Based on survey results dated September 1, 2010, the facility failed to ensure a safety device was in use and functional to prevent a fall resulting in harm for one resident and failed to ensure a restraint was applied correctly for one resident. The facility was cited F 323 at Substandard Quality of Care.

A revisit survey for the facility's plan of correction (correction date alleging compliance effective September 24, 2010) was completed on September 30, 2010. The facility had obtained compliance for the sampled residents identified during the survey on September 1, 2010. The facility removed the Substandard Quality of Care level at F 323; however, noncompliance continues at a D-level (no actual harm with the potential for more than minimal harm that is not immediate jeopardy) for sampled resident #7 as evidenced by the revisit survey findings at F 323.

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:
Based on medical record review, review of facility investigation documentation, observation and interview, the facility failed to provide adequate supervision/assistance to prevent falls for one resident (#7) of twelve sampled residents.

1. Resident #7 moved to room 10 from room 25 on 9-29-10 to allow for increased observation.

Responsible party was notified by the Social Worker on 9-29-10 and the Physician was notified on 9-29-10 by the Director of Nursing. Licensed Nurses and Certified Nurse Aides were in-serviced on 9-29-10 by the Director of Nursing or Charge Nurse regarding assisting resident #7 back to bed after meals. An anti rollback device applied to resident #7 wheelchair by Therapy on 9-30-
The findings included:

Resident #7 was admitted to the facility on August 26, 2009 with diagnoses including Congestive Heart Failure and Alzheimer's Disease. Medical record review of the Minimum Data Set dated July 24, 2010 revealed the resident was impaired with decision-making skills, non-ambulatory (unable to walk), and needed extensive assistance with transfers. Continued review revealed the resident was unable to test for standing balance without assistance and had a history of falls in the past thirty-one to one hundred eighty days.

Medical record review of a Fall Risk Assessment dated August 18, 2010 revealed a score of eighteen, a score of ten or greater was high risk for falls, and the resident had fallen within the previous thirty days. Medical record review of a care plan entry dated August 8, 2010 revealed "...At risk for falls...Assist to bed after each meal..."

Observation of the resident on September 29, 2010 at 1:27 p.m. revealed the resident in a low bed, a mat on the floor on the resident's left side, and a female (staff member #1) in the room stated, "Are you all right from that fall this morning?" Interview with the resident on September 29, 2010 at 1:27 p.m. revealed the resident was oriented to place and unable to recall a fall earlier in the day.

Interview with female #1 on September 29, 2010 at 2:28 p.m. in an activity room revealed female #1 was the facility's Activity Director and she stated, "(Resident) told me...(resident) slipped."
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)</th>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<tbody>
<tr>
<td>F 323</td>
<td>Continued From page 2 Review of facility investigation documentation dated September 29, 2010 revealed &quot;...Fall ...7:41 a.m ...CNA (certified nursing assistant) called nurse to resident's room where resident was observed sitting on floor in front of w/c (wheelchair) ...helped up ...assisted to bed. No injuries noted ...Alarm was sounding ...Immediate Action Taken: ...re-educate staff on assisting resident back to bed after all meals ...&quot;</td>
<td>F 323</td>
<td>times two for effectiveness until 100% compliance. Audits will be reviewed by the Quality Assurance Committee consisting of Administrator, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Activity Director, Assessment Nurse, Medical Director, Housekeeping/Laundry Supervisor, Social Worker, Therapy manager and Maintenance Director monthly times three or until 100% compliance.</td>
<td>10/8/10</td>
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