

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

PRINTED: 12/12/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>045371</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/28/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTWOOD HEALTH AND REHAB, INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>802 S WEST END STREET</b> <b>SPRINGDALE, AR 72764</b>	
(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	F 000		
F 323 SS=E	<p>Complaint # 13115, unsubstantiated</p> <p>483.25(h) ACCIDENTS AND SUPERVISION</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure residents were transferred according to assessed needs and in a manner to prevent the potential for injury for 2 case mix resident (Residents # 1 and 3) and mechanical lift transfers were provided in accordance with the manufacture's recommendations and facility policy for 1 case mix resident (Resident # 3) of 4 case mix residents (Residents #1- 4) who required a mechanical lift for transfers. These failed practices had the potential to affect 5 residents in the facility who required transfer via mechanical lift according to the Director of Nursing on 11/28/07. The findings are:</p> <ol style="list-style-type: none"> <li>On 11/28/07 at 12:55 p.m. the educational video provided by the manufacturer of the Hoyer lift entitled "Hoyer Lifters In-service Video" was reviewed. The video stated 2 care givers are recommended for Hoyer lift transfers.</li> <li>The facility's policy entitled "Lifting/Transfer Policy" documented: "It is the policy of this facility</li> </ol>	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	<p>Continued From page 1</p> <p>for mandatory 2 person lifts/transfers or the use of electronic lifts at all times. Any persons assisting in the lifting, transferring, or repositioning of residents are required to use the 2 person lift procedure and/or electronic lifts. The only allowed assistance with one person is if the patient is ambulatory and can take at least 2 steps unassisted. ...".</p> <p>3. The facility's policy entitled "Lifting Machine, Using a Portable" documented: "... Key Procedural Points: The portable lift can be used by one nursing assistant if the resident can participate in the lifting procedures. If not, two (2) nursing assistants will be required to perform the procedure. ...".</p> <p>4. The facility's policy entitled "Moving a Resident w/ (with) cradle lift, Bed to Chair/Chair to Bed" documented: "... Steps in the Procedure: ... 8. ... g. If the resident cannot stand, two persons (one on each side) should apply transfer belt snugly to resident's waist; lift the resident by grasping the transfer belt w/ one hand and locking their other arm w/ other staff member underneath resident's legs. Lifting and pivoting move with the resident. ...".</p> <p>5. Resident # 3 had a diagnosis of Alzheimer Dementia. The Quarterly Minimum Data Set (MDS) dated 9/12/07 documented the resident had short and long term memory problems and had moderately impaired cognitive skills for daily decision making, was totally dependent on two + persons for transfers and had limitation in range of motion on both legs and a partial loss of voluntary movement in the legs.</p> <p>a. The Resident Plan of Care dated 9/11/07</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>documented, "Problem: Self-Care deficit, severely impaired, r/t (related to) Alzheimers Dementia ... Approaches: ... Provide total assist of one - two with transfers... ." There was no documentation that indicated the type of transfer to be used for the resident.</p> <p>b. The Nursing Assistant Care Plan dated 11/27/07, documented "... Transfer skills: Blank ... Mechanical lift."</p> <p>c. On 11/26/07 at 10:52 a.m., the resident's name tag on the outside of the entrance door had an M indicating mechanical lift and 2 smiley facies indicating 2 person assistance with transfers.</p> <p>d. On 11/27/07 at 11:25 a.m. Certified Nurses Assistants (CNAs) #3 and 5 transferred the resident from the bed to a wheelchair. CNAs #3 and 5 placed a gait belt on the resident then stood on each side of the resident. CNAs #3 and 5 then reached under the resident's arms, held onto the gait belt with one hand, and placed the other hand under the resident's legs. CNAs #3 and 5 did not lock hand or forearms.</p> <p>e. On 11/28/07 at 1:20 p.m. CNA #3 was asked, " How do you know how much and what kind of assistance a resident required for transfers. " CNA #3 stated "On the outside of the door - one smiley is one person, two smiley is two people, sheet is lift with sheet, special, thick with handles, M is mechanical with two people. " CNA #3 was then asked, " Why did you do a manual lift with [Resident # 3] on 11/27/07. " CNA #3 stated, "She (Resident) used to be manual, I didn't look at the door and transferred wrong. " CNA #3 was asked how was she taught to do a manual 2 person non weight bearing lift. CNA #3 stated,</p>	F 323			

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F 323	<p>Continued From page 3</p> <p>"Get resident dressed, gait belt on, sit on edge of bed, arm under resident's arm, hold onto gait belt with a CNA on each side and stand resident up. " CNA #3 was then asked how would you transfer a resident if the resident can't stand up. The CNA stated, "Hold back of pants and gait belt. "</p> <p>f. On 11/28/07 at 1:35 p.m., CNA #5 was asked how do you know how much and what kind of assistance is required to transfer a resident. CNA #5 stated, "Symbols outside the door." CNA #5 was then asked what was the symbol for [Resident # 3]. CNA #5 stated "Two people with M for mechanical." CNA #5 was asked if there was any reason why a mechanical lift was not used on 11/27/07. CNA #5 stated, "I didn't notice the M on the sign - I saw two people."</p> <p>g. On 11/27/07 at 1:30 p.m. CNA #4 was present in the resident's room removing the Hoyer lift pad from under the resident. The resident was in bed and there was only one CNA in the resident's room.</p> <p>h. On 11/28/07 at 1:25 p.m. CNA #4 was asked how do you know how much and what kind of assistance a resident requires for transfers. CNA #4 stated, "Symbols on the outside of the door." CNA # 4 was then asked what was the symbol for [Resident #3]. CNA #4 stated, "Mechanical with 2 assist." CNA # 4 was then asked did she have help putting [Resident #3] to bed yesterday with the Hoyer lift. CNA #4 stated, " No. " CNA #4 was asked why only one person was used with the mechanical lift transfer. CNA #4 stated, "I thought symbol was either two people or mechanical."</p> <p>i. On 11/28/07 at 2:00 p.m. the transfer technique</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>used for the manual transfer of Resident #3 was described to the Director of Nursing (DON). The DON was asked if a manual non weight bearing transfer should have been done with Resident #3. The DON stated, "Only if a cradle or sheet lift was done." The DON was asked if what the CNAs did was a cradle lift. The DON asked if the CNAs locked arms or hands with the transfer. The DON was told no. The DON stated, "Then it was not a cradle lift."</p> <p>6. Resident #1 had a diagnosis of Quadriplegia. The Initial MDS dated 11/17/07 documented the resident had no short or long term memory problems, had modified independent cognitive skills for daily decision making, was totally dependent on two + persons for transfers, had limitation in range of motion on both sides and a full loss of voluntary movement in the arms, hands, legs and foot.</p> <p>a. The Resident Plan of Care dated 8/17/07 documented, "Problem: Dependent of staff with ADL's (activities of daily living) d/t (due to) quadriplegia ... Approaches: ... is totally dependent on 1-2 staff for all of his needs ..." There was no documented type of transfer or level of assistance required.</p> <p>b. The Nursing Assistant Care Plan, dated 11/27/07 documented that the resident was non wt (weight bearing), was on bedrest, had no transfer skills and required a mechanical lift for transfers.</p> <p>c. On 11/26/07 at 10:39 a.m. the resident's name tag on the outside of the entrance door had an M indicating mechanical lift and 2 smiley facies indicating 2 person assistance with transfer.</p>	F 323			

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F 323	Continued From page 5  d. On 11/26/07 at 10:18 a.m., the resident was asked what kind of assistance was used for assistance with transfers. The resident stated, "Two people lift me." The resident was asked if they used a sheet to lift him, the resident stated, "No, they just get hold of me and lift me."  e. On 11/27/07 at 11:40 a.m., the resident was up in the chair when the surveyor entered the room. CNA #2 stated that the resident had been transferred by two CNAs and that a lift was not used.  f. On 11/27/07 at 2:00 p.m. CNA # 1 and 2 transferred the resident from the chair to the bed. The CNAs did not use a mechanical lift as indicated on the resident's name tag and plan of care. The CNAs stood one to each side of the resident and placed a gait belt around the resident ' s waist. Each CNA then reached under the resident's arm and grasp the gait belt at the resident's back while placing the other hand under the resident's knees. The CNAs then lifted the resident, took 3 steps to the bed, and sat the resident on the bed.  g. On 11/27/07 at 2:25 p.m. CNA # 1 was asked how do you know how much and what kind of assistance required to transfer a resident. CNA #1 stated, "Look on the door - if one smiley face it means one person, two smiley faces means two person and M means mechanical lift." CNA #1 was then asked what kind of transfer was indicated for [Resident #1]. CNA #1 stated, "Mechanical." CNA #1 was then asked why was a mechanical lift was not used for the transfer. CNA #1 stated, "I didn't look at the door."	F 323			

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F 323	<p>Continued From page 6</p> <p>h. On 11/27/07 at 3:00 p.m., CNA #2 was asked how do you know how much and what kind of assistance was required to transfer a resident. CNA #2 stated, "Its on the door - 1 smiley face is for 1 person, if two its 2 persons, if M its mechanical." CNA #2 was asked what kind transfer was indicated for [Resident # 1]. CNA #2 stated "Mechanical - I didn't think he was a mechanical lift - it's my fault for not looking." CNA #2 was asked how were you taught to do a 2 person manual non weight bearing transfer. CNA #2 stated, "Put gait belt around resident, grab belt behind resident going under arms and grab under leg at knees. Lift and move." CNA #2 was asked if she was taught to lock hands/arms with the second person under the resident's knees. CNA #2 stated, " No. "</p> <p>i. On 11/28/07 at 2:00 p.m., the transfer technique used for the manual transfer of the resident was described to the DON. The DON was asked if this was a safe transfer. The DON stated no.</p>	F 323			