

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

PRINTED: 11/14/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2007
NAME OF PROVIDER OR SUPPLIER SEARCY HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1205 SKYLINE DRIVE SEARCY, AR 72143	
(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
F 000	INITIAL COMMENTS Complaint #12981 was unsubstantiated.	F 000		
F 323 SS=E	Complaint #13029 was unsubstantiated. 483.25(h) ACCIDENTS AND SUPERVISION The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure residents were not transferred using the axillae and/or waistband to prevent the potential for injury for 1 (Resident #3) of 3 (Residents #2, #3 and #7) case mix residents who required non-weight bearing transfers. This failed practice had the potential to affect 55 residents who required non-weight bearing transfers, as documented on a list provided by the Administrator on 10/18/07. The findings are: 1. The facility Guidelines for Resident Transfers (no date), provided by the Administrator on 10/18/07 at 8:50 p.m., documented: "It is the policy of this facility to ensure the safest possible transfer for our residents... The manual transfer will require a one/two person lift. This takes a resident from a sitting position (chair or bed) to a standing position and requires a pivot transfer. The resident must be able to bear weight with at	F 323		

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 323	Continued From page 1 least one extremity and help by pivoting with the transfer." 2. Resident #3 had diagnoses of Alzheimer's Disease and Osteoporosis. The Annual Minimum Data Set (MDS) dated 9/25/07 documented the resident was severely impaired in cognitive skills for daily decision making, had short/long-term memory problems, required the total physical assistance of two persons for transfers, was lifted manually and was unable to attempt a test for standing without physical help. a. On 10/17/07 at 11:40 a.m., Certified Nursing Assistant (CNA) #1 and CNA #2 were observed during a manual transfer. The resident was in bed and was assisted to sit on the side of the bed. A wheelchair was placed at the foot of the bed. CNA #1 and CNA #2 placed an arm under each of the residents arm's and performed a 2-person under arm lift, as each CNA held the back waist of the resident's pants they swung the resident to the wheelchair. The resident was not weight bearing during the transfer. At 11:50 a.m., CNA #1 was asked, How were you taught to transfer a non-weight bearing resident? The CNA stated, "Eight months ago, this is how the CNA trained me to transfer her. She wasn't weight bearing then." b. On 10/17/07 at 2:05 p.m., CNA #2 and CNA #3 performed a manual transfer. The resident was in a wheelchair, at the bedside. The resident had her arms crossed in front of her; CNA #2 placed a gait belt under the resident's arms and across the resident's chest.	F 323			

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F 323	Continued From page 2 The CNAs performed a two-person under arm lift, while holding the back of the resident's pants at the waist, and lifted the resident to the bed. The resident was not weight bearing during the transfer. CNA #2 was asked who determined the type of transfer for a resident; the CNA stated, "We use gait belts unless they can get up on their own." c. On 10/17/07 at 2:25 p.m., Licensed Practical Nurse (LPN) #1 was asked, How do you know transfers are appropriately provided? The LPN stated, "I can't be there all the time. I read the ADL (activity of daily living) book." The LPN provided no explanation as to how she knew the residents were being transferred correctly. d. On 10/17/07 at 2:30 p.m., LPN #3 was asked, How do you know appropriate transfers are provided; the LPN stated, "I supervise other LPNs..." The LPN provided no explanation as to how she knew the residents were being transferred correctly. When asked who determined the type of transfer for residents, LPN #3 stated, "I do when they are first admitted. Then we rely on therapy and the aides to tell us if they have any trouble." e. On 10/17/07 at 4:00 p.m., LPN #2 was asked, How do you know appropriate transfers are provided? The LPN stated, "I know they are getting transferred right." The LPN provided no explanation as to how she knew the residents were being transferred correctly. When asked who determined the type of transfer a resident required, the LPN stated "I guess that would be rehab [rehabilitation department] or when they are	F 323			

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F 323	Continued From page 3 admitted." The LPN was asked how the resident was transferred and stated, "Yes, gait belt and two-person. She won't even try to stand up."	F 323			