STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505182	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Providence Mount St Vincent	4831 35th Avenue Southwest Seattle, WA 98126

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44296 Based on observation, interview, and record review the facility failed to ensure care and services were provided to maintain the resident's highest practicable physical, mental, and psychosocial well-being for 4 of 4 residents (Resident 1, 2, 3, & 4) reviewed for falls and safety. The failure to implement a system for the use of air mattresses with a pump to include an assessment of the type of air mattress, size of air mattress and air pump settings, review of risk factors and obtain informed consent from the resident and/or the Resident Representative (RR), provision of staff training, develop and implement the Care Plan (CP), provide ongoing monitoring of air mattress safety, function and pump settings, and re-assessment of the risk for use of the air mattress after a resident fall, placed 16 other residents using air mattresses at risk for potential negative outcomes including falls, injury, and death. Findings included . <Facility Policy> The facility policy Safe Use of Devices and Medical Equipment dated 04/2023 showed devices and medical equipment were used to meet residents' medical needs, increase resident safety, promote independence, and guarantees the resident's rights to an environment free of hazards. The policy showed a safety assessment was completed when a device is being considered for meeting a resident medical need, a nurse may initiate the safe use of a specialty mattress, discuss risks with the resident or RR, document a progress note to summarize the assessment and discussion with the resident/RR, update the care plan to include interventions to prevent the risk of injury. <Air Mattress User Manual> The [Brand] air mattress user manual revised 12/2005 was provided by Staff A (Administrator) on 06/04/2024. The manual showed instructions for control settings to use the air mattress and pump. The controls described in the manual showed the pump had three setting types: alternating air pressure, static air pressure, and auto firm mode. Alternating therapy inflates and deflates alternating air cells on a cycle timer that can be set to alternate air in a sequence of increments. Static therapy did not alternate air cell pressure or have a cycle timer, could be adjusted for comfort, and showed how staff would check the air mattress. The auto firm mode would quickly inflate all air cells to maximum firmness for routine procedures by staff. The manual showed a control button on the pump that indicated operating or standby. The manual directs use of the air mattress under the order of a physician, evaluate patients according to facility protocols, and monitor patients appropriately. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<Resident 1> The 05/20/2024 Admission Minimum Data Set (MDS, an assessment tool) showed Resident 1 was admitted to the facility on [DATE] after a stroke, had a urinary catheter, was not able to eat, was fed by a tube into their stomach, and had five pressure injuries at admission. Resident 1 was assessed to be cognitively intact and usually understood others and usually able to make themself understood. The MDS showed Resident 1 had a fall in the facility between 05/13/2024 and 05/20/2024. Review of a 05/14/2024 Physician Order (PO) showed an order for air mattress. There was no information in the PO for the type of air mattress, size, or settings. Review of a 05/15/2024 Resident Safety Assessment showed an evaluation of a specialty mattress. The type of mattress and assessed settings were not indicated on the assessment. The assessment showed Resident 1 had altered mental status, impaired muscle coordination, restlessness, and had a history of falling from the bed. The assessment showed a referral to physical therapy was not applicable. The assessment directed the assessor to summarize the results of the assessment in the progress notes, document an action plan in the CP, and discuss risks and benefits of the equipment with the resident and their RR. Review of Resident 1's 05/15/2024 nurse progress notes showed no documentation of the safety assessment of the air mattress or discussion of risks and benefits with Resident 1 or their RR. There were no progress notes on 05/15/2024 regarding the delivery and/or set up of the air mattress, verification of size, settings, or evaluation of Resident 1 on the new air mattress. The 05/15/2024 4:13 PM nurse progress note showed Resident 1 was found at 2:25 PM with their face on the floor and their right leg in bed with the bed in a raised position. Resident 1 stated they were trying to get out of bed. The 05/15/2024 8:06 PM nurse progress note showed the supplier delivered the wrong size (36 inch wide) air mattress to Resident 1 and a new size (39 inch wide) was ordered. Review of the 05/15/2024, 05/23/2024 and 06/01/2024 fall investigation reports for Resident 1 showed Resident 1 had three falls within two weeks. All three falls were from the bed while using an air mattress. None of the reports showed an assessment of the air mattress settings at the time of the fall. Review of Resident 1's May 2024 Treatment Administration Record (TAR) showed monitoring of the air mattress was initiated on 05/15/2024. The TAR showed Air Mattress - 39 inch [brand name] during each shift. Mattress and blower for skin integrity. Check Air Mattress for proper functioning. Verify mattress is inflated per resident comfort. The TAR did not provide parameters for the air mattress setting to direct the nurse to compare the actual setting to the required setting and make adjustment if needed. In an observation and interview on 06/03/2024 at 2:50 PM, Resident 1 was sitting in their wheelchair next to the bed. There was an air mattress on the bed frame with a pump on the footboard. The settings on the pump showed static mode, and comfort level 7/7. Resident 1 stated they had fallen from their bed a few times. Resident 1 stated they fell a couple days ago and hit their head on the floor. Resident 1 stated they did not want to fall again. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 06/03/2024 at 3:26 PM, Staff D (Resident Care Manager) stated Resident 1 had three falls. Staff D stated Resident 1 fell on [DATE] because the wrong size air mattress was delivered by the supplier and staff put Resident 1 on a mattress that was too small. Staff D stated Resident 1 fell on [DATE] and was not able to find that a safety assessment of Resident 1's air mattress was completed after the fall. Staff C stated on 06/01/2024 Resident 1 was trying to reposition in the bed and fell off the air mattress to the floor. Staff C confirmed all three falls were from bed while lying on the air mattress. Staff C stated there were no settings ordered, assessed, monitored, or documented for the use of the air mattress for Resident 1. Staff C stated nursing staff was directed to monitor the mattress for function and comfort only, there were no orders to monitor the pump settings. Staff C stated the type of air mattress and settings were not assessed on Resident 1's Safety Assessment form. Staff C stated they completed the Safety Assessment but did not inform Resident 1 or their RR of the risks when using an air mattress and did not document the assessment and consent, as directed on the form. In an observation on 06/03/2024 at 3:57 PM, Resident 1 was in their bed on the air mattress. The pump settings were set to static mode and comfort level 7/7. Resident 1 was sleeping and their legs were moving in a restless, repetitive motion. The bed was not in the lowest position, the mat for the left side of the bed was at the foot of the bed, against the wall. The wheelchair and wheeled cart with a pole were next to the bed. Review of the current June 2024 CP for Resident 1 showed a new entry on 06/03/2024 risk for injury/entrapment related to use of an air mattress with a goal that Resident 1 would not acquire any injury relate to the use of the air mattress. The CP showed staff would complete air mattress checks on the TAR and ongoing safety assessments would be completed by the nurse until the device was no longer in use. <Resident 2> An observation and interview on 06/04/2024 at 1:05 PM showed Resident 2 had an air mattress with setting of alternating pressure and a five minute cycle, comfort level of 3/7 and the operational light on. Resident 2 was sitting on the edge of the air mattress which the mattress was observed to fold to a lower position where the resident was sitting. Resident 2 stated they had the air mattress for a couple weeks for a skin condition. Resident 2 stated they were not told by staff the risks of using an air mattress but they had not fallen off the bed. Review of a 05/21/2024 Resident Safety Assessment for Resident 2 showed an evaluation of a specialty mattress. The type of mattress and assessed settings were not indicated on the assessment. The assessment showed Resident 2 did not have altered mental status, impaired muscle coordination, restlessness, or a history of falling from the bed. The assessment showed a referral to physical therapy was not applicable. The assessment directed the assessor to summarize the results of the assessment in the progress notes, document an action plan in the CP, and discuss risks and benefits of the equipment with the resident and their RR. <Resident 3> Observation on 06/04/2024 at 1:08 PM showed Resident 3 had an air mattress with setting of alternating pressure and a five minute cycle, comfort level of 5/7 and the operational light on. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a 03/27/2024 Resident Safety Assessment for Resident 3 showed an evaluation of a specialty mattress. The type of mattress and assessed settings were not indicated on the assessment. The assessment showed Resident 3 had impaired muscle coordination but did not have altered mental status, restlessness, or a history of falling from the bed. The assessment showed a referral to physical therapy was not applicable. The assessment directed the assessor to summarize the results of the assessment in the progress notes, document an action plan in the CP, and discuss risks and benefits of the equipment with the resident and their RR. <Resident 4> Observation on 06/04/2024 at 1:05 PM showed Resident 4 had an air mattress with setting of static pressure and a comfort level of 2/7 and the operational light on. Review of a 05/22/2024 Resident Safety Assessment for Resident 4 showed an evaluation of a specialty mattress. The type of mattress and assessed settings were not indicated on the assessment. The assessment showed Resident 4 did not have altered mental status, impaired muscle coordination, restlessness, or a history of falling from the bed. The assessment showed a referral to physical therapy was not applicable. The assessment directed the assessor to summarize the results of the assessment in the progress notes, document an action plan in the CP, and discuss risks and benefits of the equipment with the resident and their RR. In an interview on 06/04/2024 at 4:00 PM with Staff A (Administrator), Staff B (Director of Nursing), and Staff C (Director of Clinical Operations) a list of 19 residents currently using air mattresses with a pump was provided. Staff A, B and C were asked if the Safety Assessment for a specialty mattress should include the type or brand of air mattress and the assessed settings for each resident, and if the TAR for the nurses to monitor the settings should include the parameters for the pump settings for comparison. Staff A, B and C stated the pump settings should be assessed and the setting should be on the TAR for nurse monitoring and comparison. Staff A, B and C were asked to provide documentation for Residents 1, 2, 3 ,4 to show safety assessments were completed to use the [Brand] air mattress, the individual assessed settings of each air pump, nurse monitoring of the pump settings, and discussion of risks and benefits with each resident or their RR. Documentation of staff training on the use and monitoring of the air mattresses and pump settings was requested. No documents were provided. REFERENCE: WAC 388-97-1060(1)(3)(g).