

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2020
NAME OF PROVIDER OF SUPPLIER MAYERS MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 43563 HWY 299 E FALL RIVER MILLS, CA 96028	
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 - Minimal harm or potential for 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 interview, and record review, the facility failed to provide adequate supervision to one of one residents (Resident 1), when she fell during ambulation, and transfer to her recliner chair. This failure resulted in Resident 1 sustaining a fall with physical injury, which required surgical intervention. Findings: Resident 1's medical record was reviewed on 10/1/19. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The most recent Minimum Data Set (a standardized resident assessment) dated, 8/28/19, indicated that Resident 1 had impaired cognition (ability to think and reason), and required one person assist with transferring. A review of Resident 1's care plan, initiated 5/25/18, and revised 5/22/19, indicated, that the resident is a high risk for falls. Interventions for staff to follow included, to ambulate the resident with gait belt and FWW (front-wheeled walker), with one person assist, and hands on the resident at all times while ambulating. Resident 1's Nursing Notes, dated 9/22/19 at 6:32 am, written by Licensed Nurse (LN) D, were reviewed and indicated, that Certified Nursing Assistant (CNA) A, ambulated Resident 1 to the restroom. When Resident 1 was finish, she was walked back to her chair. CNA A turned and glanced at bathroom door, and the resident missed her chair, and fell with her left leg underneath her. Resident 1's record indicated that she was transferred to the acute hospital, where an x-ray was obtained and showed soft tissue swelling in the distal knee, with a spiral [MEDICAL CONDITION] femur (large bone above the knee). During an interview, on 10/1/19 at 11:56 am, with CNA A, she stated that Resident 1 used a walker for assistance, while walking. CNA A stated Resident 1 required assistance with ambulation, and that a gait belt was used. CNA A stated that on 9/22/19, she was assisting Resident 1 from the bathroom using the gait belt, when a resident in an adjoining room needed assistance entering the bathroom. CNA A stated she let go of Resident 1's gait belt to unlock the bathroom door for the other resident. CNA A stated that Resident 1 kept walking towards her bedside chair, and fell while attempting to sit in her recliner chair. The facility's policy titled, Falls - SNF, dated 8/15/19, was reviewed and indicated, that the facility is committed to maintaining resident safety by identifying those residents who are at risk for falls, at high risk of injury from falls, and implement evidence based interventions to prevent falls and injuries.</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.