASHVILLE, AR 71852</b>	
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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Complaint # (AR 740) was substantiated, all or in part, with these findings: Based on observation, record review, and interview, the facility failed to ensure a transfer was conducted with a mechanical lift and two-person assistance in accordance with the resident's assessed and care planned needs to prevent accidents / injuries; failed to ensure staff reported to licensed nursing staff when an incident with injury occurred during an improper transfer to allow a licensed nurse to assess the resident for injury and possible treatment needs prior to moving the resident; and failed to ensure after being informed of the incident, licensed nursing staff communicated the information to the physician, administration, and the oncoming shift, which resulted in a delay of treatment and an ongoing risk of exacerbation of the injury for 1 (Resident #1) of 3 (Residents #1, #2 and #3) sampled residents who required a mechanical lift for transfer. This failed practice resulted in past noncompliance at the level of actual harm, which caused or could have caused serious harm, injury, or death to Resident #1, who sustained a spiral [MEDICAL CONDITION] tibia and fibula when staff conducted a one-person manual transfer, then placed the resident back in the bed without informing a licensed nurse of an injury sustained during the transfer. The failed practice also had the potential to cause more than minimal harm to 11 residents who required a 2-person transfer with the use of a mechanical lift at the time of the incident, as documented on a list provided by the Director of Nursing on 6/30/2020 at 10:00 a.m. The facility removed the Immediate Jeopardy and corrected the failed practices on 5/15/2020, prior to the survey entrance date. The Administrator was notified of the past noncompliance condition 6/30/2020 at 1:25 p.m. The findings are: 1. Resident #1 had [DIAGNOSES REDACTED].; had functional limitation in range of motion on one side of the lower extremities; and had one fall without injury since admission. a. The Care Plan dated 3/24/19 documented, .The resident has an ADL (activities of daily living) self-care performance deficit r/t (related to) Dementia . At risk for falls . Transfer . Requires total assist (assistance) (times) 2 using a mechanical lift with purple trim lift pad . (uses a Geri chair for locomotion) . b. A facility Incident Report dated 5/12/2020 at 12:33 p.m. for Resident #1 documented, . Resident was flopping her right leg on Geri chair and bumped on metal braces . Immediate action . Resident put to bed and ice applied . Sheep skin applied to chair . c. A Nurses Note dated 5/13/2020 at 18:19 (6:19 p.m.) documented, .2 (Two) Tylenol given for moderate pain . d. A Nurses Note dated 5/13/2020 at 22:57 (10:57 p.m.) documented, .[MEDICATION NAME] 50 mg (milligrams) given for pain . e. A Nurses Note dated 5/13/2020 at 23:57 (11:57 p.m.) documented, .Resident moaning in pain when [MEDICATION NAME] given. Ice pack applied to right ankle for swelling . f. A Witness Statement dated 5/14/2020 at 2:45 p.m. and signed by CNA #1 documented, . I transferred (Resident #1) from her chair to the bed. When I started to roll her, she was saying that it hurt when I moved her leg, so I rolled her back and saw that it looked like something was poking out under her skin on her leg, so I told my nurse to come look at it because I wasn't sure what it was . g. A Nurses Note dated 5/14/2020 at 19:01 (7:01 p.m.) documented, .Right leg is swollen, an ice pack applied . h. A Nurses Note dated 5/15/2020 at 0400 (4:00 a.m.) documented, .Right ankle swollen. Ice pack applied. Some bruising noted to ankle and shin . i. A Nurses Note dated 5/15/2020 at 12:43 (a.m.) documented, .Right ankle swollen. X-ray ordered . j. A Radiology Report dated 5/15/2020 documented, .There is a spiral [MEDICAL CONDITION] tibial diaphysis with mild anterior and lateral displacement . There is minimally displaced [MEDICAL CONDITION] malleolus . Impression . 1. Mildly displaced spiral [MEDICAL CONDITION] tibia without extension into the tibial plafond . 2. Minimally displaced [MEDICAL CONDITION] malleolus . 3. Osteopenia . k. A Witness Statement dated 5/15/2020 at 1430 (2:30 p.m.) and signed by Licensed Practical Nurse (LPN) #1 documented, .CNA came to writer and states, 'Can you look at (Resident #1)? Her bone is sticking out of her skin.' When I entered patient room, she (the resident) (was) lying in bed. Right shin had a small quarter-size area that was soft to touch. No bruising present to area. Tender to touch. CNA states, 'I don't know what happened.' . l. The Care Plan with a revised date of 5/28/2020 documented, .(Resident) has fracture of right lower leg . m. On 6/1/2020 at 4:18 p.m., the Director of Nursing was asked, Did you witness the resident flopping in her chair? She stated, Yes. She was asked, How did the resident receive a spiral fracture from hitting leg on the chair? She stated, Well, she didn't. When I got the report, I started asking questions, and found out a CNA (Certified Nursing Assistant) transferred her by herself when she was a two-person assist (assistance). I suspended her and terminated her. She was asked, Did you do a Reportable to the Office of Long-Term Care? She stated, I didn't do one because I know what happened. n. On 6/2/2020 at 11:10 a.m., CNA #1 was notified by telephone and was asked, Was (Resident #1) a two-person transfer? She stated, Yes, that is what they said. She was asked, What happened to (Resident #1)? She stated, She is always in bed when we come on shift. She was tired and not acting herself. After supper I just went in to put her to bed. I stood her pivoted her and put her on the bed. She did not say anything or make any sound until I rolled her toward the wall, and that's when she said it hurt. She was asked, Did you fill out a Witness Statement? She stated, I did a few days later when they asked for it. She was asked, Do you remember what day? She stated, No. She was asked, When were you terminated? She stated, The CNA Coordinator called me in on the 19th (5/19/2020). 2. The facility removed the Immediate Jeopardy and corrected the failed practices on 5/15/2020 when the facility implemented the following: a. The Director of Nursing conducted two staff in-services on 5/15/20. The first in-service documented, .See attached list of residents on lifts . The in-service included an attached handout which documented, .How to view resident Care Plan in POC (Plan of Care) . (This in-service included a Staff Signature Sheet to indicate staff in attendance.) The second in-service dated 5/15/2020 documented, .How to Use a Lift . (This in-service included a mechanical lift check-sheet and a Staff Signature Sheet was attached to indicate staff in attendance). b. A facility Employee Memorandum dated 5/19/2020 documented, .CNA #1 didn't follow the Care Plan. She transferred (Resident #1) by hand instead of using lift. Resident was on a lift pad and the Care Plan is on the CNA Kiosk . When asked if the resident was on the lift pad she said, 'Yes.' This improper transfer resulted in twisted resident legs causing a fracture . Suspension of 3 days . Termination . c. The Director of Nursing performed individual CNA Skills / Competency Check-Offs with all CNAs regarding the use of mechanical lifts from 5/20/2020 through 6/26/2020. d. On 6/30/2020 at 12:30 p.m., the Administrator was asked, Was this injury discussed and addressed in your Quality Assurance (QA) meeting? She stated, Yes. She was asked for a copy of that documentation, and she stated, I don't think I am allowed to give that, but I can ask the Nurse Consultant.</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.