

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/09/2018
NAME OF PROVIDER OR SUPPLIER CASA DE PAZ HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2121 WEST 19TH STREET SIOUX CITY, IA 51103		
(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 <i>11/30/18 F725</i> Correction Date <i>12/10/18 all others</i> Investigation of a facility complaints #77230-C, #77796-C and #78466-C and facility-reported incidents #78236-I, #77476-I, and #79162-I resulted in the following deficiencies. Investigation of facility-reported incident #78568-I did not result in deficiency. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C. F 550 Resident Rights/Exercise of Rights SS=D CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F 000	This plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction, Casa De Paz Health Care Center responds to the requirement of the survey process but does not admit to any statements, findings, facts or conclusions set forth in the alleged deficiency. This plan of correction is developed as set forth in Title 42, Code of Federal Regulations.		
		F 550	1. Resident #13 was assessed by the Social Services Director with no changes identified. Staff D was re-educated regarding the requirements to maintain and provide resident dignity. 2. As observational audit of staff provision of care and communication with residents was completed on or before 12/10/18 by the Administrator to identify potential concerns with providing dignity and honoring residents rights. Concerns will be addressed as identified. 3. Facility staff were re-educated on or before 12/10/18 by the Administrator regarding the requirement to honor residents' rights and provide and maintain resident dignity. 4. Observational audits will be conducted 2 times per week for 4 weeks and weekly for 8 weeks to validate staff continue to honor resident rights as required. Results of these audits will be brought to the monthly QAPI meeting for 3 months and as needed for review and recommendations. The Administrator is responsible for ongoing compliance. Date of Compliance: 12/10/18		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/30/2018

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.

POC accepted 12/14/18 VVmmmm

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F 550	<p>Continued From page 1</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation, review of facility policies, and staff and resident interviews, the facility failed to maintain the dignity of 1 of 13 residents reviewed (Resident #13). The facility reported a census of 59 residents.</p> <p>Findings include:</p> <p>The Admission Record form dated 6/7/18 recorded Resident #13 had diagnosis that included pneumonia, a closed nondisplaced fracture of the left wrist, anemia, dementia with behavioral disturbances, muscle weakness, heart failure, depression, end stage renal disease, hypertension (HTN), chronic atrial fibrillation (AF), peripheral vascular disease (PVD), diabetes mellitus (DM) and pleural effusion.</p> <p>A Minimum Data Set (MDS) assessment dated 10/7/18 documented Resident #13 had</p>	F 550			

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F 550	<p>Continued From page 2</p> <p>moderately impaired cognitive skills for daily decision making without delirium or behaviors. He required the assistance of two staff with transfers, dressing and toilet use and the assistance of one staff with bed mobility and personal hygiene. The assessment indicated Resident #13 fell once with no injury and twice with minor injuries since the prior assessment.</p> <p>A Care Plan with a focus area initiated on 6/26/18 indicated Resident #13 had a potential for falls (had an actual fall and history of falls) related to (r/t) poor balance, limited range of motion (ROM) to the left lower extremity, incontinence and impaired cognition. On 10/10/18, staff added he had limited ROM to the left upper extremity. An intervention initiated on 9/17/18 instructed the resident should not be left unattended in his room when positioned in the wheel chair.</p> <p>A Progress Notes entry dated 10/6/18 at 6:25 p.m. and composed by Staff D, Licensed Practical Nurse (LPN) recorded that after dinner, the resident wanted her to push him back to his room in his wheel chair. This nurse explained it would be best for him and his plan of care if he wheeled himself to his room. The resident became upset by the answer and said several mean things to the nurse. Staff D finished up cares in the hallway and as she walked by the resident's room she watched the resident lower himself from a sitting position in his wheel chair to a sitting position next to his bed. He then laid down from that sitting position, repositioned himself and began to call out that nurse's name over and over. That nurse stayed in the hallway as she reported off to the oncoming nurse. A certified nursing assistant (CNA) came down to the room and she and the nurse assisted the</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>resident into his bed for the night. An assessment occurred from the nurse. Vital signs measured within normal limits (WNL), no injury noted and the resident denied pain.</p> <p>During an interview 10/17/18 at 3:23 p.m. Staff E, CNA stated as she assisted another resident she heard someone as they yelled help for approximately 8-10 minutes. When she completed cares she approached Staff D and asked if she heard the resident as he called for assistance at which time Staff D said she watched him fall. Staff E stated Staff D had been right outside his door at the medication cart and the computer as he remained on the floor. Staff D and Staff E then transferred the resident using a gait belt and the assistance of 2 to his bed and positioned him for comfort.</p> <p>During an interview 11/9/18 at 9:36 a.m. Staff D stated she did not respond to Resident #13 because she did not think he was going to do it. Staff D observed Resident #13 lower himself to the floor but her shift had been over and she had reported off to the next nurse and proceeded to complete her assigned tasks at the time of the occurrence. Staff D stated as she walked the hall, she observed the resident as he placed his hands out and gracefully and purposely placed himself on the floor to a sitting position and then tried to place his feet up on the bed as he yelled her name several times. Staff D then called the other nurse she gave report to to show her what the resident did. Staff E came up behind her, at which time she briefly told her what happened, she assessed the resident and they proceeded to assist the resident off of the floor. Staff D stated in retrospect she should have performed her duties differently and she cared about her</p>	F 550			

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F 550	Continued From page 4 residents but felt flustered at the time. During an interview 11/8/18 at 2:45 p.m. the Administrator indicated Staff D stated she passed pills in the hallway and watched the resident as he placed himself on the floor and slowly laid down. Staff D thought since there had been no injury she could continue to pass medications. During an interview 11/8/18 at 2:55 p.m. the Director of Nursing (DON) confirmed the staff member stated the same as above. During an interview 11/9/18 at 10:05 a.m. the Administrator confirmed he expected staff to provide good customer service following a fall. Review of the facility's Resident Rights & Responsibilities form dated 2/15 documented the facility strived to assure that each resident/patient had a dignified existence, self-determination, and communication with, and access to, persons and services inside and outside of the center.	F 550			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain	F 656	<ol style="list-style-type: none"> 1. Facility nursing staff will utilize 2 caregivers with mechanical lift transfers when transferring Resident #7. Resident #7's call light will be answered as required. Resident #8 received a bath 10/12/18 and will receive baths per preference. 2. Observational audit completed by 11/30/18 DON or designee to identify potential concerns with call light response and use of two staff for lift transfer completed on 11/30/18. 3. Nursing staff were re-educated that when using a full body lift of sit-to-stand lift they must have 2 staff members for assistance with transfers. Staff were re-educated on state regulation regarding call light response time. 		

			<p>Residents were asked their bathing preference. Care plans were updated to include resident bathing preferences. Bath schedules were updated to include resident preferences for bathing.</p> <p>4. DON or designee will audit lift transfers 3 times a week for 4 weeks and weekly for 8 weeks to validate staff continue to utilize 2 care givers with mechanical lift transfers with results taken to QAPI. DON or designee will audit call light response time times 3 times a week for 4 weeks and weekly for 8 weeks to validate staff continue to answer call lights as required with results taken to QAPI.</p> <p>DON or designee will audit resident bathing schedules to validate continued compliance with resident preference 2 times a week for 4 weeks and weekly for 8 weeks with results taken to QAPI. Results of these audits will be brought to the monthly QAPI meetings for 3 months and as needed for review and recommendations. The DON is responsible for ongoing compliance. Date of Compliance: 11/30/18</p>	
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F 656	<p>Continued From page 5</p> <p>or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, observation and staff interview, the facility failed to follow interventions in the comprehensive plan of care for 2 of 13 residents reviewed (Residents #7 and #8). The facility identified a census of 59 residents.</p> <p>Findings include:</p>	F 656			

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F 656	<p>Continued From page 6</p> <p>1. The Minimum Data Set (MDS) assessment dated 8/29/18 recorded Resident #7 had diagnoses that included urinary tract infection in the past 30 days, hypertension (HTN), diabetes, anxiety disorder, depression, generalized muscle weakness and obesity. The resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact memory and cognition. Resident #7 required the assistance of 2 staff with bed mobility, transfers, dressing, toilet use and personal hygiene and she did not walk during the weeklong assessment period.</p> <p>A Care Plan focus area initiated on 6/29/18 documented Resident #7 had a risk for falls related to (r/t) impaired mobility. The interventions instructed staff to position the resident's call light within reach and encourage her to use it for assistance as needed. Resident #7 required prompt response to all requests for assistance. Staff were also directed to use a Hoyer lift device with 2 staff assistance for transfers.</p> <p>During an interview 10/17/18 at 5 p.m. Resident #7 stated there had been times staff transferred her with the Hoyer lift device and the assistance of one staff. The resident indicated her feeling of safety was dependent on the person who provided the transfer.</p> <p>During another interview on 11/8/18 at 1 p.m. the resident confirmed her call light as on longer than 15 minutes. She had timed her call light on as long as 30 minutes as she utilized the clock on the wall in her room. No time of day had been worse than another.</p> <p>2. The MDS assessment dated 8/13/18</p>	F 656			

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F 656	<p>Continued From page 7</p> <p>recorded Resident #8 had diagnoses including peripheral vascular disease (PVD), HTN, depression, a chronic non-pressure ulcer of the left foot, knee pain, contractures of the left and right knee, generalized muscle weakness and polyneuropathy. The resident had a BIMS score of 15. He required the assistance of 2 staff with bed mobility, transfers, dressing, toilet use and bathing and did not walk during the assessment period.</p> <p>A Care Plan focus area initiated on 1/13/16 identified Resident #8 as at risk for falls r/t weakness and history of falls and he required assistance with his activities of daily living (ADL's). The interventions included the following:</p> <ul style="list-style-type: none"> a. Assistance with shower/shampoo per resident's preference as scheduled. b. He prefers to shower two times weekly in the morning. c. Transfer per EZ stand device and 2 staff assistance. <p>During a group resident interview on 10/10/18 at 3:34 p.m., Resident #8 stated his showers were sporadic: some weeks staff did not shower him, some weeks he received one shower and other weeks two showers. The resident confirmed he preferred a shower 2 times a week.</p> <p>During an interview 10/18/18 at 10:55 a.m. Resident #8 stated staff transferred him with an EZ stand device and the assistance of one staff, depending on the staffing level.</p>	F 656			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)	F 677	<p>1. Residents # 1, #5, #8, #9, and #10 were provided with baths per their preference as of 11/30/18 by the direct care staff. Incontinence care was provided to resident #9 on 11/7/18 by</p>		

			<p>the direct care staff.</p> <p>2. An audit of resident bathing preferences was completed by the Social Service Director on or before 11/30/18 to identify resident choices for bathing. An observational audit of nursing staff provision of incontinence care was completed on or before 12/10/18. Residents plan of care was reviewed and revised to reflect bathing preferences by the licensed nurse.</p> <p>3. Nursing staff will be re-educated on or before 11/30/18 regarding the requirement to honor and document residents bathing preferences. Nursing staff will be re-educated on or before 11/30/18 regarding the provision of incontinence care.</p> <p>4. A bathing audit will be completed 2 times a week for 4 weeks and weekly for 2 months by the director of nursing to validate staff continue to provide and document baths per resident preference. An observational audit of the provision of incontinence care will be completed 2 times weekly for 4 weeks and weekly for 8 weeks to validate staff continue to provide complete incontinence care as required. Results of these audits will be brought to the monthly QAPI meeting for 3 months and as needed for review and recommendations. The Director of Nursing is responsible for ongoing compliance.</p> <p>Date of Compliance 12/10/18</p>	
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F 677	<p>Continued From page 8</p> <p>§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: Based on clinical record review, staff and resident interview and review of Resident Council minutes and facility policy, the facility failed to ensure staff provided baths according to the resident's requests for 5 of 13 total residents reviewed (#1, #5, #8, #9 and #10) and failed to provide complete incontinence care for 1 of 4 residents reviewed for toileting assistance (#9). The facility identified a census of 59 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 8/3/18 indicated Resident #1 had diagnosis that included heart failure (HF), hypertension (HTN), diabetes mellitus (DM), chronic obstructive pulmonary disease (COPD), depression and generalized osteoarthritis. The resident required assistance from one staff with bathing.</p> <p>A Care Plan focus area initiated on 7/30/18 indicated the resident had a potential for falls related (r/t) to a history (hx) of falls. The resident walked with a walker independently for short distances and utilized an electric wheel chair for long distances. Resident #1 had been able to do many of her own activities of daily living (ADL's) and would ask for assistance as needed (PRN). An intervention directed staff to provide assistance with shower/shampoo per the resident's preference as scheduled.</p>	F 677			

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F 677	<p>Continued From page 9</p> <p>Review of the facility's bath record forms revealed the resident's showers as scheduled Monday/Thursday in June and July, 2018 and changed to Wednesday/Saturday in August, 2018. The facility failed to shower the resident as follows:</p> <ul style="list-style-type: none"> a. 6/11/18, 6/14 and 6/21; b. 7/21 and 7/25; c. 8/4, 8/22 and 8/29. <p>2. The MDS assessment dated 8/27/18 documented Resident #5 had diagnoses that included anemia, atrial fibrillation (AF), heart failure, DM, HTN, coronary artery disease (CAD), hemiplegia, seizure disorder, depression, post traumatic stress disorder, chronic lung disease, respiratory failure and nicotine dependence. The assessment indicated the resident had a BIMS (Brief Interview for Mental Status) score of 8 out of 15, indicating moderately impaired memory and cognition. Resident #5 required the assistance of 2 staff with bed mobility, transfers, dressing, toilet use and personal hygiene and supervision with locomotion on and off the unit and eating.</p> <p>A Care Plan focus area initiated 10/3/17 documented the resident as at risk for falls related to (r/t) weakness, impaired balance and a history of a cerebrovascular accident (CVA) with left sided weakness. The resident required assistance with his activities of daily living (ADL's) and staff should assist with showers per the resident's preference as scheduled.</p> <p>Review of the facility's bath record forms revealed the resident's showers as scheduled on Mondays and Thursdays. The facility failed to shower the resident on 10/15, 10/18, 10/22 and 10/25/18.</p>	F 677			

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F 677	<p>Continued From page 10</p> <p>3. The MDS assessment dated 8/13/18 recorded Resident #8 had diagnoses including peripheral vascular disease (PVD), HTN, depression, a chronic non-pressure ulcer of the left foot, knee pain, contractures of the left and right knee, generalized muscle weakness and polyneuropathy. The resident had a BIMS score of 15. He required the assistance of 2 staff with bed mobility, transfers, dressing, toilet use and bathing and did not walk during the assessment period.</p> <p>A Care Plan focus initiated on 1/13/16 documented the resident as at risk for falls r/t weakness and history of falls and he required assistance with his activities of daily living (ADL's). The care plan directed staff to provide assistance with shower/shampoo per resident's preference as scheduled and he preferred to shower two times weekly in the morning.</p> <p>During a group resident interview on 10/10/18 at 3:34 p.m., Resident #8 stated his showers were sporadic: some weeks staff did not shower him, some weeks he received one shower and other weeks two showers. The resident confirmed he preferred a shower 2 times a week.</p> <p>The facility's bath record forms recorded the resident's showers scheduled on Tuesday and Fridays. The facility failed to shower the resident on 9/21, 9/25 and 10/9/18.</p> <p>4. The MDS assessment dated 10/3/18 recorded Resident #9 had diagnoses that included orthostatic hypotension, cerebrovascular accident (CVA), Parkinson's disease, traumatic brain injury, malnutrition and an anxiety disorder. The</p>	F 677			

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F 677	<p>Continued From page 11</p> <p>assessment indicated the resident rarely made himself understood or understood others and had severely impaired cognitive skills and continuous inattention and disorganized thinking. Resident #9 required the assistance of 2 staff with transfers, toilet use and personal hygiene and bathing. The assessment documented the resident as frequently incontinent of both bowel and bladder.</p> <p>A Care Plan focus area initiated on 10/4/18 indicated Resident #9 had bowel and bladder incontinence r/t confusion, traumatic brain injury, cerebral infarction, Parkinson's disease, impaired communication and impaired mobility. The resident took anti-anxiety and anti-psychotic medications and had an ADL self care performance deficit. Interventions included the resident used disposable briefs and direction to check the resident every 2 hours and as required for incontinence, to wash, rinse and dry his perineum and change his clothing as needed after incontinent episodes.</p> <p>a. An observation 11/7/18 at 12:12 p.m. revealed Staff A, Certified Nursing Assistant (CNA) and Staff B, CNA as they assisted the resident to the toilet. Upon removal of his brief Staff B confirmed the brief as soiled with stool. After the resident used the toilet, staff members stood the resident while Staff A cleansed the resident's mid gluteal region with return of stood with each swipe including the last. Staff A failed to cleanse the resident's buttocks, hips and front perineal area. The staff then replaced the resident's brief, pulled up his pants, positioned him in his wheel chair, propelled him to his bed, transferred him into bed and positioned him for comfort.</p> <p>b. Review of the facility's bath record forms for</p>	F 677			

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F 677	<p>Continued From page 12</p> <p>Resident #9 revealed his showers as scheduled on Tuesday and Friday. The facility failed to shower the resident on 10/9, 10/16, 10/19, 10/23, 10/26, 10/30, 11/9 and 11/13/18.</p> <p>5. The MDS assessment dated 10/1/18 documented Resident #10 had diagnoses that included DM, cellulitis of the left lower limb, morbid obesity with alveolar hypoventilation, generalized muscle weakness and kidney failure. The assessment indicated the resident had a BIMS score of 15. He required the assistance of 1 staff with bathing, dressing, toilet use and personal hygiene.</p> <p>A Care Plan focus area initiated on 9/25/18 documented the resident had an ADL self care performance deficit r/t an activity intolerance, recent hospitalization and impaired balance.</p> <p>Review of the facility's bath record forms revealed the resident's showers scheduled on Wednesday and Saturday. The facility failed to shower the on 9/26, 10/6, 10/10, 10/13 and 10/20/18.</p> <p>The facility's Perineal Care policy and procedure form revised 4/13 instructed:</p> <ol style="list-style-type: none"> Gently retract the foreskin, if uncircumcised and cleanse beneath it. Replace the foreskin to avoid constriction of the penis. <p>The facility's Resident Council minutes included the following concerns as dated:</p> <ol style="list-style-type: none"> 8/2/18 - Seems no schedule for baths as residents only received one per week. 9/6/18 - Bath schedules remained sporadic. 	F 677			

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F 677	Continued From page 13 During an interview 10/10/18 at 4:58 p.m., Staff C, Licensed Practical Nurse (LPN) confirmed residents complained of not getting their showers. She stated staff failed to shower residents according to their schedules, but they try to make them up. The facility did not utilize bath aides. During an interview on 10/17/18 at 1:40 p.m., Staff B, CNA stated staff try to do resident baths on bath days, but they aren't always able to due to staffing. During an interview on 10/17/18 at 2:15 p.m., Staff I, CNA stated staffing has been down and if staff work a hall by themselves, baths aren't done. During an interview on 10/17/18 at 2:31 p.m., Staff G, CNA stated recently baths aren't being done per schedule due to staffing issues.	F 677			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview and facility policy review, the facility failed to ensure nursing staff assessed residents for injuries after falls for 3 of 6 sampled for	F 684	1. Resident #1-assessment completed on 7/18/18 by ADON. Resident #5-Full E-cylinder provided on 10/11/18 at 12:00. CPAP provided per MD orders on 10/26/18. Resident #13- assessment completed and fall interventions reviewed/ revised on 11/9/18 by DON/ADON. 2. Re-education provided to nurses on resident assessments and intervention post fall and with change of condition provided by 12/10/18 before DON/ADON. 3. Re-educated nurses and medications aides on monitoring and maintenance of functional oxygen equipment by DON/ADON before 12/10/18. 4. DON or designee will audit for documentation of assessment and intervention post fall and change of condition 2x a week for 4 weeks and		

			<p>weekly for 8 weeks with results taken to QAPI. DON or designee will audit residents to ensure monitoring and maintenance of functional oxygen equipment is occurring 3x a week for 4 weeks and weekly for 8 weeks. Results of these audits will be brought to the monthly QAPI meeting for 3 months and as needed for review and recommendations. The Director of Nursing is responsible for ongoing compliance. Date of compliance 12/10/18</p>	
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F 684	<p>Continued From page 14</p> <p>assessment and intervention (Residents #1, #5 and #13) The facility identified a census of 59 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 8/3/18 indicated Resident #1 had diagnoses that included heart failure (HF), hypertension (HTN), diabetes mellitus (DM), chronic obstructive pulmonary disease (COPD), depression and generalized osteoarthritis. The assessment recorded she had a Brief Interview for Mental Status (BIMS) score of 13 out of 15, indicating intact memory and cognition. Resident #1 required the assistance of one staff member with bed mobility, transfers, toilet use, personal hygiene and bathing.</p> <p>A Care Plan focus area initiated on 7/30/18 indicated the resident had the potential for nutrition/hydration alterations related to (r/t) a diagnosis (dx) of DM and HTN. An intervention instructed staff to weigh Resident #1 per facility policy or orders and update the physician o any changes in weight PRN.</p> <p>Progress Note entries provided the following information:</p> <p>a. 7/18/18 at 5:01 a.m. - Lung sounds clear, no edema noted, blood pressure (B/P) 118/69, pulse (P) 76, respirations (R) 20, temperature (T) 97.7 degrees Fahrenheit (F) and a oxygen saturation (O2) measurement of 97% on room air (RA).</p> <p>b. 7/18/18 at 1:53 p.m. - Give Furosemide (diuretic) 40 milligrams (mgs) 1 tablet by mouth (po) as needed (PRN) for weight gain. Take an</p>	F 684			

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F 684	<p>Continued From page 15</p> <p>additional 40 mg if weight gain 0.3 pounds (#). Staff observed Resident #1 with 4 + edema (swelling) in the right foot. The staff failed to provide any further assessment.</p> <p>c. 7/18/18 at 1:55 p.m. - The resident's daughter called and stated Resident #1 complained of an upset stomach. The nurse assessed Resident #1, who stated she had an upset stomach and more concerns about restarting her coumadin (anticoagulant) orders. Upon assessment the resident had hyperactive bowel sounds (BS) x all 4 quadrants. The resident stated she had a bowel movement that day but requested Miralax and a pill for dizziness. The resident had increased edema at 4 + to both lower extremities with 4+ to her right lower extremity. Staff placed a call to the resident's physician and left a message to return call.</p> <p>d. 7/18/18 at 2:16 p.m. - Staff received a return call from the nurse at the physician's office, who stated the physician was out of the office that week. Resident #1 had an appointment to visit the physician the following week to check her protime (PT) and an international normalized ratio (INR)(both blood clotting tests). Per the office continue to hold the coumadin at that time. Facility staff updated the office on the increased edema and per the nurse, she would update the physician. Continue PRN Lasix (furosemide) and elevate the extremities at that time. The resident rested comfortably in bed.</p> <p>e. 7/18/18 at 5:42 p.m. - Furosemide tablet 40 mg tablet effective. The clinical record showed no further assessment or intervention following this entry on the resident's documented condition change.</p>	F 684			

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F 684	<p>Continued From page 16</p> <p>2. The MDS assessment dated 8/27/18 documented Resident #5 had diagnoses that included anemia, atrial fibrillation (AF), heart failure, DM, HTN, coronary artery disease (CAD), hemiplegia, seizure disorder, depression, post traumatic stress disorder, chronic lung disease, respiratory failure and nicotine dependence. The assessment indicated the resident had a BIMS score of 8 out of 15, indicating moderately impaired memory and cognition. Resident #5 required the assistance of 2 staff with bed mobility, transfers, dressing, toilet use and personal hygiene and supervision with locomotion on and off the unit and eating. The assessment indicated he required oxygen therapy and a BiPAP/CPAP device for delivery.</p> <p>A Care Plan focus area initiated on 10/3/17 instructed staff to provide oxygen per physician orders.</p> <p>A Medication Administration Record (MAR) dated 10/1-10/31/18 directed the staff Resident #5 required continuous oxygen (O2) at 2-5 liters (L) to keep his oxygen saturation rate at 88% or above and to check his O2 saturation rates 5 times a day. The staff documented his O2 saturation rate on 10/11/18 at 11 a.m. measured 91%.</p> <p>An observation 10/11/18 at 11:30 a.m. revealed the resident positioned in his wheel chair in the dining room sleeping with an oxygen cannula appropriately in place. However the portable oxygen canister (e-tank) which had been set for the resident to have received 2 liters of oxygen per hour registered empty. At 11:35 a.m. Staff B, Certified Nursing Assistant (CNA) and Certified</p>	F 684			

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F 684	<p>Continued From page 17</p> <p>Medication Aide (CMA) walked past the resident and administered medication to another resident but did not check the resident's oxygen canister (e-tank). At 11:45 a.m. Staff B administered medication to Resident #5 without checking the e-tank. Staff F, CNA/CMA paged Staff G, CNA/CNA who arrived at 11:53 a.m. When asked Staff F why she paged Staff G she stated she observed the resident's e-tank as empty however the surveyor maintained continual observation of the situation and the staff member failed to check the e-tank as stated. At 11:56 a.m. the resident aroused while Staff H, CNA checked the resident's oxygen saturation rate (O2) which registered at 77%; however the resident denied shortness of breathe (SOB). At 12:00 p.m. Staff G connected a new e-tank and set the concentration at 4 L. At 12:03 p.m. the resident's O2 saturation rate measured 89%</p> <p>An Emergency Room (ER) Provider Note dated 10/15/18 at 12:23 p.m. documented the resident presented in the ER with hypoxia, apnea and anemia. On the same note an entry had been made at 3:03 p.m. which documented on re-evaluation, Resident #5 maintained good saturations until they removed the BiPAP and his saturation dropped into the lower 80's. Resident #5 was much more alert on the BiPAP. The resident's daughter informed ER staff when she visited Resident #5 at the nursing home, staff either failed to put on his CPAP or they forgot to replace his oxygen.</p> <p>3. The Admission Record form dated 6/7/18 recorded Resident #13 had diagnosis that included pneumonia, a closed nondisplaced fracture of the left wrist, anemia, dementia with behavioral disturbances, muscle weakness, heart</p>	F 684			

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F 684	<p>Continued From page 18</p> <p>failure, depression, end stage renal disease, hypertension (HTN), chronic atrial fibrillation (AF), peripheral vascular disease (PVD), diabetes mellitus (DM) and pleural effusion.</p> <p>A Minimum Data Set (MDS) assessment dated 10/7/18 documented Resident #13 had moderately impaired cognitive skills for daily decision making without delirium or behaviors. He required the assistance of two staff with transfers, dressing and toilet use and the assistance of one staff with bed mobility and personal hygiene. The assessment indicated Resident #13 fell once with no injury and twice with minor injuries since the prior assessment.</p> <p>A Care Plan with a focus area initiated on 6/26/18 indicated Resident #13 had a potential for falls (had an actual fall and history of falls) related to (r/t) poor balance, limited range of motion (ROM) to the left lower extremity, incontinence and impaired cognition. On 10/10/18, staff added he had limited ROM to the left upper extremity. An intervention initiated on 9/17/18 instructed the resident should not be left unattended in his room when positioned in the wheel chair.</p> <p>A Progress Notes entry on 10/1/18 at 9:17 p.m. documented Resident #13 attempted to get up from his wheel chair and walk but became too weak and fell. The nurse was right outside of his room as she prepared his medication for administration. The nurse went into his room right away and checked him for head and body injury. The resident had small scrapes on his left shin and right knee and the nurse applied a Band-Aid. The resident's vital signs measured a temperature (T) of 97.4 degrees Fahrenheit (F), blood pressure (B/P) 98/68, pulse (P) 67,</p>	F 684			

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F 684	Continued From page 19 respirations (R) 18 and an oxygen saturation (O2) of 90%. The nurse advised the resident should not have attempted to self transfer and notified the resident's family and physician. When the nurse checked on Resident #13 a half hour after the fall, he voiced a complaint of pain relieved by as needed (PRN) medication. Staff planned to continue to monitor. Review of the Progress Notes post fall revealed no further assessments of the fall. During an interview 10/17/18 at 11:20 a.m. the Administrator stated he expected assessments to be completed timely and these should have been completed. On 11/9/18, the facility's Corporate Nurse confirmed she could not find any post fall assessments following the fall on 10/1/18. During an interview 11/9/18 at 10:05 a.m. the Administrator confirmed he expected staff to provide good customer service following a fall.	F 684			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:	F 695	<ol style="list-style-type: none"> 1. Resident #5 had a full E-cylinder applied on 10/11/18 at 12:00. 2. Currents residents with orders for oxygen were monitored for functional oxygen equipment on 10/11/18 by DON/ADON. Concerns identified were addressed. 3. Re-educated nurses and medications aides on monitoring and maintenance of functional oxygen equipment by DON/ADON before 12/10/18. 4. DON or designee will audit for monitoring and maintenance of functional oxygen equipment 3x a week for 4 weeks and weekly for 8 weeks. Results of these audits will be brought to the monthly QAPI meeting for 3 		

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			<p>months and as needed for review and recommendations. The Director of Nursing is responsible for ongoing compliance.</p> <p>Date of compliance 12/10/18</p>	
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F 695	<p>Continued From page 20</p> <p>Based on clinical record review, observation and staff and resident interviews. the facility failed to monitor and maintain functional oxygen equipment for one resident of 13 sampled residents (Resident #5). The facility identified a census of 59 residents.</p> <p>Finding include:</p> <p>The Minimum Data Set (MDS) assessment dated 8/27/18 recorded Resident #5 had diagnoses that included anemia, atrial fibrillation (AF), heart failure, diabetes mellitus (DM), hypertension (HTN), coronary artery disease (CAD), hemiplegia, seizure disorder, depression, post traumatic stress disorder, chronic obstructive pulmonary disease (COPD), respiratory failure and nicotine dependence. The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 indicating moderately impaired memory and cognition. Resident #5 required the assistance of 2 staff with bed mobility, transfers, dressing, toilet use and personal hygiene and supervision with locomotion on and off the unit and eating. The assessment indicated the resident required oxygen therapy and a BiPAP/CPAP delivery system.</p> <p>A Care Plan focus area identified the potential for injury related to the resident as at risk for falls with an intervention dated 10/3/17 to provide oxygen per physician's order.</p> <p>A Medication Administration Record (MAR) dated 10/1 - 10/31/18 directed the staff the resident required continuous oxygen (O2) at 2-5 liters (L) to keep his oxygen saturation rate at 88% or above and to check his O2 saturation rates 5</p>	F 695			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/09/2018
NAME OF PROVIDER OR SUPPLIER CASA DE PAZ HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2121 WEST 19TH STREET SIOUX CITY, IA 51103		
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F 695	<p>Continued From page 21 times a day.</p> <p>An observation on 10/11/18 at 11:30 a.m. revealed the resident positioned in his wheel chair in the dining room sleeping which an oxygen cannula appropriately in place. However, the portable oxygen canister (e-tank) set for the resident to have received 2 L of oxygen per hour registered empty. At 11:35 a.m. Staff B, Certified Nursing Assistant (CNA) and Certified Medication Aide (CMA) walked past the resident and administered medication to another resident but did not check the resident's oxygen canister (e-tank). At 11:45 a.m. Staff B administered medication to Resident #5 without checking the e-tank. At a time unknown Staff F, CNA/CMA paged Staff G, CNA/CNA who arrived at 11:53 a.m. When asked Staff F why she paged Staff G she stated she observed the resident's e-tank as empty; however the surveyor maintained continual observation of the situation and the staff member failed to check the e-tank as stated. At 11:56 a.m. the resident aroused while Staff H, CNA checked the resident's oxygen saturation rate (O2) which registered at 77%; the resident denied shortness of breathe (SOB). At 12:00 p.m. Staff G connected a new e-tank and set the concentration at 4 liters. At 12:03 p.m. the resident's O2 saturation rate registered at 89%</p> <p>An Emergency Room (ER) Provider Note dated 10/15/18 at 12:23 p.m. documented the resident presented in the ER with hypoxia, apnea and anemia. Staff made an entry at 3:03 p.m. which documented on re-evaluation, the patient maintained good saturations until they removed the BiPAP and his saturation dropped into the lower 80's. He was much more alert on the BiPAP. The resident's daughter stated when she</p>	F 695			

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F 695	Continued From page 22 visited him at the nursing home, staff either failed to put on his CPAP or forgot to replace his oxygen.	F 695			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on clinical record review, resident and staff interviews and review of resident council minutes and facility policies, the facility staff failed	F 725	<ol style="list-style-type: none"> 1. Staff immediately re-educated regarding transfers and call light response time expectations for resident 7,8 and 10. 2. All current residents care plans reviewed for transfer needs and direct care staff re-educated on assistance level required and direct care staff re- educated. Staffing and scheduling reviewed to ensure adequacy to meet current residents needs. 3. All current staff re-educated on call response time expectations. Staff re- educated on communication method for residents care needs. All staff re- educated on call light response time expectation. Direct care staff re- educated on process for covering break times and meeting resident needs 4. DON or designee will conduct audits to ensure staff utilize communication method for knowing resident assistance needs 3 times a week for 4 weeks then weekly for 4 weeks with results taken to QAPI. Admin or designee will conduct at least 5 random call light audits 3 times a week for 4 weeks then weekly for four weeks with results taken to QAPI Admin or designee will conduct at least 5 random resident interview regarding call light response and transfers 3 times a week for 4 weeks then weekly for 4 weeks with results taken to QAPI. Admin or designee will review staffing 		

			patterns at least 5 days a week for 4 weeks then 3 days a week for 4 weeks to ensure staffing to meet current resident needs with results taken to QAPI.	
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F 725	<p>Continued From page 23</p> <p>answer resident call lights in a timely manner (no longer than 15 minutes) for 3 residents (Residents #7, #8, #10) and failed to transfer 2 residents who required assistive devices with sufficient staff (Residents #7 and #8) of 13 total residents reviewed. The facility identified a census of 59 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility identified 9 residents required 2 staff assistance with transfers and 4 other resident's transferability fluctuated between 1 or 2 staff assistance depending how they felt. 2. A Minimum Data Set (MDS) assessment form dated 8/29/18 indicated Resident #7 had diagnosis that included . The assessment indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, dependent on staff with transfers, required extensive assistance of 2 staff with bed mobility, dressing, toilet use and personal hygiene and non-ambulatory. <p>A Care Plan initiated 6/29/18 documented the resident as at risk for falls related to (r/t) impaired mobility. The interventions included the following:</p> <ol style="list-style-type: none"> a. Position the resident's call light within reach and encourage the resident to use it for assistance as needed. The resident required prompt response to all requests for assistance. b. Hoyer lift device with 2 staff assistance for transfers. <p>During an interview 10/17/18 at 5 p.m. the resident stated there are times when staff transferred her with the Hoyer lift device and one</p>	F 725			

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F 725	<p>Continued From page 24</p> <p>staff. The resident indicated her feeling of safety as dependent on the person who provided the transfer.</p> <p>During an interview 11/8/18 at 1 p.m. the resident confirmed her call light on longer than 15 minutes. She had timed her call light on as long as 30 minutes as she utilized the clock on the wall in her room but no time of day was worse than another.</p> <p>3. A MDS assessment form dated 8/13/18 indicated Resident #8 had diagnosis that included peripheral vascular disease (PVD), hypertension (HTN), depression, non-pressure chronic ulcer of the left foot, pain in an unspecified knee, contractures of the left and right knee, muscle weakness and polyneuropathy. The assessment indicated the resident had a BIMS score of 15 out of 15, required extensive assistance of 2 staff members with bed mobility, transfers, dressing, toilet use and bathing and as non-ambulatory.</p> <p>A Care Plan with a focus area initiated 1/13/16 documented the resident as at risk for falls related to weakness and history of falls and the resident required assistance with his activities of daily living (ADL's). The interventions included the following as dated:</p> <p>a. Assistance with shower/shampoo per resident's preference as scheduled.</p> <p>b. Transferred per EZ stand device and two (2) staff assistance.</p> <p>During an interview 10/18/18 at 10:55 a.m. the resident confirmed staff transferred him with an EZ stand device and 1 staff assistance depending on the staffing level.</p>	F 725			

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F 725	<p>Continued From page 25</p> <p>4. A MDS assessment form dated 10/1/18 indicated Resident #10 had diagnosis that included included DM, cellulitis of the left lower limb, morbid obesity with alveolar hypoventilation, muscle weakness and kidney failure. The assessment indicated the resident had a BIMS score of 15, required extensive assistance of 1 staff with locomotion on and off the unit and bathing; limited assistance of 1 staff with bed mobility, transfers, dressing, toilet use and personal hygiene.</p> <p>A Care Plan with a focus area initiated 9/25/18 documented the resident had an ADL self care performance deficit r/t an activity intolerance, recent hospitalization and an impaired balance.</p> <p>During a group interview 10/10/18 at 3:34 p.m. the resident indicated he used his cell phone and timed his call light on from 30 to 45 minutes which made him upset. The resident also stated he waited on the toilet for staff assistance for 45 minutes which caused his legs and sides to hurt so now he self transferred himself which he had been directed not to do.</p> <p>5. During an interview 10/18/18 at 11:40 a.m. the Interim Director of Nursing (DON) confirmed she expected two staff assistance when they utilized an EZ stand device and/or a Hoyer lift device.</p> <p>During an interview 10/17/18 at approximately 1:40 p.m., Staff B, Certified Nursing Assistant (CNA) confirmed she witnessed staff self transfer a resident with the use of a Hoyer lift device or an EZ stand device.</p> <p>During an interview 10/17/18 at 2:15 p.m., Staff I,</p>	F 725			

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F 725	<p>Continued From page 26</p> <p>CNA confirmed she witnessed staff self transfer a resident with the use of a Hoyer lift device or an EZ stand device.</p> <p>During an interview 10/17/18 at 3:21 p.m., Staff E, CNA confirmed she witnessed staff self transfer a resident with the use of a Hoyer lift device or an EZ stand device d/t staffing issues.</p> <p>During an interview 10/17/18 at 2:31 p.m., Staff G, CNA confirmed she witnessed staff self transfer a resident with the use of a Hoyer lift device or an EZ stand device which included herself. The staff member also confirmed staff as unable to answer resident call lights within 15 minutes d/t staff issues.</p> <p>During an interview 10/17/18 at approximately 3 p.m., Staff J, CNA confirmed staff as unable to answer resident call lights within 15 minutes during break times.</p> <p>During an interview 10/17/18 at 4:25 p.m., Staff K, CNA confirmed staff as unable to answer resident call lights within 15 minutes when they worked in other resident rooms and/or d/t staffing issues.</p> <p>During an interview 10/17/18 at 3:21 p.m., Staff E, CNA confirmed staff as unable to answer resident call lights within 15 minutes because a lot of times staff worked with 3 CNA's and there had been a lot of residents that required 2 person assist with cares so it had been impossible.</p> <p>6. An Easy Lift (EZ lift) sit-to-stand User Manual guide (not dated) recommenced two attendants to have been used when a resident had been transferred to and from a wheel chair.</p>	F 725			

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F 725	Continued From page 27 7. A User Manual guide (not dated) for a Hoyer lift device recommended two assistants to have been used for ALL lifting preparation, transferring from and transferring to procedures. The use of one assistance had been totally based on the evaluation of the healthcare professional for each individual case.	F 725			

