

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Life Care Center of Port Orchard		STREET ADDRESS, CITY, STATE, ZIP CODE 2031 Pottery Avenue Port Orchard, WA 98366	

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 - Minimal harm or potential for 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45203</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe transfers for 1 of 3 residents (Resident 1) reviewed for accidents when the facility did not use the mechanical lift's manufacturer's recommended sling when transferring a resident, resulting in the resident sliding from the sling. This failure placed residents at risk for unsafe transfers, potential injury, and decreased quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS), an assessment tool, dated 12/31/2023, documented the resident was cognitively intact, medically complex, and was dependent on staff for dressing, toileting, and transfers. On 01/18/2024, Resident 1's recorded weight was 228 pounds.</p> <p>The care plan focus for impaired ADL (activities of daily living) function, initiated on 05/11/2022, documented Resident 1 required total assistance of two staff and a mechanical lift with an XL (extra-large) sling.</p> <p>A facility incident report, dated 01/19/2024 at 2:30pm, by Staff C, documented Resident 1 had a witnessed fall from the lift during a transfer with Staff D and E. A physical assessment was completed with no injuries noted and the resident was assisted back to bed. The resident later reported back pain of seven out of 10. The provider was notified, and the resident was transported to the emergency room at 4:30pm the same day for evaluation.</p> <p>A facility investigation summary documented the lift and sling were inspected and in working order, the correct lift and sling were used, there were two nursing assistants present during the transfer, the nursing assistants were trained and performed the lift correctly; the fall was reasonably related to the resident shifting her weight in the sling causing the harness on the right shoulder to come off of the hook.</p> <p>On 02/15/2024 at 3:31pm, Staff C, Licensed Practical Nurse, said she was the nurse for Resident 1 on 01/19/2024 and staff had summoned her because the resident slipped out of the sling. Staff C said when she entered the room the sling was still attached to the lift but one strap was off. Staff C assessed Resident 1 for injury, and none was noted at that time but that Resident 1 had reported rib pain to their back and was sent to the hospital for evaluation.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 3:40pm Staff E, Nursing assistant (NA), said staff know how a resident transfers by what was listed on the care plan, mechanical lifts require two staff to be present and the use of a sling. Staff E said in regards to Resident 1's fall on 01/19/2024, they were using the mechanical lift, and a purple XL sling. Staff E said Staff D was operating the lift and she was assisting. Staff E said, I was not sure what happened as it all happened so fast and she was behind the resident to move the wheelchair out of the way and recalled that Resident 1's right leg strap came off and she slid out of the sling onto the floor.</p> <p>At 3:54pm, the identified mechanical lift that had been used when Resident 1 was transferred was observed and displayed an adhesive safety notice in red letters, that stated: SAFETY NOTICE: not all slings are compatible with this lifting device. It is the policy of [brand of the lift] to recommend that only [brand of the lift] slings be used with [brand of the lift] lifts.</p> <p>At 4:13pm, the sling identified as the sling used to transfer Resident 1 was observed and appeared purple in color, without obvious defects and labeled XL and was labeled as being manufactured by [different brand than brand of the lift that was used].</p> <p>On 04/05/2024 at 1:34pm Staff D, NA, said they know how residents transfer by what was listed on the care plan and for residents requiring a mechanical lift, they would need a sling, they would need to check that the lift was in good working condition, to hook the sling, and to have a second person to be there to make sure you do all the steps right. Staff D said after Staff E removed the wheelchair, for some reason Resident 1 became unhooked from one of the sides and slid from the sling. Staff D was not able to recall which strap became unhooked.</p> <p>On 4/22/2024 at 12:19 CC1, mechanical lift manufacture representative, said their brand of slings were designed, manufactured and tested to be used with their lift as a unit and deemed to be safe when used together. When asked if there was a list of alternate slings that could be used with their lift, the representative said they could not endorse another sling that may have been manufactured by another company.</p> <p>At 1:47pm CC2, sling manufacturer representative, said they did not have a compatibility list but if a facility was using or was interested in using their slings, they would ask the distributor to check the sling and lift to make sure the sling would work with that particular lift.</p> <p>On 04/23/2024 at 2:27 Staff B, Registered Nurse (RN), Director of Nursing (DNS), with Staff A, Administrator, present, said the appropriate sling for each resident was currently based on their weight according to the [manufacture of the sling they used] Sling/Belt color chart and how the resident sits and is supported in the sling. Staff B said the sling assigned to Resident 1 appeared to have fit properly. Staff B was not aware of the mechanical lift manufacturer recommendations to only use the manufacturer's slings designed specifically for the lifts being used at the facility.</p> <p>At 4:18pm Staff A, Administrator, with Staff B RN, DNS, present said they always check to make sure the slings fit and as far as the manufacturer recommended slings, they were working on implementing that now. Both Staff A and B indicated they were not aware of any communication with [sling company] prior to 01/19/2024 to determine if the slings being used were safe and appropriate for the lifts they were using.</p> <p>Reference WAC 388-97-1060 (3)(g)</p>		