STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515086	A. Building B. Wing	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beckley Healthcare Center	100 Heartland Drive Beckley, WV 25801

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on record review, observation, and staff interview the facility failed to ensure the resident environment was as free from accident hazards as possible. This was true for Resident #1 and was a random opportunity for discovery. Nurse Aide (NA) #20 and NA #21 had completed Resident#1's shower. They returned her to the hall and without surveyor intervention NA #20 and NA #21 would have used the total mechanical lift as a transport device to transport Resident #1 from the hallway to her bed which was by the window in her room. The surveyor intervened and prevented this from happening due to the risk of serious harm and/or death associated with using the lift as a transport device. The State Agency (SA) determined this practice placed Resident #1 in an immediate jeopardy (IJ) situation. The facility was notified of the IJ at 6:49AM on 05/19/25. The facility's plan of correction (POC) was accepted by the SA on 05/19/25 at 8:53 AM. After the facility implemented their plan of correction the SA abated the IJ at 10:35 am on 05/20/25. The implementation of the POC was confirmed by reviewing training documentation, observations and staff interviews to ensure the deficient practice had been corrected to the point of removing the immediacy. Resident Identifier: #1. Facility Census: 144. Findings Include: a) Resident #1 (continued on next page)

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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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	At 4:45 AM on 05/19/25 as the surveyor began walking down C-wing it was noted Resident #1 was on the shower bed in the hallway outside of the door to her room. Nurse Aide (NA)#20 was hooking the loops of the lift pad, which was under Resident #1 to the total mechanical lift; he then lifted the resident into the air. It should be noted that NA #21 was standing by and was available to assist. NA #20 however was the one hooking the lift pad to the lift and using the controls of the lift to lift the resident off the shower bed. Once NA #20 had lifted the resident slightly off the shower bed, the surveyor asked NA #20 what he was doing and if he intended to wheel the resident into her room while in the lift. He stated, Yes Ma'am that's how I always do it. I can't get the lift and the shower bed into the room at the same time. Is that Okay? At this time the surveyor intervened and asked him to not do that. He lowered the resident back to the shower bed and Licensed Practical Nurse (LPN) # 22 was asked if she could help NA #20 and #21 to safely transfer Resident #1 to the bed. LPN #22 then accompanied NA #20 and NA #21 into the resident's room. Upon entering the room, the surveyor noted Resident #1's bed was by the window. Her roommate who resided in the bed by the door was in bed. Her roommate's bed was against the back wall of the room. To the open side of the roommate's bed was a fall mat and an over the bedtable. Both of which had to be passed by to get Resident #1 to her side of the room. In the room was also a rock and go wheelchair which belonged to the roommate and Resident #1's wheelchair. NA #20 moved the roommate's chair out into the hallway. They then pushed the shower bed and lift into the resident's room. The shower bed did fit beside the resident's bed. They then lifted the resident into the air again. At this time the three (3) Staff members realized they were unable to move the shower bed out of the way due to the lift's legs being under the shower bed. At this time LPN #22 told NA#20 and NA #21 to transfer Resident #1 into her wheelchair and then remove the shower bed from the room. Then to transfer Resident #1 from her wheelchair to her bed. This transfer was eventually completed at 5:00 AM. A review of the Invacare Reliant 450 (the lift being used at the time of this transfer) lift manual found the following: WARNING!-Warning indicates a potentially hazardous situation which, if not avoided, could result in death or serious injury. WARNING!-The Invacare patient lift is NOT a transport device. Itis intended to transfer an individual from one resting surface to another (such as a bed to a wheelchair). The Invacare patient lift is NOT intended as a transport device. If the bathroom facilities are NOT near the bed or if the patient lift cannot be easily maneuvered toward the commode, the patient MUST be transferred to a wheelchair and transported to the bathroom facilities before using the patient lift again to position the patient on a standard commode. A review of the warning label which was affixed to the lift found the following, .This Invacare patient lift is NOT a transport device. DO NOT roll casterbase over uneven surfaces that may cause the patient lift to tip over. b) Facility's Plan of Correction Beckley Abatement Plan 5/19/25 Mechanical Lift Transfer 1. Patient #1 was assessed by the nurse and the Licensed Treatment nurse with no injuries noted on 5/19/25. On 5/19/25, Staff C.N.A. #20 was re-educated and competency re-evaluated by the staff development nurse on the proper lift transfer process and the requirement to not use the mechanical lift as a transport device. 2. An audit was completed by the Center Directors of Nursing with no other patients being transported by a mechanical lift device as a transport device at the time of discovery. (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	3. All Center Hands on Nursing Staff will be re-educated by the Staff Development Nurse/ Designee on the proper lift transfer process upon their next working shift. 4. Center Unit Managers/designee will audit daily, both shifts (7a-7p; 7p-7a), for three weeks, then three times per week for 3 weeks, to ensure staff are appropriately using the mechanical lifts and not using a mechanical lift as a transport device. All concerns will immediately be reported to the Center Executive Director by the Unit Manager/designee. 5. Results of audits will be presented in Quality Assessment and Performance Improvement meeting Monthly for follow-up to ensure compliance.