

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2024
NAME OF PROVIDER OR SUPPLIER Aidan Senior Living at Reedsport		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Ranch Road Reedsport, OR 97467	

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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>38139</p> <p>Based on observation, interview, and record review it was determined the facility failed to follow care plan transfer interventions for 1 of 2 sampled residents (#1) reviewed for accidents. This failure resulted in a fall for Resident 1 with hospitalization for a fractured back. Findings include:</p> <p>Resident 1 was readmitted to the facility in 11/2022, with diagnoses including above the knee amputation of both legs, diabetes, and dementia.</p> <p>A facility Incident Report dated 8/4/23, indicated Resident 1 had a witnessed non-injury fall while being propelled in the shower chair in the shower room. The CNA who assisted the resident stated she was backing up with the resident in the shower chair. The wheel of the chair dropped down into the recessed floor drain and the chair flipped over backwards. The CNA was able to lower the resident to the floor. The root cause of the fall was determined to be related to the resident's absence of legs which made the resident top heavy in the shower chair. When the chair wheel dropped in the drain area the chair became unstable and flipped backwards. The care plan was updated following the fall to include two staff to assist resident while in the shower chair.</p> <p>Resident 1's care plan revised 8/8/23 indicated the resident had an ADL self-care performance deficit with impaired balance related to bilateral amputations. The resident required two staff to move her/him to and from the shower while in the shower chair, with an additional intervention for staff which stated, DO NOT move shower chair alone.</p> <p>Resident 1's 4/14/24 Annual MDS CAA for Falls indicated the resident had a fall with an injury in the last quarter. The resident suffered a T8 (toward the lower end of the twelve thoracic vertebrae within the central, torso section of the spine) fracture.</p> <p>The facility's investigation of Resident 1's fall on 3/19/24 indicated she/he was sent to the emergency department following the fall. On 3/21/24 a CT scan (computed tomography) was completed for Resident 1 which documented a fracture in the thoracic region of the spine. The facility's investigation concluded Resident 1 was only assisted by one staff member during a shower chair transfer instead of two staff members as required by Resident 1's care plan.</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2024
NAME OF PROVIDER OR SUPPLIER Aidan Senior Living at Reedsport		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Ranch Road Reedsport, OR 97467	

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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/19/24 at 1:20 PM, an observation of the facility shower room was conducted. There were four shower chairs stored in the room. The floor drain was located between a far wall where the shower head was located and the door. The shower chairs would pass over the drain to get to the shower area. The flooring around the circumference of the drain sloped downward into the drain. Two of the shower chairs were tested for performance rolling across the drain area by the surveyor and Staff 4 (CNA) and Staff 5 (NA). The two chairs both had a wheel leave the ground when pushed across the drain area. The wheels which left the ground caused the chair to pitch forward or back depending on the way the chair was pushed.</p> <p>On 7/19/24 at 10:18 AM, Staff 3 (CNA) stated on 3/19/24 at approximately 7:20 AM she pushed Resident 1 by the front of the shower chair into the shower room when something stopped the chair and it flipped backwards and the resident fell and hit her/his head. Staff 3 stated she had transferred the resident by herself and knew the resident was supposed to have two staff when using the shower chair. Staff 3 stated she was aware of the resident's previous fall while in the shower chair. Staff stated she forgot about the two-person transfer and it was not a staffing issue as there was staff available to assist at the time.</p> <p>On 7/19/24 at 11:02 AM, Staff 4 (CNA) and Staff 5 (NA) were asked about the shower drain and the shower chairs. Staff 5 indicated the smallest shower chair was an issue and they had to push residents on a path along the right wall to avoid the drain area for safety. Staff 5 (NA) stated the bigger chairs had a wider base and could handle the drain area better. Both staff indicated they were aware the drain area could cause problems with the shower chairs.</p> <p>On 3/19/24 at 11:27 PM, Staff 1 (Administrator) and Staff 2 (DNS) acknowledged the fall in the shower room resulted in a fractured back for Resident 1 and Staff 3 did not follow the resident's care plan related to transfers in the shower chair.</p>