

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 355042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2020
NAME OF PROVIDER OF SUPPLIER WESTERN HORIZONS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1104 HWY 12 HETTINGER, ND 58639	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0689 Level of harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, information provided by the complainant, review of facility policy, and staff interview, the facility failed to provide adequate supervision and assistive devices necessary to prevent accidents for 1 of 6 sampled residents (Resident #4) who use a mechanical device to assist with transfers. Failure to assess Resident #4 for the ability to appropriately and safely use an electric lift recliner chair and monitor the resident while in the chair resulted in the resident's fall from the chair and subsequent hospitalization with injuries. Findings include: Information provided by the complainant indicated facility staff placed Resident #4 in a lift recliner chair with a remote control while unsupervised in her room, even though she had severe dementia. The resident elevated the chair and fell face first on the floor resulting in a dislocated right shoulder, a C1 (1st cervical vertebrae) fracture, and seven stitches to her forehead, along with a skin tear, abrasions, and bruising. Facility staff removed the lift chair from the resident's room after the fall. Review of the facility policy titled Recliner Use and Evaluation occurred on 07/06/20. This policy, dated 07/01/20 (developed after Resident #4's fall/injury), stated, Policy: It is the policy of this facility to ensure residents can safely use their recliners independently to maintain a safe and restraint free environment. Policy Explanation . Upon admission and in change of condition PT (physical therapist)/OT (occupational therapist)/Cpta (certified physical therapy assistant)/RN (registered nurse) will evaluate the resident for use of their recliner to ensure that they are able to safely operate. An administrative nurse (#1) confirmed the facility did not have a recliner policy prior to 07/01/20. On 07/06/20 at 10:00 a.m., observation showed Resident #4 in a non-electric (non-lift) recliner chair in her private room on the COVID-19 (coronavirus disease 2019) isolation unit. The resident had a cervical collar in place on her neck. A nurse (#3) gave her pain medication and water to drink. Resident #4 then closed her eyes and fiddled with the call light attached to her chair. On 07/06/20 at 4:47 p.m., observation showed Resident #4 in bed playing/fiddling with the television remote. A staff member sat in the doorway of another room across the hall from the resident's room to watch her at all times and provide one-on-one care. Review of Resident #4's medical record occurred on 07/06/20. The quarterly Minimum Data Set (MDS), dated [DATE], identified severely impaired cognition, extensive assistance of two or more staff for bed mobility, transfers, and toileting, and walking did not occur. Resident #4's current care plan stated, . ADL's (activities of daily living): (Resident #4's name) requires extensive assistance with adl's related to [MEDICAL CONDITION] and [MEDICAL CONDITION]. uses (full body mechanical) lift staff assist x (times) 2 for transfers . FALLS: (Resident #4's name) has a [DIAGNOSES REDACTED]. She has a history of falls. She has impaired balance and right leg contracture. She is a fall risk since she does attempt to self transfer. fall on 6/26 (06/26/20) forehead lac (laceration) and cervical dx (sic) (fracture) . Fall mat while in bed, bed will be kept in the lowest position (implemented 06/30/20) . One on one staffing 24 hours/day until out of isolation (implemented 06/29/20) . Cognition: The resident has impaired cognitive function r/t (related to) Senile Degeneration of Brain, TIA ([MEDICAL CONDITION]), and Dementia. BIMS (Brief Interview for Mental Status) score is a 2 (0-7 is severe cognitive impairment) . Communicate with the resident/family/caregivers regarding resident's capabilities and need. The facility failed to consider Resident #4's limited mental capabilities with use of an electric lift recliner chair and failed to implement increased monitoring of this quarantined resident until after she fell out of the recliner. The physician's history and physical, dated 06/26/20 following Resident #4's fall from the lift chair, stated the resident had a 6 centimeter [MEDICAL CONDITION], a non-displaced C1 fracture, and a right shoulder dislocation, possibly chronic. Resident #4's progress notes stated the following: * 06/22/20 at 1:54 p.m., . continues on isolation since her return back to the facility (hospital return on 06/15/20) . * 06/26/20 at 3:40 p.m., At 1540 (3:40 p.m.), Resident found laying on the floor in front of her recliner. Recliner in the standing position. Resident face down with pool of blood around her face and head. Ambulance called . transferred to the ER (emergency room) . Change of shift was completed 40 minutes prior to fall both oncoming and off going CNA's (certified nurse aides) completed rounds together, Walking rounds checklist completed and signed right before CNA clocked out for shift at 1502 (3:02 p.m.). (Resident #4 was unobserved in her room for at least 38 minutes). * 06/29/20 at 12:19 p.m., Resident readmitted from hospital . has laceration to the forehead and with stitches (sic) . Skin tear to forehead . bruises to BUE (bilateral upper extremities) and right shoulder. Bruise on right temple. Left eye bluish. has C1 non-displaced fracture and wears soft collar for at least 6 weeks . Right shoulder dislocation chronic VS (versus) acute. [MEDICATION NAME] 5mg (milligrams) QID (four times daily) with 2.5 mg PRN (as needed) for break through pain. (Physician previously increased [MEDICATION NAME] 5 mg from three times daily to QID on 06/03/20 for [MEDICAL CONDITION] of the right knee. Resident has received the 2.5 mg PRN dose on two occasions since her return from the hospital). During an interview the afternoon of 07/06/20, a nurse aide (#4) and an unidentified activity staff member stated Resident #4 didn't have a recliner in her old room due to lack of space and she always sat in a recliner in the day room before she was put in isolation. The staff were unsure if Resident #4 sat in a regular or a lift recliner in the day room. Observation of the day room showed many recliners, a few of them electric. During an interview on 07/06/20 at 4:50 p.m., when asked the frequency of rounds on residents in quarantine per COVID-19 guidelines, a nurse administrator (#1) stated staff round on the residents in isolation hourly. She agreed Resident #4 would have been checked on at least hourly during her quarantine upon return from the hospital on [DATE] until her return to the hospital on [DATE]. This nurse stated the facility provided one-on-one staffing for Resident #4 upon her recent return from the hospital on [DATE]. During an interview on 07/06/20 at 4:55 p.m., a nurse administrator (#1) and an administrative staff member (#2) stated Resident #4 did not have a recliner in her room prior to hospitalization on [DATE]. Facility staff added the recliner to Resident #4's quarantine room for off-loading purposes after the resident returned from the hospital on [DATE]. They said prior to Resident #4 being placed in quarantine, she used a wheelchair most of the day pushing herself in the hallways holding the handrails. They were unable to answer why a lift chair was selected for the resident's use or if staff assessed the resident's ability to safely use the lift chair prior to putting it in her room.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.