STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345460	A. BUILDING _____ B. WING _____	C 06/25/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUILFORD HEALTH CARE CENTER	2041 WILLOW ROAD GREENSBORO, NC 27406

(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 323 SS=D	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 resident interview, staff interviews and medical record review it was determined that the facility failed to safely transfer 1 of 2 residents reviewed who require a mechanical lift for transfer. (#1). Findings included: Review of the medical record revealed that Resident #1 was admitted to the facility on 1/8/14 with diagnosis including heart failure, hypertension and diabetes.	F 323	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of	7/7/17

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

Electronically Signed | 07/12/2017

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F 323	Continued From page 1 Review of facility records revealed that the mechanical lifts were inspected by an outside agency on 4/3/17. No problems were identified with the lift. The minimum data set assessment 4/5/17 revealed the resident scored 14 on the brief interview of mental status indicating that the resident had good memory and cognition. The resident was assessed as being dependent on staff for care except for eating. The resident care plan included goals related to current level of functioning, falls, and nutrition. Medical record review revealed nurses note 6/7/17 which stated, "Resident sustained a fall from the mechanical lift during staff transfer. Lift noted with safety mechanism failure. Lift pad loop placement not maintained due to safety mechanism failure. Due to this resident slipped from pad and sustained fall." Medical record review revealed doctor's orders for X-rays 6/7/17. Nurse Practitioner progress note 6/8/17 revealed, Resident is 95 years old. She is alert and oriented. X-rays were ordered. "All results of x-rays were negative. Neuro-checks were ordered per facility protocol. Currently the patient is laying in bed requesting transfer to hospital for scan of her head. She reports that she is sore at this time but that increased pain is related to fall on 6/7/17." Per the NP note the resident's x-rays were of her ankle, right forearm, foot, and right shoulder. No acute fracture, dislocation or osseous lesion. Nurses note 6/8/17 stated, "Chair bound, requires assistance to transfer. Resident complains of	F 323	correction constitutes the center□s allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated. F323 How the corrective action will be accomplished for the resident(s) affected. Resident was assessed and staff transferred resident via a different Hoyer lift. Resident was transferred successfully without any complications or injuries. How corrective action will be accomplished for those residents with the potential to be affected by the same practice. Hoyer lift was removed from service on 6/7/2017. Maintenance Director inspected all other Hoyer lifts for safety concerns on 6/7/2017. Measures in place to ensure practices will not occur. Nursing staff in-serviced on proper use of lift including, assuring safety pins are in place and properly securing the lift pad. SDC or designee will in-service all nursing staff by June 16, 2017. Any nursing staff that are not in-serviced by that date will not be allowed to work until in-service is complete. Hoyer Lifts are inspected quarterly by outside vendor, Medical Equipment Services. Hoyer lifts are inspected monthly by Maintenance director. How the facility plans to monitor and ensure correction is achieved and sustained. Audit all falls associated with	

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F 323	Continued From page 2 pain to her head. As need pain medication given effectiveness noted. Resident does have a scratch to her right ear and it continues behind her ear." Nurses note 6/8/17, stated resident request to be sent to hospital for further treatment. Hospital discharge summary 6/9/17 revealed that the resident had a scan of her cervical spine, a scan of her head, rib and right chest. No fractures found. The hospital prescribed Tylenol and Oxycodone. Interview with Resident #1 at 2:35 PM on 6/25/17 revealed that staff were putting her in her chair and the pad they had under her slipped and she went down on the floor on her right side. She stated that the staff could not catch her and she can't walk. Resident #1 stated that staff used the lift and the pad wasn't right. She stated that after she fell the staff did not think it was too bad. She stated that her niece told them to send her to the hospital. The resident stated, "I think they took from the hospital that I was alright. A couple days after the fall the condition started." Resident #1 stated she was not bleeding right then, the bleeding started 2 days later. She stated that the pad needed to be crossed and it just wasn't right. She stated that she can't stand to have her hair braided anymore because her head and ear hurt. She also said that she can't hear well anymore after the fall. The resident was observed to have a scab on her right ear and behind her right ear. Interview with the central supply staff on 6/25/17 at 3:29 PM revealed that the facility had a staff in-service to ensure that staff knew how to use the mechanical lift. She stated that staff started checking lifts once per week beginning on 6/13/17 to ensure the pins were in place.	F 323	the use of mechanical lifts for 2 months and if needed, re-educate or provide written counselling for not following transfer and or safety techniques for mechanical lifts. Central Supply or designee will audit Hoyer lifts for pins weekly x 4. These audits will be presented to the Quality Assurance Committee X 1 for review and modification if needed.	

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Interview with maintenance staff at 4:55 PM revealed he checked the mechanical lifts monthly. He inspected to make sure the cords nor edges were not frayed, the stop action and emergency button were operable and that the pins are on the lift.

During interview with nursing assistant #1 (NA #1) at 5:10 PM on 6/25/17 she stated that she assisted with the transfer for resident #1 on 6/7/17. She stated the resident was in the bed, they (nursing assistants) assured the straps between the resident's legs were crisscrossed. NA #1 reported that they lifted the resident up in the air and she slipped out and hit the floor. The loop slipped out closest to the resident's legs. NA said that after the resident fell the pin (clip which prevents pad loop from slipping) was missing.

During interview with nursing assistant #2 (NA #2) at 5:38 PM revealed that she was in charge of moving the lift and the other NA #1 was spotting her. She stated the resident's whole side fell. She reported that she thought the resident's feet went down first because that is where the pin was missing. She stated that the lift was placed closest to the window in a sideways position. She stated that they try and position the lift so that the resident is not above ground. She stated that they lift the resident up so that she hovers over her bed and they pushed the lift over to her chair. NA #2 stated they looked all in the resident ' s room; the pin was missing. She stated that the resident 's ear was bleeding a little and that the resident said that the side of her hair was hurting. She said the resident complained of her side and foot hurting later during the shift but mostly said that her ear was hurting.

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F 323	Continued From page 4 Interview with the manager of the outside company who inspects the lifts at 5:55 PM on 6/25/17 revealed that his company run through a visual and digital inspection of the lifts including the sling clip, power supply, batteries, caster, and legs. He reported that standard use clips should not come out but the clips do come out if they don't push the strap down, if the sling strap is around the clip or if the strap hits the clip. He also stated that his company replaces a lot of clips. Interview with Resident #1's family member on 6/25/17 at 6:31 PM revealed that the resident complained of a headache and that she can no longer tolerate getting her hair braided due to the fall.	F 323		