

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055566	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/03/2020
NAME OF PROVIDER OF SUPPLIER COASTAL VIEW HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 4904 TELEGRAPH RD VENTURA, CA 93003	
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 0908 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Keep all essential equipment working safely.</p> <p>Based on interview and record review the facility failed to maintain a patient mechanical lift equipment (Sara lift) in safe operating condition by ensuring the battery is fully charged during transfers in one of one resident (Resident 1). This failure resulted in the stoppage of the sara lift's function halfway while Resident 1 was being transferred from a shower chair to a wheelchair. Resident 1 slowly slid to the floor sustaining a skin tear. Findings: During review of Resident 1's clinical record titled Interdisciplinary Progress Note, dated 3/9/20, the Interdisciplinary Progress Note indicated in part on 3/8/2020 at 9:50am- Per staff, CNA was transferring resident from shower chair to wheelchair using the Sara lift when all of a sudden the Sara lift stopped working in the middle of transfers due to battery was low, which caused resident to slowly slipped off the shower chair . Upon assessment - noted skin tear to left shin from foot pedal of the lift. Able to move all extremities without difficulty, no apparent distress noted. Assisted resident back to wheelchair, all needs met. MD and family notified of th event. During a phone interview on 4/15/20 at 10:10 AM with the Assistant Director of Nursing (ADON) the ADON stated It was the battery. When we investigated the battery wasn't charged enough. I guess the CNA didn't check that it was charged enough. Review of the document titled Equipment Maintenance Log model Sara 3000 , indicated on 1/30/20 and 2/28/20 the Sara lift was inspected and checked with notations of in good condition, battery and hand control . Review of the Sara lift 3000 undated user manual titled, Battery Charging indicated, To ensure the Sara 3000 is always ready for use, it is recommended that a freshly charged battery pack is always available. This is achieved by having additional battery packs available and keeping one on charge while the other one is in use. A battery that is charged for the first time or after a long storage period must be charged until the charger indicates full charge. During an onsite visit on 6/1/20 and interview with the facility's administrator (ADM) at 11:40 a.m., the ADM stated, the resident is no longer in the facility. During an observation and interview with a certified nursing assistant (CNA 1) on 6/1/20 at 11:50 a.m., regarding the Sara lift upkeep, CNA 1 indicated when not in use the Sara lift's battery is kept charged at the facility's charging station. CNA 1 showed the surveyor the sara lift's battery is at 75 % charged / indicator.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.