STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505306	A. Building B. Wing	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Port Townsend	751 Kearney Street Port Townsend, WA 98368

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 0729 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining. 46068 Based on interview and record review, the facility failed to ensure nursing assistants were screened through the nurse aide registry prior to providing care to residents for 1 of 2 staff (Staff B) reviewed for staff qualifications. This failure placed residents at risk for abuse and unmet care needs. Findings included . Staff B was hired on 07/30/2024 as a Certified Nursing Assistant. Review of Staff B's employee record did not include documentation from the nurse aide registry. On 08/12/2024 at 2:00 PM, Staff A, Administrator, said Staff B was currently working as a nursing assistant providing resident care at the facility. Staff A said the facility had not received verification from the nurse aide registry for Staff B. Staff A said they had sent another email to the registry requesting verification. Reference WAC 388-97-1660(3)(c)

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