STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48343 Based on interview and record review, the facility failed to ensure a resident had the right to be free from neglect for one of four sampled residents (Resident 1) by failing to: 1. Ensure Certified Nursing Assistant (CNA 1) provided a two-person physical assist (help from two persons) when using a Hoyer Lift (mechanical lift- a device used to transfer residents from a bed to a chair or other similar places) to transfer Resident 1 from the bed to a Geri-chair (padded chair to provide comfort and support for people with limited mobility). This deficient practice caused Resident 1 to fall, sustain an acute (immediate) fracture (broken bone) through the fifth (C5) vertebral (neck bone), was admitted to a general acute care hospital (GACH), and had the potential to place other residents at risk for neglect. Findings: During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), hypertension ([HTN]- high blood pressure), anxiety (feeling of fear, or worry), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 1's History and Physical (H&P), dated 10/4/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS] - a federally mandated resident assessment tool), dated 10/9/2024, the MDS indicated Resident 1 had the ability to express ideas and wants, and had clear comprehension (capability of understanding something). The MDS indicated Resident 1 was totally dependent (full staff performance) with a two-person physical assist for transfer (how the resident moves between surfaces) and activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's care plan titled ADL Self Care Performance Deficit , dated 10/14/2024, the care plan indicated Resident 1 had a self-care deficit related to limited mobility, and quadriplegia. The care plan interventions indicated facility staff would provide total assistance for transfers with the use of a Hoyer lift. During a review of Resident 1's situation, background, assessment, recommendation ([SBAR]- a communication tool used by healthcare workers when there is a change of condition among the residents) report, dated 11/3/2024 at 11:00 a.m., the SBAR indicated Resident 1 fell on his back and hit his head when being transferred from the bed to a Geri-chair. The SBAR indicated Resident 1 was assisted back to the bed and reported back and neck pain rated 7 out of 10 on a pain scale (0=no pain, 1-3=mild pain, 4-6=moderate pain, 7-10= severe pain). During a review of Resident 1's progress note dated 11/3/2024 at 1:24 p.m., the progress note indicated Resident 1 was transferred to a general acute care hospital (GACH) for evaluation due to a fall and pain. During a review of Resident 1's GACH emergency room (ER) admission record, dated 11/3/2024 at 12:19 p. m., the GACH ER admission record indicated Resident 1 was seated on a Hoyer lift when it tipped over and caused the resident to fall to the ground and hit his head. The GACH ER admission record indicated Resident 1 had complaints of left head pain rated 7 out of 10 post fall. During a review of Resident 1's GACH ER Computed Tomography ([CT] a procedure that uses a computer linked to a machine to make a series of detailed picture of areas inside the body) Report, dated 11/3/2024 at 1:08 p.m., the CT report indicated acute fracture through the C5 vertebral body (recent break in the bone of the central part of the fifth cervical vertebra, which is located in the neck). During a review of Resident 1's GACH ER note, dated 11/3/2024 at 1:28 p.m., the GACH ER note indicated Resident 1 was administered morphine (medication used to treat moderate to severe pain) four (4) milligrams (mg, unit of measurement) intramuscularly (IM, injection into the muscle) for pain. During a review of Resident 1's GACH ER note, dated 11/3/2024 at 2:44 p.m., the GACH ER note indicated Resident 1 required a cervical collar (a medical device that supports neck and spine) and a follow-up with neurosurgery within 6 to 8 weeks. During a review of Resident 1's progress note, dated 11/3/2024 at 6:15 p.m., the progress note indicated Resident 1 returned to the facility. During a review of Resident 1's progress note, dated 11/3/2024 at 11:30 p.m., the progress note indicated Resident 1 reported an excessive tingling sensation and discomfort to all extremities (arms and legs). The progress note indicated Resident 1 reported having 10 out of 10 pain all over his body. During a review of Resident 1's progress note, dated 11/4/2024 at 1:00 a.m., the progress note indicated Resident 1 was transferred back to the GACH for evaluation and treatment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 11/5/2024 at 11:07 a.m., with Resident 1, Resident 1 stated he was admitted to the GACH on 11/4/2024 due to a neck bone fracture and pain. Resident 1 stated on 11/3/2024 around 10:00 a.m., CNA 1 transferred him from the bed to a Geri-chair using a Hoyer Lift. Resident 1 stated the Hoyer lift tipped over and he fell to the ground and the Hoyer lift fell on top of him. Resident 1 stated he had a neck fracture. Resident 1 stated he was very upset, angry, and was in pain. Resident 1 stated he did not feel safe returningto the facility. During a telephone interview on 11/5/2024 at 10:14 a.m., with CNA 1, CNA 1 stated, Resident 1 could not get up alone and that the resident required a two person assist for ADLs. CNA 1 stated Resident 1 required a Hoyer lift for transfer from bed to Geri-chair. CNA 1 stated on 11/3/2024 at 10:00 a.m., she was assisting Resident 1 with a Hoyer lift transfer from the bed to a Geri-chair. CNA 1 stated Resident 1 was seated on the Hoyer lift sling (device that holds a patient during a transfer). CNA 1 stated she was standing behind the Hoyer lift while lifting Resident 1 from the bed. CNA 1 stated Resident 1 was approximately four (4) feet (a unit of measurement for length that equal 48 inches) from the ground. CNA 1 stated Resident 1 fell to the ground and the Hoyer lift tipped over onto the resident. CNA 1 stated it could have been a safer transfer had another staff assisted, as she (CNA 1) was alone. CNA 1 stated she was busy rushing to get the care done for her other assigned residents and did not ask for assistance. CNA 1 stated she was aware that Resident 1 was a two persons physical assist for transfer and she was aware the Hoyer lift must be operated with a two person assist. CNA 1 stated she made the decision to transfer Resident 1 with the Hoyer lift alone because other staff were busy and she (CNA 1) was rushing to get the tasks done. CNA 1 stated Resident 1's fall could had been avoided if she asked for assistance. During an interview on 11/5/2024 at 2:25 p.m., with the Director of Nursing (DON), the DON stated Resident 1 was dependent with care and required two persons assist for transfer. The DON stated CNA 1 should have asked for assistance from another staff to transfer Resident 1 via the Hoyer lift. The DON stated there should have been a two-person physical assist when operating the Hoyer lift for the residents' safety, and to prevent falls, and injury. The DON stated CNA 1's decision to continue Resident 1's care with the use of the Hoyer lift alone was unacceptable and considered resident neglect. During a review of the facility's policy and procedure (P&P) titled Resident Rights , revised 2/2021, the P&P indicated facility's employees would treat all residents with kindness, respect, and dignity. The P&P indicated residents at the facility have the right to be free from neglect. During a review of the facility's P&P titled Abuse, Neglect, Exploitation and Misappropriation Prevention Program , revised 4/2021, the P&P indicated residents have the right to be free from neglect. The P&P indicated it was the facility's commitment to protect residents from neglect. During a review of the facility P&P titled Abuse and Neglect- Clinical Protocol , undated, the P&P indicated: a) Neglect as defined at S483.5 means the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Certified Nursing Assistant (CNA) Job Description, dated 9/2020, the CNA Job Description indicated responsibilities and accountabilities include implementing care according to the care plan. The CNA Job Description indicated helping residents with their ADLs, and proper lifting and transitioning from bed to wheelchair, wheelchair to bed, etc. The CNA Job Description indicated CNAs would commit to always do the right thing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48343 Based on interview and record review, the facility failed to provide care and services to prevent a fall for one of four sampled residents (Resident 1) by failing to: 1. Ensure Certified Nursing Assistant (CNA 1) provided a two-person physical assist (help from two persons) when using a Hoyer Lift (mechanical lift- a device used to transfer residents from a bed to a chair or other similar places) to transfer Resident 1 from the bed to a Geri-chair (padded chair to provide comfort and support for people with limited mobility). This deficient practice caused Resident 1 to fall and sustain an acute (immediate) fracture (broken bone) of the fifth cervical (relating to the neck) (C5) vertebra (bone in the spine). Resident 1 was transferred to a general acute care hospital (GACH) for evaluation and treatment. Findings: During a review of Resident 1's Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury), hypertension ([HTN]- high blood pressure), anxiety (feeling of fear, or worry), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 1's History and Physical (H&P), dated 10/4/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set ([MDS] - a federally mandated resident assessment tool), dated 10/9/2024, the MDS indicated Resident 1 had the ability to express ideas and wants, and had clear comprehension (capability of understanding something). The MDS indicated Resident 1 was totally dependent (full staff performance) on staff with a two-person physical assist for transfer (how the resident moves between surfaces) and activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 1's care plan titled ADL Self Care Performance Deficit , dated 10/14/2024, the care plan indicated Resident 1 had a self-care deficit related to limited mobility, and quadriplegia. The care plan interventions indicated facility staff will provide total assistance for transfers with the use of a Hoyer lift. During a review of Resident 1's situation, background, assessment, recommendation ([SBAR]- a communication tool used by healthcare workers when there is a change of condition among the residents) report, dated 11/3/2024 at 11:00 a.m., the SBAR indicated Resident 1 fell on his back and hit his head during transfer from the bed to a Geri-chair. The SBAR indicated Resident 1 was assisted back to the bed and complained of back and neck pain rated at 7 out of 10, on a pain scale (0=no pain, 1-3=mild pain, 4-6=moderate pain, 7-10= severe pain). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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	During a review of Resident 1's progress note dated 11/3/2024 at 1:24 p.m., the progress note indicated Resident 1 was transferred to the GACH emergency room (ER) for evaluation due to a fall and pain. During a review of Resident 1's GACH ER admission record, dated 11/3/2024 at 12:19 p.m., the GACH ER admission record indicated Resident 1 was seated on a Hoyer lift when it tipped over causing the resident to fall to the ground and hit his head. The GACH ER admission record indicated Resident 1 complained of left head pain rated at 7 out of 10 post fall. During a review of Resident 1's GACH ER Computed Tomography ([CT] a procedure that uses a computer linked to a machine to make a series of detailed picture of areas inside the body) Report, dated 11/3/2024 at 1:08 p.m., the CT report indicated acute fracture through the C5 vertebral body (recent break in the bone of the central part of the fifth cervical vertebra, which is located in the neck). During a review of Resident 1's GACH ER note, dated 11/3/2024 at 1:28 p.m., the GACH ER note indicated Resident 1 was administered morphine (medication used to treat moderate to severe pain) four (4) milligrams (mg, unit of measurement) intramuscularly (IM, injection into the muscle) for pain. During a review of Resident 1's GACH ER note, dated 11/3/2024 at 2:44 p.m., the GACH ER note indicated Resident 1 required a cervical collar (a medical device that supports neck and spine) and a follow-up with neurosurgery (surgery to the brain or spinal cord) within 6 to 8 weeks. During a review of Resident 1's progress note (from the facility), dated 11/3/2024 at 6:15 p.m., the progress note indicated Resident 1 returned to the facility on [DATE] at 6:15 p.m. During a review of Resident 1's progress note, dated 11/3/2024 at 11:30 p.m., the progress note indicated Resident 1 reported an excessive tingling sensation and discomfort to all extremities (arms and legs). The progress note indicated Resident 1 reported having 10 out of 10 pain all over his body. During a review of Resident 1's progress note, dated 11/4/2024 at 1:00 a.m., the progress note indicated Resident 1 was transferred back to the GACH for evaluation and treatment. During a review of Resident 1's GACH record, dated 11/4/2024 at 1:39 a.m., the GACH record indicated Resident 1 presented to the ER for pain to the bilateral upper and lower extremities. During a review of Resident 1's GACH medication record, dated 11/6/2024 at 2:46 p.m., the GACH medication record indicated Resident 1 was administered baclofen (medication to treat muscle spasms and pain) 10 mg for pain. During a review of Resident 1's GACH medication record, dated 11/8/2024 at 9:37 a.m., the GACH medication record indicated Resident 1 was administered fentanyl (medication used to treat severe pain) 50 microgram (mcg, unit of measurement) intravenously (IV, into the vein) for pain. During a review of Resident 1's GACH medication record, dated 11/9/2024 at 10:30 p.m., the GACH medication record indicated Resident 1 was administered morphine 4 mg IV for pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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	During a review of Resident 1's GACH record, dated 11/10/2024, the GACH record indicated Resident 1 was discharged back to the facility. During a telephone interview on 11/5/2024 at 10:14 a.m., with CNA 1, CNA 1 stated, Resident 1 could not get up alone and required a two-person assist for ADLs. CNA 1 stated Resident 1 required a Hoyer lift for transfer from the bed to Geri-chair. CNA 1 stated on 11/3/2024 at 10:00 a.m., she was assisting Resident 1 with a Hoyer lift transfer from the bed to a Geri-chair. CNA 1 stated Resident 1 was seated on the Hoyer lift sling (device that holds a patient during a transfer). CNA 1 stated there were four straps, two in the front of Resident 1 and two on the back of Resident 1. CNA 1 stated she attached the four sling straps to the Hoyer lift and stood behind the Hoyer lift while lifting Resident 1 from the bed. CNA 1 stated Resident 1 was approximately four (4) feet (a unit of measurement for length) from the ground. CNA 1 stated Resident 1 fell to the ground and the Hoyer lift tipped over onto Resident 1. CNA 1 stated it could have been a safer transfer had another staff assisted in transferring Resident 1, as she (CNA 1) was alone. CNA 1 stated she was busy rushing to complete the care of her other assigned residents and did not ask for assistance. CNA 1 stated Resident 1's fall could had been avoided if she asked for assistance while transferring Resident 1 with the Hoyer lift. During a telephone interview on 11/5/2024 at 11:07 a.m., with Resident 1, Resident 1 stated he was admitted to the GACH on 11/4/2024 due to a neck bone fracture and pain. Resident 1 stated on 11/3/2024 around 10:00 a.m., CNA 1 transferred him (Resident 1) from the bed to a Geri-chair using a Hoyer Lift. Resident 1 stated the Hoyer lift tipped over, he fell to the ground and the Hoyer lift fell on top of him. Resident 1 stated he sustained a neck fracture. Resident 1 stated he was in pain. During an interview on 11/5/2024 at 11:22 p.m., with CNA 2, CNA 2 stated on the morning of 11/3/2024 around 10:30 a.m., she (CNA 2) heard help, help coming from Resident 1's room. CNA 2 stated she went to Resident 1's room and observed the resident on the floor with the Hoyer lift on the resident. CNA 2 stated she and four other staff assisted Resident 1 into bed. CNA 2 stated while Resident 1 was assisted into his bed, Resident 1 complained of neck pain. CNA 2 stated to prevent accidents and keep residents safe; staff should not operate the Hoyer lift using a one person assist. During a concurrent interview and record review on 11/5/2024 at 1:20 p.m., with Occupational Therapist (OT, a healthcare provider who helps you improve your ability to perform daily tasks) 1, Resident 1's Occupational Therapy Note , dated 10/8/2024 was reviewed. OT 1 stated Resident 1's upper extremities ([UE] arms) and lower extremities ([LE] legs) were impaired (loss of a physical ability). OT 1 stated Resident 1 required total assistance (two or more persons assist) with mobility and transfer. OT 1 stated due to Resident 1's UE and LE impairment it was safer for staff to use a Hoyer lift while transferring Resident 1. OT 1 stated the Hoyer lift should have been two persons assist to prevent falls, injury, and to keep Resident 1 safe. During an interview on 11/5/2024 at 2:25 p.m., with the Director of Nursing (DON), the DON stated Resident 1 was dependent with care and required two-person assist for transfer. The DON stated CNA 1 should have asked for assistance from another staff to transfer Resident 1 via the Hoyer lift. The DON stated there should have been a two-person physical assist when operating the Hoyer lift for the residents' safety, and to prevent falls, and injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056220	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briarcrest Nursing Center	5648 East Gotham Street Bell Gardens, CA 90201

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	During a review of the facility's Policy and Procedure (P&P) titled, Safety and Supervision of Residents , revised 7/2017, the P&P indicated the facility will make the environment as free of accident hazards as possible. The P&P indicated the facility's priority was resident safety, supervision, and assistance to prevent accidents. During a review of the facility's P&P titled Safe Lifting and Movement of Residents , undated, the P&P indicated the facility will protect the safety and well-being of residents and staff. The P&P indicated the facility will promote quality care, use appropriate techniques and devices to lift and transfer residents. During a review of an undated Manufacturer's User Manual titled Invacare ([Invacare] manufacture of long-term care medical products), Manual/Electric Portable Patient Lift, the user manual indicated a recommendation to use two persons assist for lifting and transferring procedures. During a review of the facility's Certified Nursing Assistant (CNA) Job Description, dated 9/2020, the CNA Job Description indicated responsibilities and accountabilities include implementing care according to the care plan. The CNA Job Description indicated helping residents with their ADLs, and proper lifting and transitioning from bed to wheelchair, wheelchair to bed, etc.