STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175498	A. BUILDING _____ B. WING _____	C 12/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIA CHRISTI VILLAGE - HAYS INC	2225 CANTERBURY DR HAYS, KS 67601

(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 000	INITIAL COMMENTS The following citations are the result of abbreviated survey for complaint investigation KS00176191. Teh 2567 was sent electroncially on 12/21/22.	F 000		
F 677 SS=G	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility identified a census of 73 residents with three residents reviewed for accidents. Based on observation, record review, and interview, the facility failed to provide adequate assistance using safe practices when repositioning Resident (R)1 in her electric wheelchair. This deficient practice resulted in R1 sustaining a left non-displaced humerus (a long bone that runs from the shoulder to the elbow) fracture. Findings included: - R1's Electronic Medical Record documented the following diagnoses: multiple sclerosis (progressive disease of the nerve fibers of the brain and spinal cord), muscular dystrophy (group of inherited disorders that involve muscle weakness and loss of muscle tissue, and worsen over time), and major depressive disorder (major mood disorder). The "Quarterly Minimum Data Set (MDS)," dated	F 677		

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.

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09/13/22, documented R1 had a Brief Interview for Mental Status score of fifteen, which indicated intact cognition. The MDS further documented R1 required extensive assistance of one to two staff for bed mobility, transfer, dressing, eating, toilet use, personal hygiene, and bathing.

The "Fall Care Area Assessment (CAA)," dated 06/20/22, documented R1 required a full body lift for transfers, was not steady, and needed staff assistance for moving on and off the toilet and surface to surface transfers.

The "Activities of Daily Living (ADL) Care Plan," dated 07/6/20, documented R1 was unable to move her legs and had limited mobility to her bilateral arms. R1 used a motorized scooter for locomotion and required a total assistance from two staff using a full body lift for transfers.

The "Facility Incident Report," documented on 11/09/22 at approximately 12:00 PM, R1 was transferred with a total lift from R1's bed to her power wheelchair. Certified Nurse Aide (CNA) M and CNA N noticed after the transfer that R1's buttocks were not fully on her power wheelchair seat, and used a two-person manual maneuver to reposition R1 further back onto the chair. When they did so, CNA M and CNA N heard a pop and R1's left arm flopped forward and hit her arm on the arm of the power chair. R1's Durable Power of Attorney (DPOA) and primary care physician were notified and R1 was advised that her primary care physician thought she should be seen to check for any injury. R1's primary care physician asked for an in-person visit and x-ray and R1 refused to leave the facility in the cold. R1's primary care physician was informed of R1's decision and ordered staff to monitor R1. On the

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morning of 11/16/22, R1 requested to speak to Administrative Nurse D and R1 requested to see her primary care physician as her arm was very sore. Administrative Nurse D was able to get R1 an appointment the same day. R1 had x-rays obtained on 11/16/22, which showed a non-displaced distal humerus fracture to R1's left arm.

The "Nurse's Note," dated 11/11/22 documented the facility received a returned fax from R1's primary care physician advising the facility there was not a clear indication for an x-ray at that time.

The "Nurse's Note," dated 11/12/22, documented R1 sat in her scooter and related her left arm felt better and was just a little sore. R1 was able to move her left arm a little. R1's left arm had reddish/purple bruising from her upper arm/elbow and upper forearm measuring 18 centimeters (cm) by 12 cm.

The "Skin Evaluation Report," dated 11/14/22, documented R1 had a reddish/purple bruise to her left arm measuring 16 cm by 11cm.

The "Nurse's Note," dated 11/16/22 documented R1 stated her left arm was very sore and when R1 rolled over in bed she had a very painful sensation in her left arm. An appointment was set up with R1's primary care physician at 10:00 AM the same day.

The "Nurse's Note," dated 11/16/22, documented the facility received a fax from R1's primary care physician regarding R1's painful left arm. X-rays were obtained and the facility would be faxed the results and recommendations.

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The "Nurse's Note," dated 11/17/22, documented the facility received the results of R1's x-rays and noted R1 sustained a non-displaced humerus fracture. R1's primary care physician would be referring R1 for an orthopedic (bone specialist) appointment. The facility could schedule R1 Tylenol (pain medication) 1000 milligrams (mg) three times a day for pain and apply a cool pack as needed.

The "Nurse's Note," dated 11/21/22 revealed the facility received and noted the physician visit form from R1's orthopedic appointment. X-rays were repeated this day and continued to show non-displaced humerus fracture. A left splint and sling were applied to R1's left arm and R1 was to return in three weeks.

The "Skin Evaluation Report," dated 11/21/22, documented R1 had reddish/purple bruising to her left arm measuring 16 cm by 11 cm. Fracture of the distal left humerus with sling in place.

On 12/07/22 at 11:30 AM, observation revealed R1 sat in her electronic scooter watching television. R1 had a splint to her left arm and her left arm was in a sling.

On 12/07/22 at 11:30 AM, R1 stated on the day she sustained her left humerus fracture CNA M and CNA N were running the full body lift and they did not pull her back her back far enough in her chair before they sat her down and she was on the edge of her seat. R1 stated CNA M and CNA N removed the lift sling from underneath of her and then got on her left side and right side and grabbed her underneath her arms and legs and lifted her back into the seat, and she heard a large pop and her left arm flopped forward and hit

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the arm of the chair. R1 stated that her arm hurt terribly bad at the time. R1 stated she did not want to go out to her primary care physician due to the cold weather but wanted a portable x-ray. R1 stated she thought maybe her elbow had been popped out of place and it would just pop back into place on its own. R1 stated when she continued to have pain, she knew something was wrong with her left arm and so agreed to go out of the facility for an appointment. R1 stated, now that she had the splint to her arm, she was having little to no pain.

On 12/07/22 at 12:00 PM, CNA M stated on 11/09/22 she and CNA N used the full body lift to transfer R1 from her bed back to her electric scooter. CNA M stated she and CNA N had not fully placed R1 back far enough onto the seat of her scooter, so after taking the sling out from underneath R1, she and CNA N placed their hands underneath R1's arms and legs to lift R1 back farther into her seat and then heard a pop. CNA M stated she did not know where the pop came from but reported the incident to the charge nurse immediately. CNA M stated she and CNA N should have left the lift sling underneath R1 and lifted her back up and repositioned R1 back farther onto the seat of her chair.

On 12/07/22 at 12:15 PM, CNA N stated on 11/09/22, she and CNA M transferred R1 with the full body lift from her bed to her electric scooter. R1 slid down the seat of the electric scooter and she and CNA M arm and legged R1 back into her seat and heard a loud pop. CNA N stated she was on R1's left side and did not feel anything happen when she lifted R1.

On 12/07/22 at 01:00 PM, Administrative Nurse D

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F 677	Continued From page 5 stated she expected all of the staff at the facility to safely lift and move residents to prevent injuries to the residents and to staff. The facility's "Safe Lifting and Moving of Patients Policy," dated December 2019, documented in order to protect the safety and well-being of associates and residents and to promote quality care, the facility uses appropriate techniques and devices to lift and move residents. Resident safety, dignity, comfort, and medical condition will be incorporated into goals and decisions regarding the safe lifting and moving of residents. Manual lifting of residents shall be eliminated when feasible. The facility failed to follow safe lifting practices when positioning R1 in her electric scooter resulting in a R1 sustaining a non-displaced left humerus fracture which caused pain and impaired mobility.	F 677		