

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 676235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/27/2020
NAME OF PROVIDER OF SUPPLIER ROCK CREEK HEALTH AND REHABILITATION LLC		STREET ADDRESS, CITY, STATE, ZIP 1414 COLLEGE STREET SULPHUR SPRINGS, TX 75482	
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 interview and record review, the facility failed to ensure assistance devices to prevent accidents were provided for 1 of 3 residents reviewed for transfers. (Resident #1) The facility did not evaluate Resident #1's transfer needs, develop a transfer care plan and provide Resident #1 with a safe transfer. CNA A and CNA C transferred Resident #1 without using an appropriate transfer device. Resident #1 sustained a spiral fracture (a fracture that occurs when a long bone is broken by a twisting force) of the distal femoral diaphysis (area of the long leg bone just above the knee joint). This failure could place residents who required assistance with transfers at risk for discomfort, pain and injury. Findings included: Physician orders [REDACTED]. #1 was [AGE] years old, admitted [DATE], and had [DIAGNOSES REDACTED]. The most recent MDS dated [DATE] indicated Resident #1 understood others, was understood and had severely impaired cognition. The MDS indicated the resident was totally dependent (full staff performance every time) on 2 staff for transfers. A care plan dated 3/26/2020 indicated Resident #1 had impaired cognitive function. The care plan indicated Resident #1 was at risk for falls and had a history of [REDACTED]. #1 had an ADL self-care deficit and required assistance of staff with ADL's. The care plan did not address Resident #1's needs for transfer assistance. A nursing note dated 3/25/2020 at 9:09 p.m. indicated the nurse was called to Resident #1's room around 8:30 p.m. Resident #1's right knee was rotated inward touching her left knee and her right leg was turned out. Her right foot was swollen with 2+ [MEDICAL CONDITION] (swelling that indents with pressure). The nurse was unable to palpate a pedal pulse (located on top of the foot). The note indicated the resident's right heel was a dark purple/blue color. The note indicated the physician was notified and the resident was sent to the ER. An x-ray dated 3/25/20 indicated Resident #1 had a displaced right spiral [MEDICAL CONDITION] femoral diaphysis. During an interview on 3/27/2020 at 5:12 p.m., CNA A said Resident #1 was confused and occasionally had behaviors and would resist care. CNA A said Resident #1 was a two-person extensive assist to transfer. CNA A said Resident #1 could bear weight some days. She said they transferred the resident by the mechanical lift on some days and some days they would transfer her with 2 people. She said they normally used the gait belt when they transferred her, but that evening on 3/25/20, she did not have a gait belt with her. She said Resident #1 was not able to bear weight during the transfer on 3/25/20. CNA A said Resident #1 did not have a lift pad under her and they were already in the process of transferring her so, they just lifted her up and finished the transfer. CNA A said she assisted CNA C to transfer Resident #1 to her bed from the wheelchair around 3:00 p.m. CNA A said they grabbed Resident #1 under her arms and by the seat of her pants and transferred her to the bed. CNA A said they did not use the gait belt to transfer Resident #1. CNA A said Resident #1 complained of her hip hurting when she was in the bed. She said this was common for Resident #1 after she had been sitting up in the wheelchair for a while. CNA A said she reported to the charge nurse the resident was complaining of pain. CNA A said she checked on the resident several times after lying her down and she was fine. CNA A said she went with CNA C to change Resident #1 around 8:30 p.m. and Resident #1 complained of her hip hurting. She said she looked at her leg at that time and her knee was twisted in and her right heel was purple and black. During an interview on 3/27/20 at 4:49 p.m., CNA C said Resident #1 was a 2 person assist with transfers. She said Resident #1 could bear weight. CNA C said they always used a gait belt when transferring Resident #1. She said on 3/25/20, Resident #1 was not feeling well and wanted to lie down. She said she assisted CNA A with transferring Resident #1 from her wheelchair to her bed at approximately 3:00 p.m. CNA C said they transferred Resident #1 from the wheelchair to the bed without incident. She said they used the gait belt and Resident #1 was able to stand and pivot. CNA C said Resident #1 complained of nausea and being sore. She said Resident #1 complained of pain frequently after sitting in the wheelchair for an extended amount of time, so this was normal for her. CNA C said she checked Resident #1 after dinner. She said Resident #1 did not eat because she felt nauseated. She said she did not complain of pain at that time. CNA C said she went in to check Resident #1 at approximately 8:30 p.m. and her right leg was turned in and her foot was discolored. CNA C said Resident #1 cried out in pain when she tried to move her leg and she reported it to LVN B. During an interview on 3/27/20 at 6:22 p.m., LVN B said Resident #1 was confused and was not able to stand. She said Resident #1 was weight bearing as tolerated. LVN B said she had not observed staff transfer Resident #1 on 3/25/20. She said they had been transferring her using the mechanical lift and believed they still used the mechanical lift occasionally. LVN B said she came into work around 6:00 p.m. on 3/25/20. She said Resident #1 was in bed with no complaints. She said she checked the resident's blood sugar around 8:00 p.m. and Resident #1 still had no complaints of pain. She said CNA C reported the resident had a discolored foot around 8:30 p.m. LVN B said she assessed Resident #1 and her right knee was rotated in and her lower leg was rotated out. She said her right foot was swollen and her heel was dark blue/purple. LVN B said she notified the physician immediately and sent Resident #1 to the emergency room for further evaluation. During an interview on 3/27/20 at 5:52 p.m., The DON said staff did not complete an incident report when Resident #1 was sent to the hospital on [DATE]. She said she did not know why an incident report was not completed. The DON said she was not aware CNA A and CNA B transferred Resident #1 without a gait belt. She said she expected her staff to use the gait belt during transfers. The DON said Resident #1 was able to bear weight and should be transferred with the assistance of 2 staff. She said staff should use a gait belt when transferring Resident #1. The DON said Resident #1 did not have an order to be transferred by mechanical lift.</p> <p>https://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html accessed on 3/31/20 indicated a resident requires an assessment of their needs and abilities when determining the safest methods for a transfer. The resident assessment should include the level of assistance the resident requires; the size and weight of the resident; the ability and willingness of the resident to understand and cooperate when a patient is unable to bear weight and is unwilling or unable to assist with a transfer, a full body sling and 2 caregivers should be used for transfers from bed to chair or chair to bed.</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.