

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265792	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Delmar Gardens of O'Fallon		STREET ADDRESS, CITY, STATE, ZIP CODE 7068 South Outer 364 O Fallon, MO 63368	
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** Based on observation, interview, and record review, the facility failed to safely transfer one resident (Resident #1), in a review of two sampled residents who transferred with a sit-to-stand lift. Staff identified Resident #1 was fatigued in the evening, and during transfer with the sit-to-stand lift, the resident's legs would not support his/her weight sufficiently. On the evening of 03/05/25, staff transported the resident in a sit-to-stand lift from his/her bathroom to his/her bed. Staff reported the resident's legs began to give way and the resident began to slide out of the lift sling (a sling that was positioned around the resident's back and under his/her arms), during a transport in the lift from the toilet to the bed. Staff rushed the resident to the bed while in the lift to prevent him/her from falling out of the sling. The resident sustained a significant injury to his/her leg which required surgical repair. Staff failed to properly transfer the resident per the manufacturer's user manual which specifically stated the sit-to-stand lift was not a transport device and was intended for transfers from one seated surface to another. The facility's census was 150.</p> <p>Review of the facility's policy for transferring a resident via a sit-to-stand mechanical lift, last reviewed August 2024, showed the following:</p> <ul style="list-style-type: none"> -Purpose was to enable staff to safely transfer residents using a sit-to-stand mechanical lift; -Always refer to the manufacturer's instruction; -The resident must be able to support the majority of their own weight (if unable, refer to therapy for further instructions); -Place sling to the lower back of the resident with their arms outside of the sling per manufacturer's recommendations. <p>Review of the user manual for the Stand-Up Patient Lift RPS350-2, dated December 2013, showed the following:</p> <ul style="list-style-type: none"> -Do not use this product without first completely reading and understanding these instructions; -This patient lift is NOT a transport device. It is intended to transfer an individual from one seated surface to another; -Stand Assist Slings: Before lifting the patient, make sure the bottom edge of the stand assist sling is positioned on the patient's lower back and the patient's arms are outside the stand assist <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 265792	Facility ID: 265792 If continuation sheet Page 1 of 8

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>sling;</p> <p>-DO NOT use the stand assist sling in combination with the patient lift as a transport device. It is intended to transfer an individual from one resting surface to another.</p> <p>1. Review of Resident #1's admission Minimum Data Set (MDS), a federally mandated assessment to be completed by the facility, dated 02/07/25, showed the following:</p> <p>-He/She admitted to the facility on [DATE];</p> <p>-Diagnoses included arthritis, osteoporosis (a condition that weakens bones, making them fragile and prone to fractures, often developing silently until a fracture occurs), malnutrition, and dementia;</p> <p>-His/Her cognition was severely impaired;</p> <p>-He/She was 64 inches tall and weighed 189 pounds;</p> <p>-He/She was dependent on staff for position changes from sitting to standing;</p> <p>-He/She was dependent on staff for chair/bed to chair transfers;</p> <p>-He/She was dependent on staff for transferring to the toilet;</p> <p>-Ambulation was not attempted.</p> <p>Review of the resident's physician's orders, dated 02/04/25, showed the resident was a two person transfer.</p> <p>Review of the resident's care plan, dated 02/05/25, showed the following:</p> <p>-The resident had a deficit in mobility related to weakness. Weight bearing as tolerated (WBAT) two-person transfer;</p> <p>-Transfer status changed to a two person assist with a sit-to-stand lift (02/05/25).</p> <p>Review of the resident's Physician Orders, dated February 2025, showed the following:</p> <p>-An order dated 02/07/25, directing two staff to transfer the resident with a sit-to-stand lift;</p> <p>-An order dated 2/10/25 directing staff to transfer the resident with the Hoyer lift (mechanical lift used to transfer a person from one surface to another via use of a full body lift in a sling).</p> <p>Review of the resident's care plan, dated 02/11/25, showed the resident had a deficit in mobility related to weakness. Transfer status changed to a two person assist with a Hoyer lift.</p> <p>Review of the resident's physician's order, dated 02/14/25, showed the resident was to transfer with the sit-to-stand lift.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-She had no prior knowledge of the resident's legs buckling during a sit-to-stand transfer.</p> <p>During an interview on 03/12/25 at 9:00 A.M., Physical Therapy Assistant (PTA) A said the following:</p> <p>-Therapy evaluated the resident. At first, the resident used a Hoyer lift for transfers, but later changed to a sit-to-stand;</p> <p>-The resident did not participate in therapy, discharged from therapy services (on 2/28/25), and moved to long-term care;</p> <p>-Staff could use a Hoyer lift if they felt the sit-to-stand transfer was unsafe for the resident, and then follow up with therapy for further evaluation;</p> <p>-He/She was never made aware of the resident's inability to use the sit-to-stand and/or that the resident's legs buckled during transfers.</p> <p>During an interview on 03/14/25 at 1:00 P.M., PTA F said the following:</p> <p>-The resident's transfer status was a sit-to-stand, but sometimes the resident required a Hoyer lift depending on how the resident felt;</p> <p>-The resident fatigued easily and could use the sit-to-stand if he/she was able to tolerate the lift. If the resident was fatigued, he/she required the Hoyer lift to transfer. This should have been documented on the resident's care plan;</p> <p>-On 03/05/25, staff should have had a wheelchair close by when transporting the resident in the lift from the bathroom toilet to the bed because the resident fatigued easily;</p> <p>-If the resident became fatigued and his/her legs began to buckle, staff could lower the resident to the wheelchair and transport to the resident to the bed in the wheelchair;</p> <p>-He/She had no prior knowledge of the resident's legs buckling during a sit-to-stand transfer;</p> <p>-If the resident was not on therapy, staff could have contacted therapy to evaluate the resident's transfer status;</p> <p>-He/She reviewed the therapy discharge note and was unable to locate the resident's transfer status upon discharge from rehab services (on 2/28/25).</p> <p>During an interview on 03/11/25 at 4:35 P.M. the Director of Nursing (DON) said the following:</p> <p>-She felt as if the staff followed proper protocol and transfer technique per the resident's plan of care when they transported the resident in the sit-to-stand lift from the toilet to the bed;</p> <p>-The ADON notified her that on 03/05/25, the resident's legs started to buckle during transport from the toilet to the bed;</p> <p>-She had no prior knowledge of the resident's legs buckling during a sit-to-stand transfer;</p> <p>(continued on next page)</p>		

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