STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345140	A. BUILDING _____ B. WING _____	C 01/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTMOOR NURSING CENTER	610 WEST FISHER STREET SALISBURY, NC 28145

(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 A complaint investigation survey was conducted from 1/24/17 through 1/26/17. Immediate Jeopardy was identified at: CFR 483.25 at tag F309 at a scope and severity (J) CFR 483.25 at tag F323 at a scope and severity (J) CFR 483.75 at tags F490 and F520 at a scope and severity (J) The tags F309 and F323 constituted Substandard Quality of Care. Immediate Jeopardy began on 1/19/17 and was removed on 1/26/17. An extended survey was conducted.	F 000		
F 309 SS=J	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.	F 309		1/30/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/17/2017

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F 309	Continued From page 1 (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review, observation and physician and staff interview, the facility failed to call for help for an acute assessment of Resident #1 who fell from a wheelchair during van transportation. The resident hit his left stump on the floor during the fall resulting in active bleeding that was stopped after staff applied a pressure dressing. Staff repositioned the resident back into the wheelchair and continued the transport to the facility. Following initial treatment to the stump, there was no evidence that the resident was monitored after the fall. This problem affected one (Resident #1) of one sampled resident who was transported using the nursing home's van. Immediate jeopardy began on 1/19/17 when Resident #1 was moved prior to having a qualified person assessed/examined the resident for possible injuries after the fall in the van during transport and was removed on 1/26/17 at 2:20 PM when the facility provided an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level of D (not actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure all staff members were in-serviced on the facility's policy and procedure on accidents/incidents and in-serviced all nurses on timely assessment, monitoring and reporting of any accidents/incidents. Findings included: The facility's policy and procedure on	F 309	ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The resident was evaluated by a registered nurse on January 19, 2017 and initiated first aid treatment to the stump which included assessment to ensure bleeding had stopped and a new dressing was applied. The resident who was alert and oriented denied any injuries. The Nurse Practitioner evaluated the resident on January 19, 2017 and no injuries from the fall were noted. The resident was discharged on January 20, 2017 due to un-related issues to the local hospital therefore no further evaluations of effected resident have been completed. All nurses were in-serviced beginning January 26, 2017 and completed on January 27, 2017 by the Director of Nursing that included the following: 1. Timely assessment of residents; 2. Timely completion of incident/accident reports; 3. Monitoring of residents using the Acute Episode charting guidelines 4. Communication with the Director of	

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F 309	Continued From page 2 accidents/incidents (undated) was reviewed. The policy read in part " should you witness an accident or find it necessary to aid an accident victim, you should render immediate assistance. Do not move the victim until he/she has been examined by a registered nurse for possible injuries. " Resident #1 was admitted to the facility on 12/19/16 with multiple diagnoses including chronic kidney disease stage 4, chronic anemia, and bilateral above the knee amputation. The hospital discharge summary dated 12/19/16 indicated that Resident #1 underwent left above the knee amputation on 12/9/16. The admission Minimum Data Set (MDS) assessment dated 12/29/16 indicated that Resident #1 had moderate cognitive impairment and needed extensive assistance with transfers. The assessment also indicated that the resident had no falls since admission or the last assessment. Resident #1's care plan dated 1/6/17 was reviewed. One of the care plan problems was the resident was at risk for falls and fall related injury as he was totally dependent on the staff for transfers due to bilateral below the knee amputation. The goal was the resident will follow safety guidelines by using the call bell for assistance with transfers and toileting and will be free from major injury should any fall occur through the next review. The approaches included assistance will be provided with all transfers as needed, monitor for attempts to get out of bed or wheelchair unassisted, and therapy to train staff on proper transfers as needed. Resident # 1's nurse's notes were reviewed. The notes dated 1/23/17 at 3:02 PM indicated that on 1/19/17 approximately 12:30 noon Nurse #1 was called to the front of the building to assess	F 309	Nursing and Administrator concerning any falls or events that occur. All CNA□s were in-serviced beginning January 26, 2017 and completed on January 27, 2017 by the Director of Nursing that included the protocol for accident/incidents as relates to moving a resident prior to being assessed by a licensed nurse. The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator on January 24, 2017 of the physical restraint systems on the van according to the manufacturer specifications. All staff was in-serviced on January 30, 2017 by the Administrator and/or Director of Nursing on the following: 1. Transportation safety; 2. The accident and incident policy; 3. Ensure anyone who assists with transports is aware of the proper procedure for securing of the restraints system. 4. Accidents and Incidents that occur with any resident within or outside the	

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F 309	Continued From page 3 Resident #1 due to a fall that occurred in the van following an appointment. The resident fell on the floor and active bleeding was noted from the left amputated leg. Nurse #1 observed Resident #1 in the wheelchair and appeared " out of it and had a flat affect. " The notes indicated that the bleeding had stopped when pressure was applied after several minutes and the treatment nurse cleaned and wrapped the left amputated leg. Review of the doctor's orders revealed that on 1/20/17, Resident #1 had an order to be sent to the emergency room due to hemoglobin of 6.7 and hematocrit of 20.7. The nurse's notes dated 1/22/17 at 6:37 AM indicated that Resident #1 was discharged to the hospital on 1/20/17. The hospital records dated 1/20/17 were reviewed. The principal diagnoses was gastrointestinal (GI) hemorrhage and the active diagnoses were anemia of chronic renal disease and GI hemorrhage. The plan was to transfuse 2 units of packed red blood cell (PRBC). On 1/24/17 at 1:40 PM, the Director of Nursing (DON) was interviewed. The DON indicated that she was made aware of the accident in the van involving Resident #1 on 1/19/17. She stated that the resident's name was not listed on the accident/incident log because Nurse #1 (assigned to Resident #1) had not completed the incident report yet. She added that Nurse #1 was coming early that night (1/24/17) to complete the incident report and to provide a written statement regarding the accident with Resident #1. She revealed that written statements were obtained from the driver and the nursing assistant (NA) #1 who accompanied the resident during the transport. The DON was not able to provide a statement from Resident #1. She added that the nurses were still adjusting with the electronic	F 309	facility to include assessment of the resident by a licensed nurse or qualified healthcare professional (i.e., EMT, Paramedic) prior to moving the resident if a fall occurs. ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: It is the policy of the facility that all residents be assessed in a timely manner and monitoring of each resident occurs as is indicated in the acute charting guidelines. All nurses were in-serviced beginning January 26, 2017 and completed on January 27, 2017 by the Director of Nursing to include the following: 1. Timely assessment of residents; 2. Timely completion of incident/accident reports; 3. Monitoring of residents using the Acute Episode charting guidelines; 4. Communication with the Director of Nursing and Administrator concerning any falls or events that occur. The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if	

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F 309	Continued From page 4 documentation. She was aware that Nurse #1 did not document the van accident involving Resident #1 in the nurse's notes timely but the nurse was asked to document a late entry on 1/23/17. The DON also stated that Resident #1 was monitored by the nurses after the fall but the nurses failed to document the monitoring in the resident's medical records. The DON stated that she and the Administrator had written their investigation time line after the accident. The investigation time line was reviewed. The time line did not reveal the root cause of the resident s fall. The time line included: 1/19/17 at 9:30 AM - The Administrator was called by the driver to come outside the facility to the van. She saw NA #1 standing in front of Resident #1 and was holding the resident s stump that was bleeding. When she questioned what happened, she was told that the resident had released his belt and he fell out of his chair onto the floor. The Administrator immediately went inside and got Nurse #1 and NA #2. They brought the treatment cart and they cleaned him up and brought him inside the facility. Nurse #1 informed her the resident was okay and for her to complete an incident report and to get statements from the driver and NA #1 and to make sure that the information were given to the DON. 1/19/17 at 11:30 AM - The DON informed Nurse #1 to complete her documentation of the incident and when the statements were obtained to complete the incident report and to notify the family and to get back with her. The DON also requested the NP (Nurse Practitioner) to see Resident #1. 1/19/17 at 5:30 PM -The DON informed the resident's family of the incident. 1/20/17 at 1:00 PM - The DON called Nurse #1 and inquired regarding the incident report.	F 309	medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator of the physical restraint systems on the van according to the manufacturer specifications. All staff was in-serviced on January 30, 2017 by the Administrator and/or Director of Nursing on the following: 1. Transportation safety; 2. The accident and incident policy; 3. Ensure anyone who assists with transports is aware of the proper procedure for securing of the restraints system. 4. Accidents and Incidents that occur with any resident within or outside the facility to include assessment of the resident by a licensed nurse or qualified healthcare professional (i.e., EMT, Paramedic) prior to moving the resident if a fall occurs. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR: Each day the Administrator and/or DON will review the 24 Hour Report to determine if any incidents/accidents have occurred. If incidents/accidents are noted on the 24 Hour Report the Administrator and/or DON will then complete a Quality Assurance review of the Accident/Incident reports and medical record to ensure	

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F 309	Continued From page 5 1/20/17 at 5:00 PM - The family of Resident #1 came and picked him up to visit a family member. 1/20/17 at 7:00 PM - The NP called and ordered to send the resident to the hospital to receive 2 units of Packed Red Blood Cell (PRBC). Around 10:30 PM, when the resident returned to the facility, EMS was called to transfer him to the hospital. 1/23/17 at 12:45 PM - The DON reminded NA#1 to write her statement of the incident. The driver provided his statement to the Administrator and forwarded it to the DON. The driver was re-educated on the transportation policy and demonstrated competency of the physical restraint system according to the manufacturer by the VP of Operation. 1/23/17 at 2:00 PM - The Nurse Manager called the hospital to check the status of the resident. She was informed that the resident was referred to orthopedic to see his stump. 1/24/17 at 1:00 PM - The DON called Nurse #1 and informed her that she needed to complete the incident report. 1/24/17 at 1:30 PM - The DON requested NA #2 to write a report on the status of the resident's wounds (stump). The conclusion written on the time line read " the action plan initiated 1/25/17 on the next 20 transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by either the Administrator or the DON to ensure that the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport future residents. The findings of the Administrator and the DON will be reported to the QA Committee for	F 309	timely assessment, treatment and interventions were completed. If interventions have not been initiated, the Administrator and/or DON will instruct the Interdisciplinary Team to initiate interventions to prevent further incidents. The Administrator and/or Director of Nursing will instruct the MDS/Care Plan Coordinator to update the Care Plan to reflect the interventions. If the documentation is found to be incomplete the Administrator and/or DON will complete re-training with the Nurse within twenty-four hours of discovering the violation of the documentation policy and procedure of the facility. The training will be documented on an In-service Summary Sheet. In addition to the facilities□ internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions, to achieve and sustain the necessary program to ensure compliance, the Regional Quality Assurance Nurse will conduct an audit of the medical records to include: 1. Nurses notes; 2. Acute Condition Report; 3. Incident Report; 4. Care Plan; 5. Quality Assurance Checks by the Director of Nursing This audit will be completed weekly for one month, monthly for three months, and quarterly thereafter if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of	

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F 309	Continued From page 6 follow up and recommendations to ensure the corrective actions is achieved and sustained. " On 1/25/17 at 8:20 AM, NA #1 was interviewed. She indicated that she was asked by the administrator on 1/19/17 to accompany Resident #1 to the hospital for IV infusion. She was at the back of the van with the resident. It was about 2 miles away from the facility when the driver had to quickly step on the brake and the resident slid out of his wheelchair. Resident #1 ended kneeling with his L stump on the floor. The driver pulled over, and she assessed the resident and noted that his left stump was bleeding through the dressing. She applied pressure on the dressing to stop the bleeding. She and the driver lifted the resident up, put him back in the wheelchair and the driver proceeded to drive back to the facility. The driver pulled in front of the facility and called the nurse. Nurse #1 came out and assessed the resident. NA #2 also came out and changed the dressing to the resident's left stump. NA #1 further stated that she was instructed not to move a resident after an accident until assessed by a nurse but they did not have any choice, they have to put him back in wheelchair in order to drive back to the facility. NA #1 also stated that the driver should be the one to call the facility and inform them about the accident. On 1/25/17 at 10:40 AM, the van driver was interviewed. He stated that he had been driving the facility van for 2 years. He was trained by the maintenance person on transportation safety which included the proper procedure in securing residents and the wheelchair in the van before he started driving the van. The van driver indicated he was transporting Resident #1 to the hospital on 1/19/17 for IV infusion. It was about a mile away from the facility, when a car pulled out in front of him, he applied the break with more force	F 309	Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities assessment and resident safety policies is noted. INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACIITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SUSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY. Each day the Administrator and/or DON will review the 24 Hour Report to determine if any incidents/accidents have occurred. If incidents/accidents are noted on the 24 Hour Report the Administrator and/or DON will then complete a Quality Assurance review of the Accident/Incident reports and medical record to ensure timely assessment, treatment and interventions were completed. If interventions have not been initiated, the Administrator and/or DON will instruct the Interdisciplinary Team to initiate interventions to prevent further incidents. The Administrator and/or Director of Nursing will instruct the MDS/Care Plan Coordinator to update the Care Plan to reflect the interventions. If the documentation is found to be incomplete	

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F 309	Continued From page 7 than normal and then he heard something on the back of the van and saw the resident on the floor. He pulled over and asked the resident if he was okay and he replied that he was fine. His buttock was on the floor and his left stump was bleeding. With the help of NA #1, they lifted the resident and put him back in his wheelchair. NA #1 applied pressure on the stump to stop the bleeding. The van driver stated that he can move a resident as long as the resident was saying that he was okay. He also stated that he did not call the facility because he was a mile away from the facility. On 1/25/17 at 10:50 AM, the facility transport van was observed with the van driver and the administrator. The van was equipped with a shoulder strap and a lap belt. The driver demonstrated on how to apply the shoulder strap and lap belts on the resident and on how to secure the wheelchair to the floor. He also showed where the resident and NA #1 were sitting. When asked if the shoulder strap and the lap belt were applied to the resident he replied " I neglected to apply the shoulder strap " because he thought the resident would be fine with the NA with him at the back of the van. Attempted to call Nurse #1 but she did not return the call. On 1/25/17 at 11:01 AM, the Administrator was interviewed. She stated that she was called to go outside in front of the building to see a resident who fell on the floor of the van. She thought Resident #1 fell while the van was parked. She was not informed that the resident fell on their way back to the facility. She immediately called the nurse to assess the resident and to change the dressing on the resident's left stump. She stated that it was okay for the staff to move the resident before a nurse or any qualified person	F 309	the Administrator and/or DON will complete re-training with the Nurse within twenty-four hours of discovering the violation of the documentation policy and procedure of the facility. The training will be documented on an In-service Summary Sheet. In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions, to achieve and sustain the necessary program to ensure compliance, the Regional Quality Assurance Nurse will conduct an audit of the medical records to include: 1. Nurses notes; 2. Acute Condition Report; 3. Incident Report; 4. Care Plan; 5. Quality Assurance Checks by the Director of Nursing This audit will be completed weekly for one month, monthly for three months, and quarterly thereafter if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities assessment and resident safety policies is noted. The findings of the Administrator and DON will be reported to the Regional Quality Assurance Nurse on a weekly basis for three (3) months. Weekly the plan will be evaluated to determine if the	

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F 309	Continued From page 8 had assessed the resident as long as the resident was alert and oriented and was able to tell that he/she was okay. The Administrator also indicated that she did not expect the driver to call the facility because they were a mile away from the facility when the accident happened. She also indicated that the driver and NA#1 were re-educated on transportation safety (video of manufacturer on properly securing the resident on 1/23/17. The records of the van driver were reviewed. The driver had signed the facility's commercial auto fleet policy and fleet driver's commitment on 1/13/15 which included " seat belt utilization is required of all drivers and passengers in company owned vehicles and in vehicles operated on company business. " The records also indicated that the driver was trained on 3/21/16 regarding transportation safety using the manufacturer's instruction on how to secure the wheelchair and the resident in the van. On 1/25/17 at 2:10 PM, the attending physician of Resident #1 was interviewed. She stated that the staff had informed her of the van accident involving Resident #1 and the resident was assessed by the Nurse Practitioner the day of the fall. She stated that the next day the resident was transferred to the emergency room due to low hemoglobin/hematocrit level which was not related to the fall. She also indicated that she expected the staff to move the resident from the floor and to get somebody from the facility to assess the resident. On 1/25/17 at 4:53 PM, the Administrator was again interviewed. She stated that she started as administrator of the facility in May 2016. She expected the staff to follow the facility's policy and procedure on accidents/incidents. On 1/25/17 at 2:35 PM, the Administrator and the	F 309	corrective actions are being sustained, if not the plan will be evaluated and updated to ensure facility is maintaining compliance. The findings of the Quality Assurance checks internally and externally and review by the VP of Operations will be presented to the QAA Committee on a monthly basis for follow up and recommendations to ensure the corrective action is achieved and sustained.	

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F 309	Continued From page 9	F 309		

VP of Operation were informed of the immediate jeopardy. The facility provided an acceptable credible allegation of compliance on 1/26/16 at 2:20 PM.
The credible allegation indicated:
The resident was evaluated by a registered nurse on January 19, 2017 and initiated first aid treatment to the stump which included assessment to ensure bleeding had stopped and a new dressing was applied. The resident who was alert and oriented denied any injuries. The Nurse Practitioner evaluated the resident on January 19, 2017 and no injuries from the fall were noted. The resident was discharged to the hospital on January 20, 2017 for health issues unrelated to the fall. The nursing staff stated to the Director of Nursing that the resident was monitored for the fall however the nurses notes do not reflect the monitoring. The nurses who should have documented have received a disciplinary action for failing to document any falls or events that occur. All nurses will be in-serviced today, January 26, 2017 by the Director of Nursing to include the following:
1. Timely assessment of residents;
2. Timely completion of incident/accident reports;
3. Monitoring of residents using the Acute Episode charting guidelines
4. Communication with the Director of Nursing and Administrator concerning any falls or events that occur.

For any nurse not in-serviced today they will not be allowed to work until the in-service is completed with the Director of Nursing.

Incident reports were reviewed on January 24,

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2017 for the past three (3) months by the Administrator and Vice President of Operations to determine if there have been any other accidents/incidents involving the transportation of residents and there were no other residents were affected.

The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator of the physical restraint systems on the van according to the manufacturer specifications.
All staff will be in-serviced on today January 26, 2017 by the Administrator on the following:

1. The transportation safety and the accident and incident policy to ensure anyone who assists with transports is aware of the proper policy and procedure which includes proper securement of the restraints system.
2. Accidents and Incidents that occur with any resident within the facility to include assessment of the resident by a licensed nurse prior to moving the resident if a fall occurs.

For any employee not in-serviced today, will not be allowed to work until the in-service is completed with the Administrator and/or Director of Nursing.

The facility will ensure safe driving training

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provided includes proper use of cell phones , what to do in the event of a mechanical breakdown of vehicle, what to do in the event of an accident and resident safety during event.
The training will also include who to report an incident to and how to report to the administrator.
The Administrator will ensure annual reviews of driver records for all authorized drivers by contacting the insurance company for the facility to receive the results of the drivers check. This information will be maintained in a file in the administrator ' s office.
The facility will visibly conduct quality assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the Quality Assurance log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by the Administrator or Director of Nursing to ensure the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment.
A Quality Assurance review of all of the Accident/Incident reports will be completed daily by the Administrator at which time if interventions have not be initiated the Administrator will instruct the Interdisciplinary Team to initiate interventions to prevent further incidents. The Director of Nursing will instruct the MDS/Care Plan Coordinator to update the Care Plan to reflect the interventions.

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F 309	Continued From page 12 The credible allegation of compliance was verified on 1/26/17 at 2:30 PM by interviewing the staff including the van driver that they have received in-service on the facility's accident/incident policy and procedure. The in-service records were reviewed and the in-service on accident/incident policy and procedure was started on 1/26/17.	F 309		
F 323 SS=J	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on record review, observation and	F 323	ADDRESS HOW CORRECTIVE ACTION	1/30/17

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F 323	Continued From page 13 physician and staff interview, the facility failed to secure a resident in the van during transport according to manufacturer's recommendations causing the resident to fall for 1 (Resident #1) of 1 sampled resident who was transported using the nursing home's van. Resident #1 hit his left stump on the floor during the fall resulting in active bleeding that was stopped after staff applied a pressure dressing. Immediate jeopardy began on 1/19/17 when Resident #1 fell in the van during transport and was removed on 1/26/17 at 2:20 PM when the facility provided an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level of D (not actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure all staff members were in-serviced on the facility's policy and procedure on accidents/incidents and all nurses on timely assessment, monitoring and reporting of any accidents/incidents. Findings included: The manufacturer's instructions for restraining the occupant in the van was reviewed. The instruction included how to attach the combination lap and shoulder belt. The instruction read under caution " to always ensure that the shoulder belt is properly extended over the shoulder and across the upper torso of the occupant. " Resident #1 was admitted to the facility on 12/19/16 with multiple diagnoses including chronic kidney disease stage 4, chronic anemia, and bilateral above the knee amputation. The hospital discharge summary dated 12/19/16 indicated that Resident #1 underwent left above the knee amputation on 12/9/16. The admission Minimum Data Set (MDS) assessment dated 12/29/16 indicated that	F 323	(S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The resident was evaluated by a registered nurse on January 19, 2017 and initiated first aid treatment to the stump which included assessment to ensure bleeding had stopped and a new dressing was applied. The resident who was alert and oriented denied any injuries. The Nurse Practitioner evaluated the resident on January 19, 2017 and no injuries from the fall were noted or injuries to the stump. The resident was discharged to the hospital on January 20, 2017 for health issues unrelated to the fall. ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: There were no other residents affected by the alleged cited deficient practice. Incident reports were reviewed on January 24, 2017 and again on February 13, 2017 for the past three (3) months by the Administrator and Vice President of Operations to determine if there have been any other accidents/incidents involving the transportation of residents and there were no other residents affected. However, any resident has the potential to be affected therefore the following corrective actions have been put into place.	

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F 323	Continued From page 14 Resident #1 had moderate cognitive impairment and needed extensive assistance with transfers. The assessment also indicated that the resident had no falls since admission or the last assessment. Resident #1's care plan dated 1/6/17 was reviewed. One of the care plan problems was the resident was at risk for falls and fall related injury as he was totally dependent on the staff for transfers due to bilateral below the knee amputation. The goal was the resident will follow safety guidelines by using the call bell for assistance with transfers and toileting and will be free from major injury should any fall occur through the next review. The approaches included assistance will be provided with all transfers as needed, monitor for attempts to get out of bed or wheelchair unassisted and therapy to train staff on proper transfers as needed. The incident/accident log for the last 3 months (November and December 2016 and January 2017) was reviewed. Resident #1 was not listed on the log as having a fall. The doctor 's progress notes dated 1/19/17 indicated that Resident #1 had chronic anemia and chronic kidney disease stage 4 being followed by the nephrologist and was awaiting a graft placement for dialysis and for iron infusion. Resident # 1's nurse's notes were reviewed. The notes dated 1/23/17 at 3:02 PM indicated that on 1/19/17 approximately 12:30 PM Nurse #1 (assigned to Resident #1) was called to the front of the building to assess Resident #1 due to a fall that occurred in the van following an appointment. The notes further indicated that Nurse #1 was informed that the resident was scooting continuously towards the front of the chair and was instructed by the driver to stay in his seat. The resident was non- compliant and did not	F 323	The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator and the Director of Facility Services of the physical restraint systems on the van according to the manufacturer specifications on January 24, 2017. Any newly authorized drivers who transport residents are required to demonstrate comprehension and provide documented evidence of proper use and competency of the physical restraint systems on the facility van according to manufacturer specifications (to be done when added to drivers list and annually thereafter) to the Regional Director of Facility Services and/or Vice President of Operations. The Nursing staff to include Nurses and CNA□s were in-serviced on January 26-27, 2017 and all staff were in-serviced on January 30, 2017 by the Director of Nursing on transportation safety and the accident and incident policy to ensure anyone who assists with transports is aware of the proper policy and procedure which includes proper securing and attachment of the restraints system. The facility will continue to ensure safe	

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F 323	Continued From page 15 listen to the driver and when the van was parked in front of the building, the resident fell on the floor and active bleeding was noted from the left amputated leg. Nurse #1 observed Resident #1 in the wheelchair and appeared " out of it and had a flat affect. " The notes indicated that the bleeding had stopped when pressure was applied after several minutes and the treatment nurse cleaned and wrapped the left amputated leg. The nurse's notes dated 1/20/17 at 12:03 AM indicated that Resident #1 was referred and was seen by the physician provider group on 1/19/17 due to thick greenish sputum and post fall from the wheelchair in the van during transport. New orders were written for chest x-ray and complete blood count (CBC). On 1/20/17, there was a doctor's order to send Resident #1 to the hospital due to low hemoglobin/hematocrit. The nurse's notes dated 1/22/17 at 6:37 AM indicated that Resident #1 was discharged to the hospital on 1/20/17. The doctor's progress notes at the hospital dated 1/20/17 were reviewed. The principal diagnoses was gastrointestinal (GI) hemorrhage and the active diagnoses were anemia of chronic renal disease and GI hemorrhage. The plan was to transfuse 2 units of packed red blood cell (PRBC). On 1/24/17 at 1:40 PM, the Director of Nursing (DON) was interviewed. The DON indicated that she was made aware of the accident in the van involving Resident #1 on 1/19/17. She stated that the resident's name was not listed on the accident/incident log because Nurse #1 has not completed the incident report yet. She added that Nurse #1 was coming early that night (1/24/17) to complete the incident report and to provide a written statement regarding the accident with	F 323	transport and driver training provided includes: 1. Proper procedure for securing resident in safety restraints while in the transportation van; 2. Competency evaluations upon employment, annually and as necessary; 3. What to do in the event of a mechanical breakdown of vehicle; 4. What to do in the event of an accident and resident safety during event; 5. Who to report an incident to and how to report to the administrator. This training will be completed on a quarterly basis for one (1) year, conducted by the Regional Director of Facility Services and/or Vice President of Operations and documented on the In-service Summary Form. The training will be conducted on an annual basis and/or as new transportation employees are hired. The Administrator will ensure annual reviews of driver records for all authorized drivers by contacting the insurance company for the facility to receive the results of the drivers check. This information will be maintained in a file in the administrator□s office. The facility will visibly conduct quality assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the QA log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by the Administrator or DON to ensure the	

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F 323	Continued From page 16 Resident #1. The DON indicated that Resident #1 went to the hospital on 1/19/17 to have an intravenous (IV) access for iron infusion. She revealed that the accident happened on the way back to the facility and she had obtained written statements from the driver and the nursing assistant (NA) #1 who accompanied the resident during the transport. The DON was not able to provide a statement from Resident #1. She added that she didn't know the cause as to why the resident fell during transport but she and the administrator had written their investigation time line after the accident. The investigation time line was reviewed. The time line did not reveal the root cause of the resident's fall. The time line included: 1/19/17 at 9:30 AM - The Administrator was called by the driver to come outside the facility to the van. She saw NA #1 standing in front of Resident #1 and was holding the resident's stump that was bleeding. When she questioned what happened, she was told that the resident had released his belt and he fell out of his chair onto the floor. The Administrator immediately went inside and got Nurse #1 and NA #2. They brought the treatment cart and they cleaned him up and brought him inside the facility. Nurse #1 informed her the resident was okay and for her to complete an incident report and to get statements from the driver and NA #1 and to make sure that the information were given to the DON. 1/19/17 at 11:30 AM - The DON informed Nurse #1 to complete her documentation of the incident and when the statements were obtained to complete the incident report and to notify the family and to get back with her. The DON also requested the NP (Nurse Practitioner) to see Resident #1. 1/19/17 at 5:30 PM -The DON informed the	F 323	resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions to achieve and sustain the necessary program to ensure compliance, the Regional Director of Facility Services will conduct an unannounced onsite audit of a resident at the transportation destination or origination (other than the facility) to visually ensure the van driver adhers to all facility policies in proper application of restraint system. The Regional Director of Facility Services will conduct this onsite visual audit once monthly for three months, quarterly for an additional nine months. The Regional Director of Facility Services will report the findings to the VP of Operations. The VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities resident van transportation policies and resident safety is documented through unannounced onsite audits by the the Regional Director of Facility Services. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT	

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F 323	Continued From page 17 resident's family of the incident. 1/20/17 at 1:00 PM - The DON called Nurse #1 and inquired regarding the incident report. 1/20/17 at 5:00 PM - The family of Resident #1 came and picked him up to visit a family member. 1/20/17 at 7:00 PM - The NP called and ordered to send the resident to the hospital to receive 2 units of Packed Red Blood Cell (PRBC). Around 10:30 PM, when the resident returned to the facility, EMS was called to transfer him to the hospital. 1/23/17 at 12:45 PM - The DON reminded NA#1 to write her statement of the incident. The driver provided his statement to the Administrator and forwarded it to the DON. The driver was re-educated on the transportation policy and demonstrated competency of the physical restraint system according to the manufacturer by the Vice President (VP) of Operation. 1/23/17 at 2:00 PM - The Nurse Manager called the hospital to check the status of the resident. She was informed that the resident was referred to orthopedic to see his stump. 1/24/17 at 1:00 PM - The DON called Nurse #1 and informed her that she needed to complete the incident report. 1/24/17 at 1:30 PM - The DON requested NA #2 to write a report on the status of the resident's wounds (stump). The conclusion written on the time line read " the action plan initiated 1/25/17 on the next 20 transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by either the Administrator or the DON to ensure that the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van	F 323	OCCUR: The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator and the Director of Facility Services of the physical restraint systems on the van according to the manufacturer specifications on January 24, 2017. Any newly authorized drivers who transport residents are required to demonstrate comprehension and provide documented evidence of proper use and competency of the physical restraint systems on the facility van according to manufacturer specifications (to be done when added to drivers list and annually thereafter) to the Regional Director of Facility Services and/or Vice President of Operations. The Nursing staff to include Nurses and CNA□s were in-serviced on January 26-27, 2017 and all staff were in-serviced on January 30, 2017 by the Director of Nursing on transportation safety and the accident and incident policy to ensure anyone who assists with transports is aware of the proper policy and procedure which includes proper securing and attachment of the restraints system.	

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F 323	Continued From page 18 driver will not be allowed to transport future residents. The findings of the Administrator and the DON will be reported to the QA Committee for follow up and recommendations to ensure the corrective actions is achieved and sustained. " The written statements from the staff were reviewed. The statement from NA #1 was dated 1/19/17 and read that " Resident #1 had been to the hospital for a procedure and on the way back to the facility, he kept messing with his seat/lap belt across his wheelchair. When the driver had to stop suddenly, he slid himself out of his wheelchair and bumped his left stump while going to floor of the van. The driver helped put him back into wheelchair. Noticed the stump bleeding. Applied pressure to stop the bleeding. Upon returning to the building, the wound care nurse came to the van. We undressed the old bandage, cleaned and redressed the stump according to wound care direction. Assisted resident off the van and back into the building. " The written statement of the van driver dated 1/20/17 read in part " on January 19, 2017 I picked up Resident #1 from the hospital around 9:30 AM to transport him back to the facility. Resident #1 was being transported in his wheelchair in the back of the van which was strapped down front and back with the appropriate safety straps and was wearing his lap belt. On the way back to the facility, I pressed the break slightly harder than normal but not slamming on them to avoid another vehicle that had pulled out in front of me. When this happened, I heard a noise in the back of the van and asked NA#1 in the back with the resident what the noise was and she stated that he had fallen out of his wheelchair. Immediately, I pulled over on the side of the road and got in the back of the van to help NA #1 get the resident back into	F 323	The facility will continue to ensure safe transport and driver training provided includes: 1. Proper procedure for securing resident in safety restraints while in the transportation van; 2. Competency evaluations upon employment, annually and as necessary; 3. What to do in the event of a mechanical breakdown of vehicle; 4. What to do in the event of an accident and resident safety during event; 5. Who to report an incident to and how to report to the administrator. This training will be completed on a quarterly basis for one (1) year, conducted by the Regional Director of Facility Services and/or Vice President of Operations and documented on the In-service Summary Form. The training will be conducted on an annual basis and/or as new transportation employees are hired. The Administrator will ensure annual reviews of driver records for all authorized drivers by contacting the insurance company for the facility to receive the results of the drivers check. This information will be maintained in a file in the administrator□s office. The facility will visibly conduct quality assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the QA log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility	

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F 323	Continued From page 19 his wheelchair. We asked him if he was hurt anywhere and he stated " no " but I did notice that his leg was bleeding at the amputation site through the bandage. After I noticed that his leg was bleeding, I gave NA #1 some wipes and she started applying pressure to the area. I then drove them back to the facility and reported the incident immediately to my administrator. At this time, the wound care nurse and the nurse on the unit went to the van and they unwrapped the resident's bandage on his leg and treated the area that was bleeding and by then the bleeding stopped. The wound was treated and re-bandaged. He did state several more times that he was not hurt or injured during this time. He did not display any apparent signs of pain. " The written statement of Nurse #1 dated 1/24/16 read in part " on January 19, 2017 I was working the medication cart on the west unit of our facility when the administrator asked NA #2 (treatment NA) and myself to assist a resident in the front of the building. I ran to the front of the building with NA #2 and noted the van parked in the front driveway loop with the doors open and Resident #1 in his wheelchair sitting in the van. The transport driver was outside of the van and NA #1 was in the van applying pressure to the resident's left stump. Blood was noted on the van floor, around his stump as well as on the bandages that he was wearing at the time of this incident. NA #2 got into the van and began taking off the dirty bandages and instructed me to go get the treatment cart. I ran down the hall and brought the treatment cart to the front of the building outside of the van. NA #2 immediately treated the area. While this was happening, the resident had a flat affect and no expression on his face. He did not appear to be in pain or in any sign of distress. Upon the treatment being finished, all	F 323	by the Administrator or DON to ensure the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions to achieve and sustain the necessary program to ensure compliance, the Regional Director of Facility Services will conduct an unannounced onsite audit of a resident at the transportation destination or origination (other than the facility) to visually ensure the van driver adhers to all facility policies in proper application of restraint system. The Regional Director of Facility Services will conduct this onsite visual audit once monthly for three months, quarterly for an additional nine months. The Regional Director of Facility Services will report the findings to the VP of Operations. The VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities resident van transportation policies and resident safety is documented through unannounced onsite audits by the the Regional Director of Facility Services. INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE	

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F 323	Continued From page 20 parties were asked to write statements. At this time an incident report was not immediately completed as I was waiting on the completion of the other party's statements. I would like to add that following this incident, Resident #1 was outside of the facility smoking with his daughter. I was called out to them to light his cigarette as he did not have a lighter. At this time I had a long conversation with both of them regarding his overall status and I advised that he should go to the hospital if he felt there were any changes in his health or condition. Both of them were informed of their right that he could go to the hospital at any time if he would inform the staff and I would be willing to assist them in doing so at any time as I was working that day, the following day and 12 hour shifts all weekend. Both of them stated that he did not need to go to the hospital as it was not necessary in their opinion at this time. " An attempt was made to call Nurse #1, but she did not return the call. On 1/25/17 at 8:20 AM, NA #1 was interviewed. She indicated that she was asked by the administrator on 1/19/17 to accompany Resident #1 to the hospital for IV infusion. She was at the back of the van with the resident. NA #1 reported that the resident was confused that day. It was before 9:30 AM, the driver was driving the van back to the facility. She observed Resident #1 kept scooting towards the edge of the wheelchair and was messing with his lap belt. She reminded him to sit back and to stop messing with his lap belt. She observed the resident's hands on the lap belt so she could not see if the resident had unbuckled the belt or not but she kept telling him to leave his lap belt alone. It was about 2 miles away from the facility when the driver had to quickly step on the brake and the resident slid out	F 323	SUSTAINED. THE FACIITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SYSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY. The facility will visibly conduct quality assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the QA log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by the Administrator or DON to ensure the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment In addition to the facilities□ internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions, to achieve and sustain the necessary program to ensure compliance, the Regional Director of Facility Services will conduct an unannounced onsite audit at a resident transportation destination or origination other than the facility to visually	

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F 323	Continued From page 21 of his wheelchair. Resident #1 ended up kneeling with his left stump on the floor. The driver pulled over, and she assessed the resident and noted that his left stump was bleeding through the dressing. She applied pressure on the dressing to stop the bleeding. She and the driver lifted the resident up, put him back in the wheelchair and the driver proceeded to drive back to the facility. The driver pulled in front of the facility and called the nurse. Nurse #1 came out and assessed the resident. NA #2 also came out and changed the dressing to the resident's left stump. NA #1 further stated that she was instructed not to move a resident after an accident until assessed by a nurse but they did not have any choice, they had to put him back in wheelchair in order to drive back to the facility. NA #1 also stated that the driver should be the one to call the facility and inform them about the accident. At 11:05 AM, NA #1 was again interviewed and she stated that she could not remember if the shoulder strap was applied by the driver to Resident #1 during the transport on 1/19/17. On 1/25/17 at 10:40 AM, the van driver was interviewed. He stated that he had been driving the facility van for 2 years. He was trained by the maintenance person on transportation safety which included the proper procedure in securing residents and the wheelchair in the van before he started driving the van. The van driver indicated he was transporting Resident #1 to the hospital on 1/19/17 for IV infusion. The hospital had requested to have a staff member to sit with the resident during the infusion and so NA #1 went with him. He went back to the hospital to pick up Resident #1 because the hospital was not able to insert an IV access to the resident. It was about 9:30 AM, he loaded the resident, secured his wheelchair to the floor and put his belt on. He	F 323	ensure van drivers adherence to all facility policies in proper application of restraint system, once monthly for three months, quarterly for an additional nine months. Findings of quality assurance checks will be documented in the quality assurance log. The Regional Director of Facility Services will report the findings to the VP of Operations. The VP of Operations will take any necessary actions (including employee disciplinary action up to include termination) if failure to adhere to facilities resident van transportation policies and resident safety. The findings of the Administrator and/or DON will be reported to the VP of Operations on a weekly basis until all transports have been completed. At which time if the corrective actions are not being sustained, the plan will be evaluated and updated to ensure facility is maintaining compliance. The findings of the Quality Assurance checks internally and externally and review by the VP of Operations will be presented to the QAA Committee monthly for follow up and recommendations to ensure the corrective action is achieved and sustained.	

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proceeded to drive back to the facility. It was about a mile away from the facility, when a car pulled out in front of him. He applied the break with more force than normal and then he heard something on the back of the van and saw the resident had fallen to the floor. He pulled over and asked the resident if he was okay and he replied that he was fine. His buttock was on the floor and his left stump was bleeding. With the help of NA #1, they lifted the resident and put him back in his wheelchair. NA #1 applied pressure on the stump to stop the bleeding. The van driver stated that he could move a resident as long as the resident was saying that he was okay. He also stated that he did not call the facility because he was a mile away from the facility.

On 1/25/17 at 10:50 AM, the facility transport van was observed with the van driver and the administrator. The van was equipped with a shoulder strap and a lap belt. The driver demonstrated how to apply the shoulder strap and lap belts on the resident and on how to secure the wheelchair to the floor. He also showed where the resident and NA #1 were sitting. When asked if the shoulder strap and the lap belt were applied to the resident he replied " I neglected to apply the shoulder strap " because he thought the resident would be fine with the NA with him at the back of the van.

On 1/25/17 at 11:01 AM, the Administrator was interviewed. She stated that she was called to go outside in front of the building to see a resident who fell on the floor of the van. She thought Resident #1 fell while the van was parked. She was not informed that the resident fell on their way back to the facility. She immediately called the nurse to assess the resident and to change the dressing on the resident's left stump. The Administrator also revealed that the driver did not

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inform her that the shoulder strap was not applied during the transport. She indicated that she had written the driver up on 1/25/17 for not following the transportation safety on properly securing the resident during transport. She stated that it was okay for the staff to move the resident before a nurse or any qualified person had assessed the resident as long as the resident was alert and oriented and was able to tell that he/she was okay. The Administrator also indicated that she did not expect the driver to call the facility because they were a mile away from the facility when the accident happened. She also indicated that the driver and NA#1 were reeducated on transportation safety (video of manufacturer on properly securing the resident) and the facility policy and procedure on accident and incident on 1/23/17. She revealed that she had created a monitoring tool to observe the driver prior to and upon returning to facility from appointments to ensure that the resident and the wheelchair were properly secured. The monitoring to be done by the Administrator or the DON on every other transport starting 1/25/17.

The records of the van driver were reviewed. The driver had signed the facility's commercial auto fleet policy and fleet driver's commitment on 1/13/15 which included " seat belt utilization is required of all drivers and passengers in company owned vehicles and in vehicles operated on company business. " The records also indicated that the driver was trained on transportation safety using the manufacturer's instruction on how to secure the wheelchair and the resident in the van on 3/21/16.

On 1/25/17 at 2:10 PM, the attending physician of Resident #1 was interviewed. She stated that the staff had informed her of the van accident involving Resident #1 and the resident was

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assessed by the Nurse Practitioner the day of the fall. She stated that the next day the resident was transferred to the emergency room due to low hemoglobin/hematocrit level which was not related to the fall. She also indicated that she expected the staff to move the resident from the floor and to get somebody from the facility to assess the resident.

On 1/25/17 at 2:35 PM, the Administrator and the Vice President (VP) of Operation were informed of the immediate jeopardy. The facility provided an acceptable credible allegation of compliance on 1/26/16 at 2:20 PM. The credible allegation indicated:

The resident was evaluated by a registered nurse on January 19, 2017 and initiated first aid treatment to the stump which included assessment to ensure bleeding had stopped and a new dressing was applied. The resident who was alert and oriented denied any injuries. The Nurse Practitioner evaluated the resident on January 19, 2017 and no injuries from the fall were noted. The resident was discharged to the hospital on January 20, 2017 for health issues unrelated to the fall. The nursing staff stated to the Director of Nursing that the resident was monitored for the fall however the nurses notes do not reflect the monitoring. The nurses who should have documented have received a disciplinary action for failing to document any falls or events that occur. All nurses will be in-serviced today, January 26, 2017 by the Director of Nursing to include the following:

1. Timely assessment of residents;
2. Timely completion of incident/accident reports;
3. Monitoring of residents using the Acute Episode charting guidelines
4. Communication with the Director of Nursing

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and Administrator concerning any falls or events that occur.
For any nurse not in-serviced today they will not be allowed to work until the in-service is completed with the Director of Nursing.

Incident reports were reviewed on January 24, 2017 for the past three (3) months by the Administrator and Vice President of Operations to determine if there have been any other accidents/incidents involving the transportation of residents and there were no other residents were affected.

The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator of the physical restraint systems on the van according to the manufacturer specifications.
All staff will be in-serviced on today January 26, 2017 by the Administrator on transportation safety and the accident and incident policy to ensure anyone who assists with transports is aware of the proper policy and procedure which includes proper securement of the restraints system. For any employee not in-serviced today the employee will not be allowed to work until the in-service is completed with the Administrator.

All authorized employees who provide transportation have been trained; however, no other employee will be allowed to drive the

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transportation van until they have received the in-service.
Any new authorized drivers who transport residents are required to demonstrate comprehension and provide documented evidence of proper use and competency of the physical restraint systems on the facility van according to manufacturer specifications (to be done when added to drivers list and annually thereafter) to the Administrator or Director of Nursing.
The facility will ensure safe driving training provided includes proper use of cell phones , what to do in the event of a mechanical breakdown of vehicle, what to do in the event of an accident and resident safety during event.
The training will also include who to report an incident to and how to report to the administrator.
The facility will ensure annual reviews of driver records for all authorized drivers by contacting the insurance company annually for driving record review and negative findings for authorized drivers. Drivers with negative findings will not be allowed to drive company vehicles or facility van. This information will be maintained in a file in the administrator ' s office.
The facility will visibly conduct quality assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the QA log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by the Administrator or DON to ensure the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver

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F 323	Continued From page 27 will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment. The credible allegation of compliance was verified on 1/26/17 at 2:30 PM by interviewing the staff including the van driver that they have received in-service on the facility's accident/incident policy and procedure. The in-service records were reviewed and the in-service on accident/incident policy and procedure was started on 1/26/17. The in-service records for the van driver was reviewed and he was reeducated on the transportation safety and in properly securing the resident during transport on 1/23/17 by the VP of Operation. He also watched a video of the manufacturer instruction on how to properly secure the resident. The monitoring tool was also reviewed and the administrator had observed the driver prior to and upon return from appointments to ensure that the driver was properly securing the resident.	F 323		
F 356 SS=C	483.35(g)(1)-(4) POSTED NURSE STAFFING INFORMATION 483.35 (g) Nurse Staffing Information (1) Data requirements. The facility must post the following information on a daily basis: (i) Facility name. (ii) The current date. (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:	F 356		2/21/17

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F 356	Continued From page 28 (A) Registered nurses. (B) Licensed practical nurses or licensed vocational nurses (as defined under State law) (C) Certified nurse aides. (iv) Resident census. (2) Posting requirements. (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. (ii) Data must be posted as follows: (A) Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. (3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to separate out the actual Registered Nurse (RN) and the Licensed Practical Nurse (LPN) hours on the daily staffing hour sheets for 14 of 14 days reviewed during an	F 356	ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE:	

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F 356	Continued From page 29 extended survey. Findings included: In an observation on 1/26/17 at 9:20 AM, the daily staffing hour sheet posted indicated there were two licensed nurses on each of the first shift, second and third shift. During a record review on 1/26/17, staff hour sheets were reviewed from 1/13/17 to 1/26/17 and the sheets indicated each day two licensed nurses worked on the first, second and third shift. There was no indication on the daily staff hour sheet if the nurses working were RN ' s or LPN ' s. In an interview on 1/26/17 at 9:26 AM, the RN Manager stated it was her responsibility to complete the daily staffing sheets. The RN Manager and the Director of Nursing stated they were unaware that the sheet had to differentiate between RN ' s and or LPN ' s because they had been using that same staff hour sheet for years. In an interview on 1/27/17 at 9:50 AM, the Regional Vice President stated the RN Manager was using the incorrect form and should have been using a firm that differentiated between the RN ' s and the LPN ' s. She stated it was her expectation the correct form be used to properly reflect the staffing in the facility.	F 356	The Nurse Staffing Information Report is posted on a daily basis. The form contains the facility name, the current date, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses Licensed Practical Nurses Certified Nurse Aides Resident Census ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: The Nurse Staffing Information Report is posted on a daily basis. The form contains the facility name, the current date, the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: Registered Nurses Licensed Practical Nurses Certified Nurse Aides Resident Census The Nurse Manager scheduled Monday – Friday is responsible for posting the Nurse Staffing Information form on the bulletin board in the Administrative hallway each morning. The Registered Nurse working on the weekends is responsible for posting the form on Saturday and Sunday. The Administrative Manager on Duty for the weekends is responsible to ensure while they are in the facility the correct form is posted and in the proper place.	

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F 356	Continued From page 30	F 356	ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR: The approved Nursing Information Form which meets regulatory compliance was implemented by the Director of Nursing and the Nurse Manager. It is the responsibility of the DON/Nurse Manager to ensure it is utilized. The Registered Nurse on duty on the weekends is responsible for posting the form on Saturday and Sunday. The Administrative Manager on Duty for the weekends is to ensure while they are in the facility the correct form is posted and in the proper place. INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACIITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SYSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY. The Director of Nursing and/or the Administrator will verify that the approved form is posted in the proper place Monday –Friday by utilizing a Quality Assurance form to initial that they have reviewed the form for accuracy for three (3) months. The Administrative Manager on Duty will utilize their Quality Assurance Observation	

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(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 356	Continued From page 31	F 356	Form to indicate they have reviewed the form for accuracy on the weekends (Saturday and Sunday). The QA forms will be reviewed by the Administrator on Mondays for compliance. Any occurrence of this form not being utilized or posted will result in re-training and possible disciplinary action. The Quality Assurance forms will be presented by the administrator to the QAA Committee who will review and make recommendations to ensure compliance is achieved and have been sustained.	
F 490 SS=J	483.70 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING 483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review, observation and physician and staff interview, the facility's administration failed to operationalize manufacturer's recommendations for transporting a resident in the transportation van resulting in a fall with a bleed on the left leg stump needing a pressure dressing. The facility administration failed to enforce a policy that would address communication with licensed staff and assessment from licensed staff in cases of incidences within the transportation van. After the resident fell in the van, the facility staff moved the resident back into the wheelchair and drove him back to the facility without assessment from	F 490	ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The Administrator will ensure the facility is attaining and maintaining the highest practicable physical, mental, and psychosocial well being of each resident. The Vice President of Operations has conducted in-service education to the Administrator concerning requirement of following and implementing facility policies. This also included adherence to	1/30/17

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	345140	A. BUILDING _____ B. WING _____	C 01/26/2017

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F 490	Continued From page 32 licensed staff for potential injury. This was evident in 1 (Resident #1) of 1 sampled resident who was transported using the nursing home's van. Immediate jeopardy began on 1/19/17 when Resident #1 fell in the van during transport. The staff put the resident back into the wheelchair and drove him back to the facility without assessment for potential injury. The immediate jeopardy was removed on 1/26/17 at 2:20 PM when the facility provided an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level of D (not actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure all staff members were in-serviced on the facility's policy and procedure on accidents/incidents and all nurses on timely assessment, monitoring and reporting of any accidents/incidents. Findings included: This example was a cross reference to: F323 - Based on record review, observation and physician and staff interview, the facility failed to secure a resident in the van during transport according to manufacturer's recommendations causing the resident to fall for 1 (Resident #1) of 1 sampled resident who was transported using the nursing home's van. Resident #1 hit his left stump on the floor during the fall resulting in active bleeding that was stopped after staff applied a pressure dressing. On 1/25/17 at 11:01 AM, the Administrator was interviewed. She stated that she started working at the facility as administrator in May 2016. The Administrator added that she was not informed by the van driver that the resident was not secured with a shoulder strap during the transport. She further stated that the van driver might have not used the shoulder strap because it was	F 490	the operational manufacturer□s recommendations for the facilities□ transportation van. This in-service was completed on January 24, 2017. As a result the Administrator has ensured that the facility has adhered to operational manufacturer□s recommendations for transporting a resident in the facilities□ transportation van by conducting in-services and quality assurance checks of the van driver when transporting a resident. The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator and the Director of Facility Services of the physical restraint systems on the van according to the manufacturer specifications on January 24, 2017. The Nursing staff to include Nurses and CNA□s were in-serviced on January 26-27, 2017 and all staff were in-serviced on January 30, 2017 by the Director of Nursing on transportation safety and the accident and incident policy to ensure anyone who assists with transports is aware of the proper policy and procedure which includes proper securing and attachment of the restraints system. The facility will visibly conduct quality	

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F 490	Continued From page 33 uncomfortable for the resident. F309 - Based on record review, observation and physician and staff interview, the facility failed to call for help for an acute assessment of Resident #1 who fell from a wheelchair during van transportation. The resident hit his left stump on the floor during the fall resulting in active bleeding. Staff repositioned the resident back into the wheelchair and continued the transport to the facility. Following initial treatment to the stump, there was no evidence that the resident was monitored after the fall. This problem affected one (Resident #1) of one sampled resident who was transported using the nursing home's van. On 1/24/17 at 1:40 PM, the Director of Nursing (DON) was interviewed. She stated that the nurses were still adjusting with the electronic documentation. She added that Resident #1 was monitored by the nurses after the fall but the nurses failed to document the monitoring in the resident's medical records. On 1/25/17 at 11:01 AM, the Administrator was interviewed. She stated that she started working at the facility as administrator in May 2016. The Administrator stated that she did not expect the van driver to call the facility to inform about the van accident because they were a mile away from the facility. She also indicated that it was okay for the staff to put the resident back into the wheelchair after the fall because the resident was alert and oriented and he was able to tell that he was okay. On 1/25/17 at 2:35 PM, the Administrator and the Vice President (VP) of Operation were informed of the immediate jeopardy. The facility provided an acceptable credible allegation of compliance on 1/26/16 at 2:20 PM. The credible allegation indicated:	F 490	assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the QA log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by the Administrator or DON to ensure the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: The Administrator will ensure the facility is attaining and maintaining the highest practicable physical, mental, and psychosocial well being of each resident. The Vice President of Operations has conducted in-service education to the Administrator concerning requirement of following and implementing facility policies. This also included adherence to the operational manufacturer□s recommendations for the facilities□ transportation van. This in-service was completed on January 24, 2017. As a result the Administrator has ensured that the facility has adhered to operational manufacturer□s recommendations for	

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F 490	Continued From page 34 The Administrator is responsible to ensure the facility is attaining and maintaining the highest practicable physical, mental, and psychosocial well - being of each resident. The Administrator is responsible to ensure that the staff is trained according to the policies of the facility upon employment, annually and as the need arises to: 1. All authorized drivers who transport residents demonstrate comprehension and provide documented evidence to proper use of the physical restraint systems on the facility van according to manufacturer specifications (to be done when added to drivers list and annually thereafter) 2. All authorized drivers will be required to participate in training which will include the Accident and Incident policy as well as proper use of the physical restraint system on the facility van. 3. Ensure safe driving training provided includes proper use of cell phones , what to do in the event of a mechanical breakdown of vehicle, what to do in the event of an accident and resident safety during event. The training will also include who to report an incident to and how to report to the administrator. 4. Ensure annual reviews of driver records for all authorized drivers by contacting the insurance company for the facility to receive the results of the drivers check. This information will be maintained in a file in the administrator ' s office. 5. To review all incident/ accident reports to ensure the Safety Committee is implementing interventions to prevent falls. The Vice President of Operations will be responsible to: 1. Re-educate the Administrator concerning the importance of following and implementing facility	F 490	transporting a resident in the facilities transportation van by conducting in-services and quality assurance checks of the van driver when transporting a resident. The Transportation driver and Certified Nursing Assistant were re-educated January 24, 2017 by the Administrator and Vice President on the accident and incident policy which states that a resident is not to be moved if there is an accident while on the facility van, and that 911 should be called to make determination if medical attention is required and transportation to the hospital is necessary. The Transportation Driver also has demonstrated competency to the Administrator and the Director of Facility Services of the physical restraint systems on the van according to the manufacturer specifications on January 24, 2017. The Nursing staff to include Nurses and CNA s were in-serviced on January 26-27, 2017 and all staff were in-serviced on January 30, 2017 by the Director of Nursing on transportation safety and the accident and incident policy to ensure anyone who assists with transports is aware of the proper policy and procedure which includes proper securing and attachment of the restraints system. The facility will visibly conduct quality assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the QA log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving	

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F 490	Continued From page 35 policies which was completed on January 24, 2017; 2. Review all new employee records for the next three (3) months to ensure training has been completed on the transportation and accident/incident policies. 3. Review the QA Committee minutes to ensure the facility is addressing issues identified at the Safety Committee. 4. Review 30% of all of the Accident/Incident reports for the next fourteen (14) days, then 15% for seven (7) days and then 5% for seven (7) days. If at that time there are no issues the accident/incident reports will be reviewed on an as needed basis, which was initiated on January 24, 2017. 5. If an accident occurs the Administrator or Director of Nursing is required to report to the Vice President of Operations and incident will be reviewed to ensure correct protocol is being followed. If the Vice President of Operations determines that compliance is not achieved and sustained it is the responsibility of the Vice President of Operations to re-educate or arrange education for the Administrator. If after re-education is completed and compliance is not sustained then disciplinary action will be taken. The Administrator and/or Director of Nursing and Vice President of Operations initiated the above interventions on January 24, 2017 and will continue to complete the interventions as they come due. The credible allegation was verified on 1/26/17 at 2:30 PM by interviewing the staff including the van driver that they have received in-service on the facility's accident/incident policy and procedure. The in-service records were reviewed	F 490	the facility and upon return to the facility by the Administrator or DON to ensure the resident is properly secured in the van and seat belt is properly attached and locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment. ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR: Any newly authorized drivers who transport residents are required to demonstrate comprehension and provide documented evidence of proper use and competency of the physical restraint systems on the facility van according to manufacturer specifications (to be done when added to drivers list and annually thereafter) to the Regional Director of Facility Services and/or Vice President of Operations. The facility will continue to ensure safe transport and driver training provided includes: 1. Proper procedure for securing resident in safety restraints while in the transportation van; 2. Competency evaluations upon employment, annually and as necessary; 3. What to do in the event of a mechanical breakdown of vehicle; 4. What to do in the event of an accident and resident safety during event;	

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F 490	Continued From page 36 and the in-service on accident/incident policy and procedure was started on 1/26/17. The in-service records for the van driver was reviewed and he was re-educated on the transportation safety and in properly securing the resident during transport on 1/23/17 by the VP of Operation. The van driver also watched a video of the manufacturer's instruction on how to properly secure the resident. The monitoring tool was also reviewed and the administrator had observed the driver prior to and upon return from appointments to ensure that the driver was properly securing the resident.	F 490	5. Who to report an incident to and how to report to the administrator. This training will be completed on a quarterly basis for one (1) year, conducted by the Regional Director of Facility Services and/or Vice President of Operations and documented on the In-service Summary Form. The training will be conducted on an annual basis and/or as new transportation employees are hired. In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions to achieve and sustain the necessary program to ensure compliance, the Regional Director of Facility Services will conduct an unannounced onsite audit of a resident at the transportation destination or origination (other than the facility) to visually ensure the van driver adheres to all facility policies in proper application of restraint system. The Regional Director of Facility Services will conduct this onsite visual audit once monthly for three months, quarterly for an additional nine months. The Regional Director of Facility Services will report the findings to the VP of Operations. The VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities resident van transportation policies and resident safety is documented through unannounced onsite audits by the Regional Director of Facility Services. If an incident/accident occurs the Administrator and/or Director of Nursing is	

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F 490	Continued From page 37	F 490	required to report to the Vice President of Operations and/or Regional Quality Assurance Nurse right away. The VP of Operations and/or Regional Quality Assurance Nurse will then be responsible to review the incident to ensure the policies and procedures of the facility are being followed. The Vice President of Operations will be responsible to: 1. Review all new employee records for the next three (3) months to ensure training has been completed on the transportation and accident/incident policies. 2. Review the QA Committee minutes to ensure the facility is addressing issues identified at the Safety Committee. The Regional Quality Assurance Nurse will be responsible to conduct an audit of the medical records to include: 1. Nurses notes; 2. Acute Condition Report; 3. Incident Report; 4. Care Plan; 5. Quality Assurance Checks by the Director of Nursing This audit will be completed weekly for one (1) month, monthly for three (3) months, and quarterly thereafter if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary	

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F 490	Continued From page 38	F 490		

action up to termination) if failure to adhere to facilities assessment and resident safety policies is noted.
If the Vice President of Operations determines that compliance is not achieved and sustained it is the responsibility of the Vice President of Operations to re-educate or arrange education for the Administrator and/or Director of Nursing. After re-education is completed and compliance is not sustained then disciplinary action will be taken.

INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACIITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SYSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY.
The facility will visibly conduct quality assurance checks to ensure that drivers are fastening restraints appropriately and safely and document the results of the quality assurance checks in the QA log. This will be done for the next twenty (20) transports per the facility van, every other transport will be inspected prior to leaving the facility and upon return to the facility by the Administrator or DON to ensure the resident is properly secured in the van and seat belt is properly attached and

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F 490	Continued From page 39	F 490	locked in place. If any issues are found with the proper securing of the resident while being transported, the van driver will not be allowed to transport any future residents and will receive disciplinary action up to and to include termination of employment In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions to achieve and sustain the necessary program to ensure compliance, the Regional Director of Facility Services will conduct an unannounced onsite audit of a resident at the transportation destination or origination (other than the facility) to visually ensure the van driver adheres to all facility policies in proper application of restraint system. The Regional Director of Facility Services will conduct this onsite visual audit once monthly for three months, quarterly for an additional nine months. The Regional Director of Facility Services will report the findings to the VP of Operations. The VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities resident van transportation policies and resident safety is documented through unannounced onsite audits by the Regional Director of Facility Services. The Vice President of Operations will be responsible to: 3. Review all new employee records for the next three (3) months to ensure training has been completed on the transportation and accident/incident	

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F 490	Continued From page 40	F 490	policies. 4. Review the QA Committee minutes to ensure the facility is addressing issues identified at the Safety Committee. The Regional Quality Assurance Nurse will be responsible to conduct an audit of the medical records to include: 6. Nurses notes; 7. Acute Condition Report; 8. Incident Report; 9. Care Plan; 10. Quality Assurance Checks by the Director of Nursing This audit will be completed weekly for one (1) month, monthly for three (3) months, and quarterly for one (1) year if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities□ assessment and resident safety policies is noted. The findings of the Quality Assurance checks internally and externally and review by the VP of Operations will be presented to the QAA Committee Monthly for follow up and recommendations to ensure the corrective action is achieved and sustained.	
F 520 SS=J	483.75(g)(1)(i)-(iii)(2)(i)(ii)(h)(i) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS (g) Quality assessment and assurance.	F 520		1/30/17

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F 520	Continued From page 41 (1) A facility must maintain a quality assessment and assurance committee consisting at a minimum of: (i) The director of nursing services; (ii) The Medical Director or his/her designee; (iii) At least three other members of the facility's staff, at least one of who must be the administrator, owner, a board member or other individual in a leadership role; and (g)(2) The quality assessment and assurance committee must : (i) Meet at least quarterly and as needed to coordinate and evaluate activities such as identifying issues with respect to which quality assessment and assurance activities are necessary; and (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; (h) Disclosure of information. A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section. (i) Sanctions. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by:	F 520		

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F 520	Continued From page 42 Based on record review, observation and physician and staff interview, the facility's Quality Assessment and Assurance (QAA) committee failed to maintain implemented procedure and failed to monitor the intervention put into place following the 8/14/15 and 8/4/16 recertification surveys. The facility has repeat deficiency on accidents (F323) on the recertification surveys of 8/4/15 and 8/14/16 and on a complaint investigation survey of 1/26/17. The continued failure of the facility during the three federal surveys of record showed a pattern of the facility's inability to sustain an effective QAA program. Immediate jeopardy began on 1/19/17 when Resident #1 fell in the van during transport and was removed on 1/26/17 at 2:20 PM when the facility provided an acceptable credible allegation of compliance. The facility will remain out of compliance at a scope and severity level of D (not actual harm with potential for more than minimal harm that is not immediate jeopardy) to ensure all staff members were in-serviced on the facility ' s policy and procedure on accidents/incidents and all nurses on timely assessment, monitoring and reporting of any accidents/incidents. Findings included: This tag is cross referred to: F323 - Accidents - Based on record review, observation and physician and staff interview, the facility failed to secure a resident in the van during transport according to manufacturer's recommendations causing the resident to fall for 1 (Resident #1) of 1 sampled resident who was transported using the nursing home's van. Resident #1 hit his left stump on the floor during the fall resulting in active bleeding that was	F 520	ADDRESS HOW CORRECTIVE ACTION (S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE The facility currently has and maintains a quality assessment and assurance committee. Added to the responsibilities of the QA committee will be the following: (1) The Van was re-educated on January 24, 2017 by the Administrator and Vice President of Operations that any accident, no matter how minor, occurring while placing a resident in the van and properly applying and securing the vehicle restraint system, during actual transport and during un-securing the restraint system and disembarking of the resident from the van MUST be reported immediately by phone or in person to the administrator. In the absence of the Administrator or inability of to reach the administrator, the van driver must report the incident verbally to the Director of Nursing. If unable to reach the Director of Nursing the Van Driver must immediately report the incident to the Vice President of Operations. He has also been re-educated on not moving the resident until the resident has received proper assessment and care. (2) Any new Van Driver or anyone else transporting a resident will be educated on the above before being allowed to transport a resident. (3) The facility administrator will review of all of the Accident/Incident reports daily for proper interventions for all incident and accidents and will report to the QA Committee any interventions not properly	

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F 520	Continued From page 43 stopped after staff applied a pressure dressing. During the recertification survey of 8/14/15 and 8/4/16, the facility was cited F323 for not securing the side rails to the bed frames. On 1/25/17 at 4:53 PM, the Administrator was interviewed. She stated that she started as administrator of the facility in May 2016 and she was the head of the facility's quality assurance (QA) committee. The members were the department heads, Medical Director, Pharmacist, Registered Dietician and herself. The committee had met quarterly. She stated that she was aware that accident was a repeat tag but there had been no other incident involving the van except on 1/19/17. On 1/25/17 at 2:35 PM, the Administrator and the VP of Operation were informed of the immediate jeopardy. The facility provided an acceptable credible allegation of compliance on 1/26/16 at 2:20 PM. The credible allegation indicated: The facility currently has and maintains a quality assessment and assurance committee. Added to the responsibilities of the QA committee will be the following: (1) The Van Driver has been re-educated by the Administrator and Vice President of Operations that any accident, no matter how minor, occurring while placing a resident in the van and properly applying and securing the vehicle restraint system, during actual transport and during un-securing the restraint system and disembarking of the resident from the van MUST be reported immediately by phone or in person to the administrator. In the absence of the Administrator or inability of to reach the administrator, the van driver must report the incident verbally to the Director of Nursing. If unable to reach the Director of Nursing the Van Driver must immediately report the incident to the	F 520	taken by staff at time of the incident. (4) Staff will be re-in serviced immediately by the Administrator/Director of Nursing/Vice President of Operations on the interventions that should have been taken. (5) The Administrator and/or Director of Nursing will inspect every other transport for the next twenty (20) transports prior to the van leaving the facility campus and upon returning to the facility campus for proper attachment of all vehicular restraint systems properly attached in the facility van. After the first ten have been inspected, the Administrator and/or Director of Nursing will inspect four (4) per month for the next three (3) months, three (3) per month for the following three (3) months and then two (2) per month thereafter. The inspections will be logged on an inspection form and will be submitted to the Safety and Quality Assurance Committees. (6) The Safety Committee will review the Van Log information listed under bullet point (5) above to ensure compliance with safety regulations as recommended by the manufacture of the van. (7) Any deviation from the manufacturer□s procedures for properly securing the chair and resident in the van prior to transportation will result in termination for the van driver. (8) The Quality Assurance Committee will be responsible to review the Safety Committee Minutes to ensure that interventions have been initiated and to ensure that solutions are achieved and sustained.	

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F 520	Continued From page 44 Vice President of Operations. He has also been re-educated on not moving the resident until the resident has received proper assessment and care. (2) Any new Van Driver or anyone else transporting a resident will be educated on the above before being allowed to transport a resident. (3) The facility administrator will review of all of the Accident/Incident reports daily for proper interventions for all incident and accidents and will report to the QA Committee any interventions not properly taken by staff at time of the incident. (4) Staff will be re-in serviced immediately by the Administrator/Director of Nursing/Vice President of Operations on the interventions that should have been taken. (5) The Administrator and/or Director of Nursing will inspect every other transport for the next twenty (20) transports prior to the van leaving the facility campus and upon returning to the facility campus for proper attachment of all vehicular restraint systems properly attached in the facility van. After the first ten have been inspected, the Administrator and/or Director of Nursing will inspect four (4) per month for the next three (3) months, three (3) per month for the following three (3) months and then two (2) per month thereafter. The inspections will be logged on an inspection form and will be submitted to the Safety and Quality Assurance Committees. (6) The Safety Committee will review the Van Log information listed under bullet point (5) above to ensure compliance with safety regulations as recommended by the manufacture of the van. (7) Any deviation from the manufactures procedures for properly securing the chair and resident in the van prior to transportation will result in termination for the van driver.	F 520	(9) The Vice President will attend and participate in the Safety Committee weekly and Quality Assurance Committee meetings monthly to ensure compliance for the next twelve (12) months. ADDRESS HOW CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS HAVING POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE: Any resident has the potential to be affected by the cited deficiency. (1) The facility Administrator is responsible to educate the van driver on a quarterly was re-educated on January 24, 2017 by the Administrator and Vice President of Operations that any accident, no matter how minor, occurring while placing a resident in the van and properly applying and securing the vehicle restraint system, during actual transport and during un-securing the restraint system and disembarking of the resident from the van MUST be reported immediately by phone or in person to the administrator. In the absence of the Administrator or inability of to reach the administrator, the van driver must report the incident verbally to the Director of Nursing. If unable to reach the Director of Nursing the Van Driver must immediately report the incident to the Vice President of Operations. He has also been re-educated on not moving the resident until the resident has received proper assessment and care.	

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F 520	Continued From page 45 (8) The Quality Assurance Committee will be responsible to review the Safety Committee Minutes to ensure that interventions have been initiated and to ensure that solutions are achieved and sustained. (9) The Vice President will review the Safety Committee and Quality Assurance Committee Minutes along with the van log to ensure compliance for the next twelve (12) months. The credible allegation was verified on 1/26/17 at 2:30 PM. Review of in-service records revealed the van driver was re-educated on transportation safety and in properly securing residents during transport on 1/23/17. Interview with staff members including nurses, nursing assistants and van driver revealed that they have received in-service on the facility's accident/incident policy and procedure starting on 1/26/17. Interview with the Administrator revealed that she was responsible for making sure that incident and accidents reports and the van monitoring log were reviewed daily by the safety committee and interventions were put in place. Interview with the VP of Operation revealed that she was responsible for reviewing the QA minutes to ensure interventions put into place were implemented. On 1/26/17 the van's monitoring log was reviewed and interview with the Administrator revealed she had observed the van driver prior to him leaving the facility and upon his return from appointments on 1/26/17 to ensure that the driver was properly securing the resident in the van.	F 520	(2) Any new Van Driver or anyone else transporting a resident will be educated on the above before being allowed to transport a resident. (3) The facility administrator will review of all of the Accident/Incident reports daily for proper interventions for all incident and accidents and will report to the QA Committee any interventions not properly taken by staff at time of the incident. (4) Staff will be re-in serviced immediately by the Administrator/Director of Nursing/Vice President of Operations on the interventions that should have been taken. (5) The Administrator and/or Director of Nursing will inspect every other transport for the next twenty (20) transports prior to the van leaving the facility campus and upon returning to the facility campus for proper attachment of all vehicular restraint systems properly attached in the facility van. After the first ten have been inspected, the Administrator and/or Director of Nursing will inspect four (4) per month for the next three (3) months, three (3) per month for the following three (3) months and then two (2) per month thereafter. The inspections will be logged on an inspection form and will be submitted to the Safety and Quality Assurance Committees. (6) The Safety Committee will review the Van Log information listed under bullet point (5) above to ensure compliance with safety regulations as recommended by the manufacture of the van. (7) Any deviation from the manufacturer□s procedures for properly	

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securing the chair and resident in the van prior to transportation will result in termination for the van driver.
(8) The Quality Assurance Committee will be responsible to review the Safety Committee Minutes to ensure that interventions have been initiated and to ensure that solutions are achieved and sustained.
(9) The Vice President will attend and participate in the Safety Committee weekly and Quality Assurance Committee meetings monthly to ensure compliance for the next twelve (12) months.

ADDRESS WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT OCCUR:
In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions, to achieve and sustain the necessary program to ensure compliance, the Regional Quality Assurance Nurse will conduct an audit of the medical records to include:
1. Nurses notes;
2. Acute Condition Report;
3. Incident Report;
4. Care Plan;
5. Quality Assurance Checks by the Director of Nursing
This audit will be completed weekly for one month, monthly for three months, and

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F 520	Continued From page 47	F 520	quarterly for one year if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities assessment and resident safety policies is noted. If an incident/accident occurs the Administrator and/or Director of Nursing is required to report to the Vice President of Operations and/or Regional Quality Assurance Nurse right away. The VP of Operations and/or Regional Quality Assurance Nurse will then be responsible to review the incident to ensure the policies and procedures of the facility are being followed. The findings of the Administrator and DON will be reported to the Regional Quality Assurance Nurse on a weekly basis for three (3) months. Weekly the plan will be evaluated to determine if the corrective actions are being sustained, if not the plan will be evaluated and updated to ensure facility is maintaining compliance. The findings of the Quality Assurance checks internally and externally and review by the VP of Operations will be presented to the QAA Committee for follow up and recommendations to ensure the corrective action is achieved and sustained In addition to the facilities internal QA process the following external process will	

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F 520	Continued From page 48	F 520	be implemented. To ensure the facility maintains implemented corrective actions to achieve and sustain the necessary program to ensure compliance, the Regional Director of Facility Services will conduct an unannounced onsite audit of a resident at the transportation destination or origination (other than the facility) to visually ensure the van driver adhers to all facility policies in proper application of restraint system. The Regional Director of Facility Services will conduct this onsite visual audit once monthly for three months, quarterly for an additional nine months. The Regional Director of Facility Services will report the findings to the VP of Operations. The VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities resident van transportation policies and resident safety is documented through unannounced onsite audits by the the Regional Director of Facility Services. The findings of the Administrator and/or DON will be reported to the VP of Operations on a weekly basis until all transports have been completed. At which time if the corrective actions are not being sustained, the plan will be evaluated and updated to ensure facility is maintaining compliance. The findings of the Quality Assurance checks internally and externally and review by the VP of Operations will be presented to the QAA Committee for follow up and recommendations to ensure the corrective action is achieved and sustained	

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F 520	Continued From page 49	F 520	The Vice President of Operations will be responsible to: 1. Review all new employee records for the next three (3) months to ensure training has been completed on the transportation and accident/incident policies. 2. Review the QA Committee minutes to ensure the facility is addressing issues identified at the Safety Committee. The Regional Quality Assurance Nurse will be responsible to conduct an audit of the medical records to include: 1. Nurses notes; 2. Acute Condition Report; 3. Incident Report; 4. Care Plan; 5. Quality Assurance Checks by the Director of Nursing This audit will be completed weekly for one (1) month, monthly for three (3) months, and quarterly for one (1) year if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities assessment and resident safety policies is noted. If the Vice President of Operations determines that compliance is not achieved and sustained it is the responsibility of the Vice President of Operations to re-educate or arrange education for the Administrator and/or Director of Nursing. After re-education is	

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F 520	Continued From page 50	F 520	completed and compliance is not sustained then disciplinary action will be taken INDICATE HOW THE FACILITY PLANS TO MONITOR ITS PERFORMANCE TO MAKE SURE THAT SOLUTIONS ARE SUSTAINED. THE FACIITY MUST DEVELOP A PLAN FOR ENSURING THAT CORRECTION IS ACHIEVED AND SYSTAINED. THE PLAN MUST BE IMPLEMENTED AND THE CORRECTIVE ACTION EVALUATED FOR ITS EFFECTIVENESS. THE POC IS INTEGRATED INTO THE QUALITY ASSURANCE SYSTEM OF THE FACILITY. In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions, to achieve and sustain the necessary program to ensure compliance, the Regional Quality Assurance Nurse will conduct an audit of the medical records to include: 1. Nurses notes; 2. Acute Condition Report; 3. Incident Report; 4. Care Plan; 5. Quality Assurance Checks by the Director of Nursing This audit will be completed weekly for one month, monthly for three months, and quarterly for one year if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of	

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F 520	Continued From page 51	F 520	Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities assessment and resident safety policies is noted. If an incident/accident occurs the Administrator and/or Director of Nursing is required to report to the Vice President of Operations and/or Regional Quality Assurance Nurse right away. The VP of Operations and/or Regional Quality Assurance Nurse will then be responsible to review the incident to ensure the policies and procedures of the facility are being followed. The findings of the Administrator and DON will be reported to the Regional Quality Assurance Nurse on a weekly basis for three (3) months. Weekly the plan will be evaluated to determine if the corrective actions are being sustained, if not the plan will be evaluated and updated to ensure facility is maintaining compliance. The findings of the Quality Assurance checks internally and externally and review by the VP of Operations will be presented to the QAA Committee for follow up and recommendations to ensure the corrective action is achieved and sustained In addition to the facilities internal QA process the following external process will be implemented. To ensure the facility maintains implemented corrective actions to achieve and sustain the necessary program to ensure compliance, the	

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F 520	Continued From page 52	F 520	Regional Director of Facility Services will conduct an unannounced onsite audit of a resident at the transportation destination or origination (other than the facility) to visually ensure the van driver adhers to all facility policies in proper application of restraint system. The Regional Director of Facility Services will conduct this onsite visual audit once monthly for three months, quarterly for an additional nine months. The Regional Director of Facility Services will report the findings to the VP of Operations. The VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities resident van transportation policies and resident safety is documented through unannounced onsite audits by the the Regional Director of Facility Services. The findings of the Administrator and/or DON will be reported to the VP of Operations on a weekly basis until all transports have been completed. At which time if the corrective actions are not being sustained, the plan will be evaluated and updated to ensure facility is maintaining compliance. The findings of the Quality Assurance checks internally and externally and review by the VP of Operations will be presented to the QAA Committee for follow up and recommendations to ensure the corrective action is achieved and sustained The Vice President of Operations will be responsible to: 1. Review all new employee records for the next three (3) months to ensure	

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F 520	Continued From page 53	F 520	training has been completed on the transportation and accident/incident policies. 2. Review the QA Committee minutes to ensure the facility is addressing issues identified at the Safety Committee. The Regional Quality Assurance Nurse will be responsible to conduct an audit of the medical records to include: 1. Nurses notes; 2. Acute Condition Report; 3. Incident Report; 4. Care Plan; 5. Quality Assurance Checks by the Director of Nursing This audit will be completed weekly for one (1) month, monthly for three (3) months, and quarterly for one (1) year if facility is found compliant with implemented corrective actions. The Regional Quality Assurance Nurse will report the findings to the VP of Operations. After review the VP of Operations will take any necessary actions (including employee disciplinary action up to termination) if failure to adhere to facilities□ assessment and resident safety policies is noted. If the Vice President of Operations determines that compliance is not achieved and sustained it is the responsibility of the Vice President of Operations to re-educate or arrange education for the Administrator and/or Director of Nursing. After re-education is completed and compliance is not sustained then disciplinary action will be taken The findings of the Quality Assurance	

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F 520	Continued From page 54	F 520	checks internally and externally and review by the VP of Operations will be presented to the QAA Committee for follow up and recommendations to ensure the corrective action is achieved and sustained.	