

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505527	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2024
NAME OF PROVIDER OR SUPPLIER  Prestige Post-Acute and Rehab Center - Edmonds		STREET ADDRESS, CITY, STATE, ZIP CODE 21008 76th Avenue West Edmonds, WA 98026	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35787</b></p> <p>Based on interview and record review, the facility failed to ensure a required assistive device (use of gait belt) and hands on contact were provided during therapy for 1 of 3 residents (Resident 1), reviewed for falls. This failure placed the resident at risk for fall with injury, unmet care needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of a nursing progress notes dated 03/20/2024, showed Resident 1 was admitted to the facility on [DATE] with diagnoses that included osteoporosis (weak and brittle bones), a hyperextension injury (disruption of the spinal column) of the back that was surgically repaired, and history of falls. Further review of the nursing progress notes showed Resident 1 was able to make needs known and required assist of one person for activities of daily living.</p> <p>Review of a nursing progress note dated 03/22/2024, showed Staff B, Assistant Director of Nursing, was notified of a witnessed fall while Resident 1 was in the therapy gym and worked with a therapist. The nursing progress notes showed when Resident 1 was interviewed about the fall, Resident 1 stated their right knee gave out, had a history of their right knee giving out, and that they fell on their right hip and back. The nursing progress notes further showed Resident 1 complained of pain and was not able to move, the physician was notified and ordered to transfer Resident 1 to the hospital.</p> <p>Review of the hospital records dated 03/22/2024, showed Resident 1 was admitted to the hospital on 03/22/2024 for a right leg fracture after losing their balance and fell .</p> <p>During an interview on 04/23/2024 at 2:43 PM with Staff C, Director of Rehabilitation, stated that it was the policy and procedure of the therapy company for their staff to use a gait belt when they worked with the residents on the exercise equipment. Staff C further stated it was expected that the therapist would have used a gait belt when they worked with Resident 1 on the parallel bars (exercise equipment) and should have used contact guard assistance, which meant the therapist should have always had their hands on the gait belt and Resident 1 while they worked with them on the exercise equipment.</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>On 04/23/2024 at 2:57 PM, Staff D, Physical Therapy Assistant, stated that it was a part of the therapy department's policy to use a gait belt while they were working with residents on the exercise equipment. Staff D further stated that a gait belt should be used to help stabilize residents that used the parallel bars.</p> <p>On 04/23/2024 at 3:30 PM, Staff B stated that the therapy department should follow their policy and use gait belts while working with the residents on their exercises in the therapy room.</p> <p>Reference: (WAC) 388-97-1060(3)(g)</p>		