

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>175260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>GOOD SAMARITAN SOCIETY - HUTCHINSON VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>810 E 30TH AVENUE HUTCHINSON, KS 67502</b>	
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  <b>Level of harm - Actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>The facility reported a census of 55 residents with three selected for review of falls. Based on interview and record review the facility failed to provide one of three residents with adequate supervision and assistive devices to prevent accidents allowing a fall on 05/01/20 which resulted in a fracture for Resident (R) 1, when staff failed to use a gait belt during a transfer, as care planned. Findings included: - Review of R1's Discharge Documentation from a local hospital electronically signed on 05/05/20 documented the [DIAGNOSES REDACTED]. Review of the Quarterly Minimum Data Set ((MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. R1 required limited physical assistance of one staff for transfers. Review of the Significant Change MDS dated [DATE] documented a BIMS score of 14 indicating intact cognition. R1 required extensive assistance of one staff with transfers, no falls since admission or prior assessment. Review of the Care Plan dated 02/27/19 documented R1 required assist of one staff, a gait belt (belt used to help transfer a person from one place to another), and a walker to rise from seated position. Review of a Progress Note dated 05/01/20 at 03:04 PM documented that R1 was sitting on the floor with her back against the dresser/next to the foot of the bed. Direct care staff E was taking R1s vitals. Resident was not wearing gait belt. Walker was upright to the right of the resident. Direct care staff G reported she was assisting the resident to the bathroom and when the resident was in a standing position direct care staff G went to move the wheelchair out of the way. R1 started walking, lost her balance, and fell . R1 had pain and staff transported the resident to the hospital for evaluation. Review of Progress Notes documented R1 admitted to the hospital on [DATE] for a spine fracture to S5, L3 and T7 (sacral, lumbar, and [MEDICATION NAME] vertebra), on 05/05/20 R1 returned to the facility, and on 05/26/20 R1 admitted to hospice. Review of the Complaint investigation Witness Statement for the incident on 05/01/20 revealed Direct Care staff D, Direct Care staff E, Direct Care Staff F, and Licensed Nurse C documented R1 did not have a gait belt in place at the time of the incident. Interview on 08/18/20 at 10:10 AM with Direct care staff D revealed that R1 did not have a gait belt on at the time of the incident. Staff D stated there had been on-going education during staff huddles about the use of gait belts for residents who are not independent., Interview on 08/18/20 at 9:10 AM with Licensed Nurse (LN) C revealed she knocked on R1's door and found R1 sitting on the floor with her legs extended out in front of her. LN C stated R1 did not have a gait belt on at the time she had the fall in her room, when Staff G was helping R1 from her wheelchair to her recliner. LN C stated there have been ongoing huddles talking about care plans and non-independent residents (with transfers or walking) that staff needed to use a gait belt on the resident. Interview on 08/18/20 at 8:57 AM with Administrative Nurse B revealed her expectations were that staff were to follow the care plan and use a gait belt if directed in the care plan. Review of the Gait-Transfer Belt-Rehab/Skilled policy dated 06/15/20 documented Gait belts are used with assisted ambulation unless medically contraindicated. The facility failed to use a gait belt during a transfer, as care planned, and the resident fell and sustained a spinal fracture. The facility identified and corrected the deficient practice on 05/05/20 when the facility audited all care plans to ensure accuracy of transfers, audited to ensure the staff implemented the care plans correctly, and educated all direct care staff on care plans, gait belts, transfers, and kardex. The facility further provided education in the form of daily huddles regarding gait belt, transfers, care plans, and kardex regarding the following a resident's care plan and knowing how a resident transfers from one place to another. The facility assigned educational modules over gait belt use and transfers and not staff were allowed to work until completion of their education and training. Due to the facilities actions to identify and correct on 05/05/20, the deficient practice was deemed past non-compliance at a scope and severity of G.</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.