

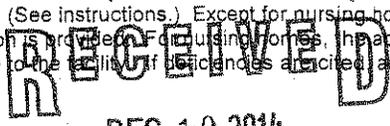
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505411	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2014
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NAME OF PROVIDER OR SUPPLIER SUNSHINE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE EAST 10410 NINTH AVENUE SPOKANE, WA 99206
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Sunshine Gardens on 11/14/14 and 11/19/14. A sample of 6 residents was selected from a census of 83. The sample included 4 current residents, and the records of 2 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>3050335 3050085 3051003 3054764</p> <p>The survey was conducted by: Linda Loffredo, R.N., B.S.N.</p> <p>The survey team is from: Department of Social & Health Services Aging & Long-Term Support Administration Residential Care Services, District 1, Unit A 316 West Boone Avenue, Suite 170 Spokane, Washington 99201</p> <p>Telephone: (509)323-7302 Fax: (509) 329-3993</p> <p><i>Cindy Colville 12/2/14</i> Residential Care Services Date</p>	F 000	<p>F323 Free of accident hazards/supervision/devices</p> <p>The staff member involved was immediately terminated.</p> <p>All NAC staff received in-servicing on following the Care Plan and were re-educated on the electronic Care Plan (Kardex) with a return demonstration to ensure proper understanding.</p> <p>Policy and Procedure on Nursing Care Plans reviewed and updated.</p> <p>All new NAC staff to be educated on the need to be accountable to check the Care Plan and their responsibility to read the Care Plan themselves for accurate direction. All NACs to receive yearly re-education on transfers and electronic Care Plans.</p> <p>Corrective action to be completed by January 9th, 2015</p> <p>The RCMs and the Infection Control/Staff Development Nurse responsible to ensure correction.</p>	1-9-2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>P.K. Arnold, Administrator</i>	TITLE	(X6) DATE 12-16-2014
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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 required. In 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 identified, an approved plan of correction is requisite to continued program participation.



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SPOKANE WA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2014
FORM APPROVED
OMB NO. 0938-0391

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F 323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure interventions to prevent injury were implemented as planned for 1 of 6 sample residents (#1). The failed practice resulted in actual harm to the resident, who fell during a transfer, and sustained a fracture. Findings include:</p> <p>Resident #1 had diagnoses that included [REDACTED]. Per record review, the resident required total assistance for all activities of daily living, and was a full mechanical lift transfer, due to non weight-bearing status on the right leg. She utilized a wheelchair for mobility.</p> <p>According to the record, the resident's [REDACTED] and because of this, the resident was at high risk for injury.</p> <p>The resident's care plan directed staff to use a mechanical lift to transfer the resident out of bed, and to maintain non weight-bearing status on the right leg.</p> <p>Review of a facility investigation documented the following: On the morning of 11/7/14, Staff #B and #E</p>	F 323	<p style="text-align: center; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</p> <p style="text-align: center; font-weight: bold;">DEC 19 2014</p> <p style="text-align: center; font-weight: bold;">DSHS ADSA RCS SPOKANE WA</p>	

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F 323	<p>Continued From page 2</p> <p>were assisting the resident to get out of bed for therapy. When they attempted to assist the resident to turn in bed, so they could place the mechanical lift sling under her, the resident insisted she could transfer to the wheelchair by herself - from a sitting position on the bed. Staff #B then assisted the resident to sit at the side of the bed.</p> <p>Staff #F reported that she brought the resident's breakfast tray to the room, while the resident was sitting up at the side of the bed. Staff #F reported that she told Staff #B the resident's care plan directed staff to transfer her out of bed using the mechanical lift. Staff #F said she then directed Staff #B to transfer the resident using the lift, and offered to stay and assist with the transfer. Staff #B said she did not need help.</p> <p>According to the investigation, after Staff #F left the room, Staff #B assisted the resident to stand on the left leg. The resident could not maintain her balance, and started to slide to the floor. Staff #B and #E assisted the resident to the floor, where she landed on her bottom.</p> <p>Per record review, staff then assisted the resident to bed using the mechanical lift. Afterwards, the resident complained of pain in her right knee. The physician ordered an immediate x-ray of the right leg, which revealed an additional leg fracture.</p> <p>When interviewed on 10/14/14 at 4:00 p.m., Staff #A stated the resident remained in the facility until [REDACTED] when she was transferred to the hospital for surgery to repair the fracture.</p> <p>During a telephone interview on 11/24/14/ at 10:35 a.m., Staff #D, the resident's physical therapist, said the resident was unable to stand on her left leg, and remained non-weight bearing on the right leg. She verified the resident required a mechanical lift to safely transfer.</p>	F 323		

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F 323	Continued From page 3 The facility's failure to ensure the resident was safely transferred resulted in significant injury to the resident, who fell and sustained a second fracture to her right leg. Surgical intervention and hospitalization were required to stabilize the fracture.	F 323		

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