

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 06/18/2024
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 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45203</p> <p>Based on interview and record review, the facility failed to obtain a physician ordered x-ray, in a timely manner, for 1 of 3 residents (Resident 1) reviewed for radiology and other diagnostic services. This failure placed residents at risk for a delay in assessment and treatment of declining respiratory status.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with diagnosis including emphysema (a lung disease that causes breathlessness), chronic obstructive pulmonary disease (COPD) (a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and chronic respiratory failure (a long-term condition in which the respiratory system is unable to adequately exchange oxygen and carbon dioxide in the body). The Admission Minimum Data Set (MDS), dated [DATE], documented the resident had moderate cognitive impairment, experienced shortness of breath (SOB) with exertion and lying flat, and required oxygen.</p> <p>Review of the physician's order, dated 03/20/2024, showed Resident 1 was to receive continuous oxygen via nasal cannula at two liters per minute.</p> <p>A communication with physician note, dated 05/02/2024 at 1:53 PM, documented the resident had coarse rhonchi, (loud sounds caused by constricted larger airways) bilaterally (both sides) and a loose non-productive cough and the provider was asked to see the resident on the next morning's rounds.</p> <p>A provider encounter note, dated 05/03/2024, by Staff D, Nurse Practitioner/Provider, documented Resident 1 was experiencing SOB and a productive cough with thick yellow phlegm. The provider ordered a chest x-ray due to rhonchi and SOB.</p> <p>An alert note, dated 05/03/2024 at 3:42 PM, documented nursing staff received the order for x-ray and faxed the order to the imaging provider.</p> <p>A skilled note, dated 05/04/2024 at 2:57 PM, by Staff C, Registered Nurse, documented Resident 1 continued to have clear to yellow sputum and the chest x-ray had not yet been obtained.</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: 505210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
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 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A skilled note, dated 05/05/2024 at 3:30 PM, by Staff C, documented Resident 1 was experiencing cough and congestion and had not had the ordered x-ray yet. A call to the radiology provider revealed the soonest it could be provided was possibly tomorrow. The resident's POA requested the resident be transported to the ER for evaluation.</p> <p>An alert note, dated 05/06/2024 at 1:09 AM, documented Resident 1 was admitted to the hospital for pneumonia and other diagnoses.</p> <p>On 06/03/2024 at 5:24 PM, Collateral Contact (CC) 1, family of Resident 1, said they had visited Resident 1 and were concerned about their cough. CC said staff told them it was the resident's COPD, and the provider would see Resident 1 the following day. CC 1 said the provider did see Resident 1 and ordered an x-ray but it had still not been done a few days later and Resident 1 was then coughing up green phlegm. CC 1 said it was not acceptable to expect Resident 1 to wait another day for the x-ray. CC 1 said Resident 1 was admitted to the hospital for pneumonia.</p> <p>On 06/04/2024, Staff D, Provider, said when they ordered an x-ray, they expected it to be called in and done as soon as possible. Staff D said they did not feel Resident 1 needed a STAT (urgent) x-ray, but it should have been called in for same day service. Staff D said they would have expected staff to notify them if it was not going to be done until Monday (three days after it was ordered) or later.</p> <p>On 06/18/2024 at 1:30 PM, Staff C said when they received an order for x-ray, they would fill out the form and fax it to the radiology provider and they would call to confirm if it was STAT. Staff C said it depended on the radiology provider and when they could come to the facility to do the x-ray. Staff C said if it was a Friday she would call the radiology provider and if they could not come out until Monday, she would contact the provider to confirm the resident was able to wait that long.</p> <p>At 1:48 PM, Staff B, Director of Nursing, RN, said staff should send the radiology provider a fax, they should receive a confirmation radiology received the order, and the radiology provider would come to the facility depending on their availability. Regarding Resident 1, Staff B said facility staff had followed up with the provider and they were ok with waiting for the x-ray to be obtained.</p> <p>Staff B was requested to provide any documentation that would substantiate when staff faxed and or called to confirm time frame of x-ray to be performed.</p> <p>At 2:13 PM, Staff B said they called the radiology provider and they reported they received the fax in the evening of 05/03/2024. A provided fax confirmation did not include a date/time stamp.</p> <p>Review of Resident 1's electronic health record did not show documentation that staff were aware of the estimated time for the x-ray to be obtained or follow up with provider(s) until after Resident 1's Power of Attorney inquired about the status of the x-ray and subsequently requested transport to the ER for evaluation.</p> <p>Reference WAC 388-97-1620 (6)(a)(b)(i)</p>		