

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

PRINTED: 03/26/2013
FORM APPROVED
OMB NO. 0938-0391

1065

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2013
NAME OF PROVIDER OR SUPPLIER IDA CULVER HOUSE BROADVIEW NCC			STREET ADDRESS, CITY, STATE, ZIP CODE 12509 GREENWOOD AVENUE NORTH SEATTLE, WA 98133		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Ida Culver House Broadview Nursing Care Center on 03/12/13, 03/13/13, 03/14/13, 03/15/13, 03/18/13, 03/19/13 and 03/20/13. A sample of 25 residents was selected from a census of 68. The sample included 22 current residents, the records of three former/discharged residents, and two supplemental residents.</p> <p>The survey was conducted by: [REDACTED], MSW [REDACTED], MN, RN [REDACTED], MS, RD [REDACTED], BSN, RN</p> <p>The survey team is from: Department of Social and Health Services Aging and Adult Services Administration Residential Care Facilities District 2, Unit C 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><i>Delores [REDACTED] 3-27-2013</i> Residential Care Services Date</p>	F 000	<p>Preparation and execution of this response and Plan of Correction do not constitute an admission or agreement by the provider or signer of the truth or accuracy of the alleged facts or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because the provisions of federal and state law require it. This Plan of Correction is not an admission of non-compliance with the cited regulation(s).</p> <p>This Plan of Correction constitutes the provider's written credible allegation of compliance for the deficiencies noted.</p>		

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5-3-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Cheryl J. Travers* TITLE *Skilled Nursing Administrator* (X6) DATE *4/8/13*

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.

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F 241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to promote dignity during dining by not providing assistance in a focused and uninterrupted timely manner; staff talked about personal issues while assisting residents; and a lack of sufficient space in an assisted dining room. In addition, the facility failed to provide care for residents in a dignified manner including a lack of privacy and cuing during care and use of care items in a non-dignified manner. This violated resident's right to dignity and care given with respect and full recognition of resident individuality.</p> <p>Findings include:</p> <p>FIRST FLOOR DINING Observation of the breakfast meal on 03/15/13 at 7:45 a.m. in the first floor dining room revealed Staff V, Q and an unidentified trayline staff speaking to one another about personal issues, including available apartments in the neighborhood and bus rides. These conversations were held with one another while each fed residents. Speaking over residents instead of to them placed residents at risk to not feel valued and included.</p>	F 241	<p>F 241 483.15 (a) Dignity and Respect of Individuality</p> <p>Ida Culver House Broadview Health Care Center staff is committed to respecting and honoring older adults by enhancing the quality of their lives during every interaction including dining service, conversation and care provision, as well as maintaining the environment and ensuring equipment is in good condition. In addition to previously provided trainings, the Interdisciplinary team will continue to address with the staff the dignity and respect of each resident via in-service (including, but not limited to, the CMS approved training "Hand in Hand"), staff meetings, direct observation, resident and family survey, and random and planned audits. Immediate correction of any observed variances will occur. The topics of these actions will include, dignity during care, privacy, communication and cueing. The outcomes of these corrective measures will be presented and addressed at the quality assurance meeting until compliance is maintained. The Director of Nursing will ensure ongoing compliance. Of note, corrective actions have begun, including replacement of sensor alarms, rearrangement of tables and chairs to enhance the dining service and provide a therapeutic and home like environment as well increase the</p>		

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F 241	Continued From page 2 Observation on 03/15/13 at 9:43 a.m. revealed Resident #45 sitting in the common area. Staff E sat beside Resident #45 feeding him breakfast. Staff E periodically turned the pages of a newspaper that was located in front of him on the table as he appeared to read it to himself between bites fed to the resident. At 9:47 a.m., Staff E left the resident at the table, with his meal in front of him, as he responded to a request for help in another resident's room. At 9:53 a.m., Resident #45's family member arrived on the unit. She commented to the resident that it looked as if he still had some breakfast to finish. She then proceeded to feed the resident his meal, as Staff E had not returned to assist him. Resident #20 was observed on 03/14/13 and 03/19/13 with a sensor alarm, placed in a disposable glove and attached to her wheelchair handle. In an interview on 03/20/13 at 7:55 a.m., Staff U stated the clamp was broken on several sensor alarms currently used for residents. She explained "the only way to attach them is to put them in the gloves. It's how we get them to stay". She stated, "I know, it looks bad." Using disposal care items in this manner did not promote a dignified environment for residents. SECOND FLOOR DINING Observation of meal service in the supported dining room on the second floor on 03/12/13 at 11:45 a.m. revealed the following: Six residents were seated at three different tables, including Resident #82 who was seated at one end of the large table. More residents arrived during the meal. The first tray was served at 11:55 a.m. At 12:05 p.m., three residents seated at one end of the large table all had food. Resident #82 did not	F 241	efficiency and proficiency of staff service to decrease interruptions and service and wait times, prior to the required date of completion of this report. <i>Date when corrective actions will be completed.</i> May 3, 2013	<i>AD</i> 5-3-2013

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F 241	<p>Continued From page 3</p> <p>have her meal and was watching other residents eat. Resident #82 was finally served at 12:17 p.m.</p> <p>During the 03/12/13 noon meal the following concerns related to dignity during dining were noted: At 11:55 a.m., Staff O and J were observed assisting residents to eat while wearing gloves. At 12:10 p.m. Staff N used a table where residents were dining to prepare and stage the tray. From 12:20 p.m. to 12:38 p.m. residents were fed or cued by Staff J, K, L, and an unidentified Caregiver (U-CG). The U-CG tucked a napkin under a resident's chin without asking, then brought a chair to sit in and feed the resident. The U-CG then got up and left. Staff L was observed standing while feeding Resident #149 then walked to a different table to take dinner orders then walked over to another table to cue a resident. During the meal, Staff J and L were observed seated on rolling stools, rolling between three different tables so that residents were fed or assisted by different staff at different times throughout their meal. At 12:44 p.m. Staff L was again standing to feed Resident #149. Staff L had to move Resident #149's wheelchair so that another resident could pass between tables to exit the dining room.</p> <p>During the 03/15/13 breakfast meal the following concerns related to dignity during dining were noted: Staff K was the only caregiver assisting during the meal. Resident #82 was seated at one end of the large table next to Resident #14. There was little or no room to pass behind Resident #82's wheelchair. During meal service, twice Staff K was observed crawling around/over the back of Resident #82's chair to and from Resident #14.</p>	F 241			

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F 241	<p>Continued From page 4</p> <p>At 7:45 a.m. an unidentified caregiver used the table where Resident #82 and Resident #14 were sitting to stage a hall tray. Staff K continued to serve other residents until 7:59 a.m. when she sat down to feed Resident #82. At 8:00 a.m. Resident #82's meal was interrupted when Staff K got up to assist other residents with their meals. Residents who arrived required assistance with preferences and set up. At 8:03 a.m. Staff K sat again to feed Resident #82 saying "Sorry (Resident #82)." Staff K stopped feeding Resident #82 twice more to serve other residents. There was no other staff assisting in the dining room during the morning meal.</p> <p>In an interview on 03/15/13 at 8:55 a.m. Staff K stated that the two other staff assigned to assist with the morning meal were busy with other residents. Staff K said that she would usually get the nurse but could not leave the dining room "in case someone chokes." Staff K said that resident tables were used for staging hall trays during meals. According to Staff K, staff used to pull a small cart into the room but could not do so because the room was too crowded. Staff K said that residents who needed assistance were served last, so their food did not get cold, which meant that some residents sat watching other residents eat.</p> <p>In an interview on 03/15/13 at 12:50 p.m. Resident #82 stated that she required assistance to eat. Resident #82 said that she usually waited 15 to 20 minutes for her meal to be served. The resident said that staff get up while feeding her "I don't like it, (but) what choice do I have?" Resident #82 said that she was brought to the</p>	F 241			

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F 241	Continued From page 5 dining room early because her wheelchair is so big. The resident said that she had not told anyone she didn't like to wait "No, its just the way it is." DIGNITY DURING CARE: Observation of care for Resident #37 on 03/13/13 at 9:36 a.m. revealed the following: Resident #37 was lying on her left side in bed facing a large window, awake but unresponsive. Two Staff (J and N) arrived to turn the resident. Staff J told the resident she was to be turned before starting, but then proceeded to turn and provide personal care without cueing. After removing the [REDACTED] [REDACTED] Staff N told the resident "We are cleaning you", but there was no further cueing by either caregiver during care, including when moving the resident up in bed with a draw sheet and when wiping her [REDACTED]. At 9:42 a.m. Staff N closed the blind which was completely open during care, looking out a second story window. In an interview on 03/14/13 at 2:00 p.m., Staff N stated that he closed the blinds during care because the glare of sun through the window makes it uncomfortable for residents. According to Staff N, curtains were drawn for privacy during care, but Resident #37 was alone in the room, so usually the blind is only closed if there was sun in the resident's eyes.	F 241			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.	F 282	F 282 483.2(k)(3)(ii) Services by Qualified Persons/Per Care Plan Ida Culver House Broadview Health Care Center staff is committed to ensuring the highest level of physical function and social interaction for each resident, in addition to ensuring spiritual needs are		

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F 282	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that services were provided in accordance with care plan directives for one (#82) of four residents reviewed for activities of daily living and activities. Failure to ensure that care plan directives concerning activities and oral care were followed placed the resident at risk for health complications associated with unmet care needs.</p> <p>Findings include:</p> <p>Resident #82 was admitted to the facility on [REDACTED]/11 with [REDACTED] including a [REDACTED]. The resident's most recent Minimum Data Set (MDS) assessment, dated 01/24/13, indicated the resident was dependent on staff for all activities of daily living and was being treated for [REDACTED]</p> <p>Review of Activity care plan interventions revealed the resident would be invited and escorted to activities. The care plan also noted staff should encourage her to attend activities to divert or redirect her attention from her chronic health condition that would lead to progressive loss of her physical function.</p> <p>Throughout the survey the resident was noted to attend meals in the assisted dining room and then go back to her room. The staff would then transfer her back to bed until the next meal time. The staff were not observed asking the resident if</p>	F 282	<p>being met. Several group and individualized activities are offered throughout the day including movie night, sports and cultural events, themed dinners, sunshine and sunset club, sing-a-long, holiday celebrations, coffee and news, table tasks, 1:1 activities, nail salon and many others. The Activities Coordinator and Assistant will continue to document the individualized activity plan of care based on resident preferences and interests and facilitate and record resident attendance. The Interdisciplinary team will continue to ensure that staff are offering all residents the opportunity to attend group activities and are providing individualized activities per plan of care.</p> <p>The Charge Nurse and Primary Nurses, in addition to the Interdisciplinary Team, will ensure that individualized resident plans of care, including oral hygiene plan of care will be carried out per directive. The Interdisciplinary Team will utilize staff training, in-service, direct observation with immediate correction of any variances observed, planned and random audits of care plan adherence to ensure compliance. The results of these corrective measures will be presented and addressed at the quality assurance meeting until compliance is maintained.</p>	

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F 282	<p>Continued From page 7 she wanted to attend activities.</p> <p>During an interview with the resident on 03/14/13 at 8:50 a.m., when asked if the facility had religious activities on the weekend the resident indicated she did not know. She stated she had attended church services "occasionally." She stated it was hard to attend activities because she could not propel her wheelchair and "the staff would have to take me there".</p> <p>Resident #82 explained she used to participate in activities but that she could no longer walk. When asked if she was invited to activities she stated a list of scheduled activities for the day was given out each morning. When asked if the activities met her interests, she commented that she used to enjoy scenic van rides and occasionally played bingo. When asked if she was invited to the bingo game observed the previous day she stated no. When asked about supplies for in room activities, the resident stated she was no longer able to read but indicated music is something she might enjoy.</p> <p>On 03/20/13 at 9:30 a.m., an interview with the Activities Director, Staff AA, was completed. When asked about Resident #82's involvement in scheduled group activities, Staff AA reported she usually attended as long as she was comfortable getting out of bed. He did report that the resident used to attend group activities more frequently in the past but indicated her attendance had declined. He then stated "it depends on how the resident feels."</p> <p>Staff AA provided a record documenting the resident's participation and attendance in group</p>	F 282	<p>The Director of Nursing Services will ensure ongoing compliance. Of note, corrective actions have begun with inservicing of role of caregivers providing care per directive and best practice oral hygiene demonstration, prior to the required completion date of this report.</p> <p><i>Date of corrective actions completed.</i> May 3, 2013</p>	<p>88 5-3-2013</p> <p>88</p>	

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F 282	<p>Continued From page 8</p> <p>activities. Review of the record showed that in December, 2012 the resident attended three group activities and went to two special program. During January, 2013 the resident attended two group activities and last attended a group activity on 01/31/13. The only other out of room activity attended since then was on 02/14/13, when the resident attend a Valentine's event with her spouse.</p> <p>In an interview on 03/20/13 at 8:30 a.m., the nursing assistant caring for the resident, Staff J, reported the resident was "new to my section". When asked if the resident attended any activities the previous day, Staff J stated she did not go to any in the morning but maybe she attended them in the afternoon. She then stated she had not seen the resident attend any activities. When asked how staff ensured residents were offered activities, Staff J stated "sometimes they (activities staff) come into her room."</p> <p>Not ensuring the resident was offered opportunities to attend group activities as care planned placed the resident at risk for social isolation.</p> <p>LACK OF ORAL CARE During the initial interview with Resident #82 completed on 03/14/12, she stated staff did not consistently provide assistance with oral care. When asked how frequently they assisted her she stated it was not done every day.</p> <p>Review of the resident care guide found a directive indicating oral care was to be provided after each meal. The clinical record contained a dental consult dated 10/03/12 requesting the</p>	F 282		

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F 282	<p>Continued From page 9 resident be assisted with oral care after each meal.</p> <p>On 03/19/13, two staff were observed assisting the resident back to bed after the breakfast meal. The resident had visible food matter on her teeth. The staff positioned the resident in bed then prepared to exit the room. When asked about oral care, Staff J reported it had been completed during morning care, prior to the resident's breakfast. Staff J was asked what the resident care guide directed. She acknowledged the care guide stated oral care was to be provided three times a day after meals.</p> <p>Not ensuring the directives for providing oral care were consistently followed increased the risk of health complications associated with lack of oral hygiene.</p>	F 282		
F 318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: The facility failed to provide restorative nursing services for two of three residents (#s 82 and 21) reviewed for Range of Motion. Failure ensure residents received services they were assessed</p>	F 318	<p>F 318 483.25(e)(2) Increase /Prevent Decrease in Range of Motion</p> <p>Ida Culver House Broadview Health Care Center Staff is committed to providing each resident individualized plans of care to promote optimal physical functioning and utilize Restorative Nursing Programs developed by Physical, Occupational and/or Speech Therapists to ensure this goal. The Individualized Care Plans have direct oversight by the MDS RN Coordinator.</p> <p>The Restorative RN will continue to have oversight and ensure compliance of</p>	

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F 318	<p>Continued From page 10</p> <p>to require and to ensure changes in their participation were reported placed the residents who had limited joint range of motion at risk for the further progression of the contractures.</p> <p>Findings include:</p> <p>RESIDENT #82 Resident #82 was admitted to the facility on [REDACTED]/11 with [REDACTED] including a [REDACTED]. The resident's most recent Minimum Data Set (MDS) assessment, dated 01/24/13, indicated the resident was dependent on staff for all activities of daily living including eating. The assessment also noted the resident had [REDACTED] and had a [REDACTED] program.</p> <p>Review of the care plan found that the resident wore a [REDACTED] and [REDACTED] during the evening and nocturnal shift, to prevent further progression of the identified contractures. The care plan also indicated a restorative nursing program to provide exercises to maintain joint range of motion was provided daily.</p> <p>On 03/18/13 at 11:41 a.m. Staff X, a Restorative Aide (RA), was observed assisting the resident with the exercise program while the resident was in bed. Although the resident had a right hand contracture, the staff did not do any exercises with the right or left fingers. When asked why the finger and hand joints were not exercised Staff X reported the program did not include joint range for the fingers.</p> <p>The care plan goal associated with the restorative</p>	F 318	<p>adherence to these individualized Restorative care plans by the Restorative aide via care plan review and modification as needed. The specially trained Restorative Aides will continue to offer and carry out the individualized restorative care plans and report any variances of resident performance or preferences to the Restorative RN and or Interdisciplinary Team. The Interdisciplinary Team will utilize staff training, in-service, direct observation with immediate correction of any variances observed, planned and random audits of care plan adherence and resident survey to ensure compliance. The results of these corrective measures will be presented and addressed at the quality assurance meeting until compliance is maintained. The Director of Nursing will ensure ongoing compliance. Of note, actions have begun with individualized plans of care reviewed, Restorative aide performance observation and resident survey to ensure continued optimal physical functioning prior to the required completion date for this report.</p> <p><i>Date of corrective actions completed.</i> May 3, 2013</p>	<p style="text-align: right;">JD 5-3-13</p>

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F 318	<p>Continued From page 11</p> <p>exercise program was to maintain upper extremity joint range and stated that passive range of motion should be completed for all joints, however no range of motion was provided to either of the resident's hands.</p> <p>On 03/18/13 at 1:25 p.m., the Nurse responsible for the restorative programs, Staff W was interviewed about the resident's exercise program. When asked if the exercise program was intended to include the fingers, she reported that she was not certain.</p> <p>On 03/18/13 at 2:15 p.m., the occupational therapist, Staff Y, who designed the program was interviewed. She explained that she intended the fingers to be included in the joint exercise program and reported Staff X was trained by the therapy department when the program was first implemented.</p> <p>Failure to provide range of motion to the resident's fingers placed her at risk for increasing contractures.</p> <p>RESIDENT # 21 Resident # 21 was admitted to the facility on [REDACTED]/12. The admission MDS assessment, dated 10/15/12, indicated the resident used a wheelchair to get from one location to another and had [REDACTED] in the [REDACTED]. This MDS also assessed the resident had a fracture and was receiving skilled therapy while residing in the facility. The next quarterly MDS, dated 01/15/13, also assessed the resident had contractures and used a wheelchair for locomotion in the facility.</p>	F 318			

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F 318	<p>Continued From page 12</p> <p>Review of the skilled therapy notes found that on 12/31/12 the resident was discharged from skilled therapy and placed on a restorative nursing program exercise program to maintain joint range of motion. The program included exercises completed with the lower extremity while in bed, seated on the edge of the bed and using a theraband (a 4 to 6 inch wide elastic band) to provide resistance.</p> <p>On 03/19/13 at 11:10 a.m., Staff X provided assistance to Resident #21 with completing the exercise program. The resident participated in the lower extremity program while lying in bed. Although the guidelines for completing the program indicated some exercises were to be completed while sitting on the edge of the bed, this was not done. The program also indicated that a theraband should be used to provided resistance while completing some of the exercises, however the theraband was not used while the staff assisted with the exercise program.</p> <p>After assisting the resident with the program Staff X was interviewed. When asked about the exercises seated on the edge of the bed that were omitted, the staff reported the resident had not been able to sit on the edge of the bed since January. He stated the change in the resident's condition was reported to the nurse.</p> <p>During a follow up interview on 03/19/13 at 1:50 p.m., Staff W, who was responsible for the coordinating the restorative programs, stated she was informed that day that the resident was not able to sit on the edge of the bed to participate in activities. She stated she did not know this previously.</p>	F 318		

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F 318	Continued From page 13 Not ensuring these two residents were provided restorative exercise programs they were assessed to require and as care planned placed them at risk for a decline in joint range of motion.	F 318		
F 371 SS=F	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to store, prepare, and distribute food under sanitary conditions. Failure to ensure that foods were held at the appropriate temperature, below 41 degrees or above 140 degrees, increased the risk of a food borne illness. Not ensuring foods items were accurately dated, equipment was sanitized and food preparation areas were clean and sanitary also increased the risk of a food borne illness. This failed practice affected all residents receiving meals.prepared in the kitchen.</p> <p>Findings include: INADEQUATE FOOD TEMPERATURES On 03/12/13 a cart full of prepared food items</p>	F 371	<p>F 371 483.35(i) Food Procure, Store/Prepare/ Serve- Sanitary</p> <p>Ida Culver House Broadview Health Care Center Staff is committed to providing each resident with a variety of wholesome, tasty, chef inspired meals prepared, stored and served in accordance with best practice guidelines. In addition to the previously provided trainings, The Food Service Manager and Registered Dietician will continue to ensure proper temperatures of all food items, proper storage, preparation and cleaning will be maintained at all points of dining service. The Interdisciplinary Team will utilize staff training (including but not limited to the USDA guidelines), in-service, direct observation with immediate correction of any variances observed, and planned and random audits to ensure ongoing food safety at all points of service. The daily logs will</p>	

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F 371	<p>Continued From page 14</p> <p>was observed outside the walk in cooler. The cart contained approximately 10 to 12 different food items. The pans stored on the cart were warm to the touch. The Diet Aide reported the cart was removed from the cooler approximately 10 minutes earlier.</p> <p>Two of the food items located on the cart were tested. Raw chicken was found to be 50 degrees and fish that had been portioned into serving sizes was 60 degrees.</p> <p>The Diet Aide stated the food items tested were not safe to serve and they would be discarded. He stated the temperatures of the other food items would be tested as well.</p> <p>At 12:10 p.m. the Food Service Manager (FSM), Staff Z was asked about the food items on the cart. He reported the Diet Aide told him the food items on the cart had "only been at room temperature for 10 minutes." He reported the chicken and fish had been discarded however he was not certain if any other items had been tested or discarded.</p> <p>The FSM and Surveyor then went to the kitchen to verify the meat items had been discarded, but were not able to verify temperatures of the other items observed on the cart that morning had been tested. At 12:45 p.m., the FSM reported he instructed the staff to discard all the items that were on the cart that morning.</p> <p>On 03/19/13 at 8:20 a.m., the cart holding food prepared for cooking and or reheating was found in the walk in refrigerator. A temperature test of one of the items on the cart, cooked beef cubes,</p>	F 371	<p>be summarized and the results of these corrective measures will be presented and addressed at the quality assurance meeting until compliance is maintained. The Nursing Home Administrator will ensure ongoing compliance. Of note, immediate resolution of food issues was undertaken at time of discovery and direct observation provided prior to the required completion date of this report.</p> <p><i>Date of corrective actions completed.</i> May 3, 2013</p>	<p><i>DD</i> 5-3-13</p> <p><i>DD</i></p>

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F 371	<p>Continued From page 15</p> <p>found the cooked item was 43 degrees. Staff R stated the item was not safe to serve. He indicated temperature checks of the other items found on the cart would be completed and the items would be discarded if above 41 degrees.</p> <p>On 03/20/13 at 8:20 a.m. the temperatures of the foods in the steam table were tested. The potatoes held in the steam table in "Ida's Café" were less than 140 degrees. Staff S stated the foods had been placed on the steam table at 7:30 a.m.</p> <p>At 8:25 a.m., the temperatures of food on the steam table used to serve the main dining room were tested. The scrambled eggs were 138 degrees and the potatoes were 122 degrees. When asked about the temperatures Staff T stated he checked the temperature of the food when it had been placed in the steam table at 7:30 a.m..</p> <p>NO MONITORING OF TEMPERATURES WHEN REHEATED IN MICROWAVE</p> <p>On 03/19/13 at 8:30 a.m. an unidentified staff member was observed reheating food items in the microwave. The staff member reheated the items on the plate but failed to test the food items to ensure the temperature recommended by the USDA food code when using a microwave for reheating, 165 degrees, was obtained.</p> <p>During observation in the main dining room on 03/18/13 during the noon meal service, between 12:40 and 12:50 p.m., several unidentified staff were observed to use a microwave, on the counter in the serving kitchen, to reheat food items. No one tested the temperatures of the food</p>	F 371			

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F 371	<p>Continued From page 16 items.</p> <p>On 03/20/13 at 8:20 a.m., after the temperature of breakfast items were tested and found to be below 140 degrees, Staff S was unable to correctly identify the temperature requirement when using a microwave to reheat food items. When asked what temperature the foods should reach she reported 160 degrees.</p> <p>UNLABELED / UNDATED FOOD ITEMS The following observations of undated and unlabeled items were made in the walk in refrigerator on 03/12/13 during the initial tour of the kitchen: A pan of fish was thawed but did not have a label or date indicating how long the item had been in the refrigerator. A second pan of raw fish was dated 3/5, indicating the item had been in the refrigerator for seven days. A large plastic bin containing soup bones was dated 3/6 indicating the item had been on the shelf for six days.</p> <p>On 03/12/13 at 12:10 p.m., a clear plastic bin containing chicken was found in the walk in refrigerator. The bin had a piece of tape that was dated 3/1/13. An unidentified dietary staff explained the dishwasher had not removed the label form the bin when the dishware was washed. He reported the chicken had only been on the shelf "a couple of days" and the date observed was not correct. The FSM and dietary staff reported in general they would not hold uncooked meats for longer than three days</p> <p>On 03/14/13 at 3:03 p.m. the refrigerator in the serving kitchen next to the main dining room found approximately 16 health shakes that had</p>	F 371			

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F 371	<p>Continued From page 17</p> <p>no label or expiration date on them. (The health shakes were delivered to the facility frozen then thawed before consumption and have a shelf life of 14 days after thawing). On 03/18/13 at 9:50 a.m., the same refrigerator held 18 undated health shakes.</p> <p>In an interview on 03/19/13 at 9:20 a.m., the Registered Dietitian reported health shakes placed in a refrigerator should be dated when it was placed there. She also stated if they were not consumed within three days, they would be discarded.</p> <p>SOILED EQUIPMENT On 03/12/13 at 8:15 a.m., during the initial tour of the kitchen the slicer, the mixer and the can opener were found soiled.</p> <p>On 03/19/13 at 7:50 a.m. a small mixer was observed on the shelf below a food preparation counter. The mixer had visible food matter dried to the base, underside of the rotary blade and lip on the bowl. Staff in the area stated they had not used the equipment that day and were not certain when it had last been used.</p> <p>The slicer was found with food particulate matter on the base and blade. The can opener blade had food matter adhered to the blade and food spills on the base that was mounted on a food preparation counter.</p> <p>The juice gun (next to the hand washing sink) was soiled and smelled like sour juice. The head had a build-up of different colored juice on the dispenser. The head of the gun and line had masking tape (or its residue) adhered to the</p>	F 371			

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F 371	Continued From page 18 surface of the head and the line leading to the dispenser machine, making it difficult to sanitize. The counter sink and cabinet face at the end of tray line had visible food spills and splash on the outside surfaces. The plate warmer and hot holding carts, used to transport food from the main kitchen to the serving kitchens in the health center, were soiled on the outside and top of the storage units. Reach in refrigerators in the cooks preparation area and one located in the back of the kitchen (adjacent to the hand washing sink) were visibly soiled. One of the refrigerators had a bungee cord holding the door shut tight. The FSM's assistant, Staff R stated the bungee cord was used to ensure the door remained sealed when closed. Four buckets that contained rags and water for sanitizing surfaces were checked, to verify they had a sufficient concentration of the chemicals to sanitize surfaces, however none of the buckets checked showed they had any sanitizer in them One of the staff reported that the bucket was changed about an hour earlier and the chemicals were automatically dispensed. The FSM's assistant reported he was not certain if the automatic dispenser, used added the santizer to the buckets, was working.	F 371			
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain	F 425	F 425 483.60 (a),(b) Pharmaceutical Services Accurate Procedures, RPH Ida Culver House Broadview Health Care Center Nursing staff is committed to providing the highest level of nursing care, including medication administration, storage and documentation per best practice guidelines.		

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F 425	<p>Continued From page 19</p> <p>them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This LEVEL B is not met as evidenced by: Based on interview and record review it was determined the facility failed to follow Physician's Orders and/or ensure medications were administered as ordered for four (#s 73, 53, 27 & 10) of ten residents reviewed for unnecessary medications. These failures placed residents at risk for untreated medical conditions and medication errors.</p> <p>Findings include:</p> <p>FACILITY POLICY According to the facility's Charting by Exception policy, "After resident takes the medications, the Licensed Nurse will write their initials in the appropriate dated square next to the box with the</p>	F 425	<p>The Charting by Exception policy recognizes the value of each Primary Nurse spending more quality time with each resident and the reduction of documentation time to the extent possible to achieve this measure. Each Primary Nurse will carry out Physician orders for medication administration utilizing the best practice guidelines including documentation of any identified parameters and will follow the facility policy for documentation. The Director of Nursing, Assistant Director of Nursing, Charge Nurses and Registered Pharmacist will utilize staff training, in-service, direct observation with immediate correction of any variances observed, planned and random audits of medication administration and documentation to ensure compliance. The results of these corrective measures will be presented and addressed at the quality assurance meeting until compliance is maintained. The Director of Nursing will ensure ongoing compliance. Of note, in-servicing and review of policy with Primary Nursing staff and random audits were initiated prior to the required completion date of this report.</p> <p><i>Date of corrective actions completed.</i> May 3, 2013</p>	<p style="text-align: right;"><i>JD</i> 5-3-13</p>

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F 425	<p>Continued From page 20</p> <p>following text: 'All routine medications given as ordered unless otherwise indicated by circled initials' and "Any routine medications that were not administered as ordered will be initialed; initials circled, and reason for not administering the medications listed on the back of the medication administration record (MAR)."</p> <p>RESIDENT #73 Resident #73 had a physician's order (PO), dated 12/19/11, for [REDACTED] every morning for [REDACTED]. Parameters included in the PO instructed staff to hold the medication if the resident's systolic blood pressure was greater than 140.</p> <p>Review of the February MAR revealed on 23 occasions the resident's SBP was greater than 140 and the medication was held, as indicated by circled initials. 02/24/13 staff noted the resident's SBP was 142, however there was no indication the medication was not given. On 02/26/13 the SBP was 143, however staff did not indicate the medication was held. On 2/27/13 the SBP was noted as 142 however staff did not circle their initials or otherwise indicate the medication was held as directed. In addition, there were no entries on the back of the MAR that indicated the medication was held on any day in February.</p> <p>Similar findings were noted on the January MAR. Seven entries indicated the resident's SBP was greater than 140 and staff wrote the word "hold" without circling their initials. Entries on 01/04, 05, 06, 10, 11, 17, 18, 20, 21, 22, 23, 27 and 29 revealed the resident's SBP was greater than 140, however staff did not indicate the medication was held on any of those occasions. In addition,</p>	F 425		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2013
NAME OF PROVIDER OR SUPPLIER IDA CULVER HOUSE BROADVIEW NCC		STREET ADDRESS, CITY, STATE, ZIP CODE 12509 GREENWOOD AVENUE NORTH SEATTLE, WA 98133		
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F 425	<p>Continued From page 21</p> <p>there was no record of a blood pressure on 01/19 or 01/28/13.</p> <p>Review of the December 2012 MAR also revealed five occasions in which staff noted the resident's SBP was greater than 140, however they failed to indicate the medication was held as ordered.</p> <p>In an interview on 03/18/13 at 9:40 a.m., Staff D stated staff were expected to follow physician's orders with regard to parameters. She acknowledged staff did not indicate the medication was held as directed on any of the above entries. While she expressed confidence staff followed physician's orders and held the medication if needed, she was unable to demonstrate this was the case, as staff signed the MAR indicating all routine medications were given unless otherwise noted.</p> <p>RESIDENT #53 Review of Resident #53's record revealed a PO for [REDACTED] daily. Included in the PO were the parameters for staff to hold the medication if the systolic bp was less than 100 or the pulse was less than 55. There was no record of blood pressure readings for the month of February 2013. Previous month's MARS, including January 2013 and November 2012 revealed no blood pressure readings.</p> <p>A Pharmacy consult to physician note, dated 02/24/13, read "It does not look like BP and pulse are being measured consistently (last value in computer was from 2/4/13)". On 03/13/13 the physician removed parameters from the order.</p>	F 425		

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F 425	<p>Continued From page 22</p> <p>In an interview on 03/15/13 at 11:30 a.m., Staff F stated she was told not to record blood pressure readings in the MAR when she started working at the facility a year ago. When asked if that was facility policy she stated she did not know. In an interview on 03/15/13 at 1:25 p.m., Staff I, the Charge Nurse, stated if an order included parameters, blood pressure readings "are supposed to be recorded in the MAR." She acknowledged they had not been consistently recorded which impaired the staff and physician from determining trends and the stability of the resident's blood pressures. She stated the "med nurses probably forgot to record" the readings.</p> <p>Similar findings were noted for Resident #27 for whom review of the January, February and March 2013 MARs revealed two [REDACTED] medications administered twice a day with paramters ordered by the physician. The MARs revealed blood pressure readings were not consistently monitored.</p> <p>In an interview on 03/18/13 at 8:00 a.m., Staff H stated blood pressures were to be monitored prior to each dose of the medication. She acknowledged staff failed to consistently note this had been done.</p> <p>RESIDENT #10 Review of Resident #10's record revealed the following physician's orders, dated 08/09/11: [REDACTED] every day as needed for [REDACTED]; [REDACTED] every day as needed "if no results from MOM"; and [REDACTED] every day as needed if [REDACTED] [REDACTED] ineffective.</p>	F 425		

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F 425	<p>Continued From page 23</p> <p>According to the 11/23/10 care plan, Resident #10 was at high risk for bowel obstruction. An identified approach included "Bowel meds per MD order."</p> <p>Review of the February MAR revealed a prn (as needed) [REDACTED] was administered on 02/13 and 02/17/13. There was no indication on the MAR the MOM was administered prior to the [REDACTED] as the physician ordered.</p> <p>Similar findings were noted on 01/01, 10 and 25/13 when staff recorded the administration of prn [REDACTED] without first administering the MOM. On 01/08/13 staff noted the [REDACTED] was refused. There was no indication staff administered, or attempted, a dose of MOM as ordered by the physician.</p> <p>Additionally, on 12/07/13, staff noted on the MAR a [REDACTED] was given. There was no indication MOM was administered.</p> <p>In an interview on 03/19/13 at 8:04 a.m., Staff D stated Resident #10 frequently refused oral medications. Staff D stated staff should have offered the MOM and marked it as refused prior to the administration of a suppository. Staff D further explained if the resident consistently refused the MOM, staff should have notified the physician and asked for the order to be changed. Staff D stated as the PO directed staff to administer the MOM first, staff should have followed the order.</p>	F 425		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431	<p>F 431 483.60 (b), (e) Drug Records, Label/Store Drugs & Biologicals</p> <p>Ida Culver House Broadview Health Care Center Nursing Staff is committed to</p>	

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F 431	<p>Continued From page 24</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to consistently record the</p>	F 431	<p>providing the highest level of nursing care, including storing and labeling of all medications in accordance with best practice guidelines,</p> <p>The Nursing staff will continue the practice of dating opened medications, routinely monitoring and testing storage temperatures and destroying/tracking medications per facility guidelines.</p> <p>The Interdisciplinary Team will utilize staff training, in-service, direct observation with immediate correction of any variances observed, planned and random audits of medication labeling, storage and documentation to ensure compliance. The results of these corrective measures will be presented and addressed at the quality assurance meeting until compliance is maintained.</p> <p>The Director of Nursing will ensure ongoing compliance. Of note, in-servicing and review of medication storage guidelines and documentation has begun and random audits were initiated prior to required completion date of this report.</p> <p><i>Date of corrective actions completed.</i> May 3, 2013</p>	<p>200 5-3-13</p>	

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F 431	<p>Continued From page 25</p> <p>open dates of medications; failed to track and dispose of expired medications and failed to dispose of medications and biologicals when the refrigerator temperature was found to be out of range. This placed residents at risk for receiving expired or ineffective medications and biologicals.</p> <p>Findings include:</p> <p>Observation of the 2nd floor locked medication room on 03/18/13 at 8:42 a.m. found the following:</p> <p>MEDICATION CUPBOARD: One vial of " [REDACTED]" 100 milligram (mg) green caplets with an open date of 2/13/11. On the top was hand-written APAP (another name for [REDACTED]). No resident name was identified. No expiration date was listed. In addition, two bottles of Magnesium Citrate (laxative) with the pharmacy labels removed. The seal was broken on one vial and unbroken on the second vial. The expiration date was 04/09 on both.</p> <p>MEDICATION REFRIGERATOR: One vial open Tuberculin serum had no open date. Kineret syringes (arthritis medication) for former resident Resident #100 dispensed 11/5/12. The specimen refrigerator contained five vials for blood collection which expired 9/28/12.</p> <p>In addition to the above noted medications and biologicals, the medication refrigerator inventory included Bisacodyl (laxative), Promethazine (for nausea) and Tylenol (for pain) suppositories, insulin and unopened flu vaccine. Review of logged daily medication temperatures for March 2013 found that no temperatures were recorded</p>			F 431		

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F 431	Continued From page 26 on 3/12 and 3/17/13. The medication refrigerator temperature at midnight on 3/18/13 was 60 degrees. Staff documented that the refrigerator door was open and "will check later". At 0300 the refrigerator temperature was recorded at 43 degrees. There was no way to know how long the medications and biologicals had been at 60 degrees. During observation of expired medications and biologicals, Staff F said that all open vials should have an open date. On discussion of the refrigerator temperature of 60 degrees, Staff F said that all medications were probably thrown away. Staff F said that refrigerator temperatures should be between 38 and 45 degrees. On interview at 9:00 a.m., Staff I (charge nurse) stated that if staff found a high temperature (like 60 degrees), all medications and biologicals should be replaced. According to Staff I, this information would be written on the 24 hour report and passed on to her. Staff I said she didn't know about the 60 degree medication refrigerator temperature. Staff I said that she usually checked for expired or undated medications and biologicals. "This one (Magnesium Citrate and Nullo) slipped through."	F 431			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.	F 441	F 441 483.65 Infection Control, Prevent Spread, Linens Ida Culver House Broadview Healthcare Center Staff is committed to a robust Infection Control Program that addresses all aspects of Infection Control including monitoring, surveillance, reporting and education that enhances all staff understanding and compliance and incorporates the Center for Disease Control (CDC) best practice guidelines.		

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F 441	<p>Continued From page 27</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff washed hands when required to minimize the risk of infection. Failure to wash hands and/or change soiled gloves when indicated placed residents at risk for exposure to</p>	F 441	<p>In addition to the CDC Hand Hygiene best practice in-services and staff trainings that are held several times throughout the year, the Interdisciplinary Team will utilize staff training, in-service, direct observation with immediate correction of any variances observed, planned and random audits of infection control including hand hygiene and glove use in multiple areas of resident care, including, but not limited to housekeeping, dining services, medication administration and direct resident care. The results of these corrective measures will be presented and addressed at the quality assurance meeting until compliance is maintained. The Director of Nursing will ensure ongoing compliance. Of note, hand hygiene and glove use best practice guidelines demonstration and in-service were provided and are ongoing prior to the required completion date of this report.</p> <p><i>Date of corrective actions completed.</i> May 3, 2013</p>	<p style="text-align: right;">  5-3-13 </p>

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F 441	Continued From page 28 infectious organisms. Findings include: FACILITY POLICY According to the facility's Hand Hygiene policy, dated 6/04, staff will always wash their hands "between procedures on the same resident; between direct care contact with residents; before or after putting on or removing gloves; when hands have visible soilage; after touching inanimate objects that are likely to be contaminated, even when gloves are worn." The policy stated staff would "vigorously rub together all surfaces of lathered hands for at least 15 seconds, followed by thorough rinsing under a stream of water." In addition it was noted, "Medication Passes will require frequent handwashing or use of alcohol based cleansing agents (gel or foam) between direct contact with residents...". LACK OF HAND WASHING DURING DINING Observation of the lunch meal on 03/12/13 from 12:19 to 12:44 p.m. in the common area of the dementia unit found the following: Staff Q set up and served meal trays to several residents. Staff Q was observed assisting and feeding Residents #56 and #50 when she got up and retrieved a book and a wooden stacking toy from the activity room. Staff Q provided the toy and book to a resident in the common area and then again assisted Resident #s 56 and 50 without washing hands. At 12:36 p.m. Staff Q retrieved a box of tissue and wiped Resident #50 's nose stating "let me wipe your nose." Staff Q placed the used tissue on the table dining table. Without washing hands, Staff Q assisted Residents #56 and 50 to	F 441		

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F 441	<p>Continued From page 29</p> <p>eat, then escorted Resident #95 to the couch and handed her a tissue, then poured milk from the carton into a glass and handed it to Resident #56. After touching all of these persons and surfaces with contaminated hands, Staff Q moved the soiled tissue from one place on the table to another and fed Resident #50 a bite. Staff Q then stirred Resident #56's soup with her spoon, moved her plate closer, moved food around on the plate with a knife, picked up the used tissue and placed it on her chair. Staff Q was not observed to wash her hands at any point during this dining experience.</p> <p>Observation on 03/13/13 from 10:37 to 10:53 a.m. in the common area of the dementia unit found the following: Resident #56 was sitting at a table with seven other residents. Staff P was reading the newspaper to the residents and occasionally handed a block or doll to a resident. She held resident's hands as she greeted them and patted their backs. At 10:40 a.m., Resident #56 was served a late breakfast. Without benefit of handwashing, Staff P assisted Resident #56 with her meal. At 10:53 a.m., Staff P assisted Resident #104 from the table to his room. She held onto his arm and walker as she assisted him. She then washed her hands for less than ten seconds before she replaced a compact disc in the radio and held Resident #95's hand. Staff P then returned to the table and handed a piece of toast to Resident #56.</p> <p>Observation of the lunch meal on 03/12/13 in the Main Dining Room on the 2nd floor revealed staff cleared trays. The staff member was observed to dish soup for a resident without benefit of hand washing. Visible food matter was observed on</p>	F 441			

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F 441	<p>Continued From page 30</p> <p>(his/her) hand. The staff member was asked to perform hand hygiene and then get a new bowl of soup. S/he pointed to the hand sanitizer on the wall and stated, "I used that after clearing dishes."</p> <p>Another staff member was observed to clear dishes from tables and scrape food from the soiled dishes. S/he then assisted residents to fill out a menu and collected them to be sent to the kitchen. Failure to wash hands when indicated placed residents at risk for exposure to contamination.</p> <p>CHANGING GLOVES AND HAND WASHING DURING CARE: Record review found that Resident #37 was admitted to the facility in 2009 with medically [REDACTED] resulting in [REDACTED]. The resident was unable to purposely move or communicate.</p> <p>The following observations were made 03/13/13 at 9:36 a.m.: Resident #37 was lying on her left side facing the window. She was noted to be awake but unresponsive. Staff J and N entered the room to turn the resident and provide care. Both Staff J and N donned gloves. Staff J removed the resident's [REDACTED] and cleaned the resident's [REDACTED]. Without changing the now contaminated gloves, Staff J adjusted the resident's gown and brief and assisted the resident to turn to the side. With the same contaminated gloves, Staff J reached into the container for more wipes to bring them up through the slot, which contaminated the receptacle. Staff J then wiped the resident's backside. Staff J then removed the gloves,</p>	F 441		

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F 441	<p>Continued From page 31</p> <p>disposed of the soiled [REDACTED] and washed her hands.</p> <p>After donning new gloves, Staff J applied cream to the resident's [REDACTED] area. Staff J then changed the contaminated glove on one hand without washing or use of hand sanitizer. Staff J used the hand with the new glove to apply cream to the resident's [REDACTED]. Both Staff J and N changed gloves and washed their hands briefly (less than 10 seconds) and donned new gloves to continue care.</p> <p>On interview at 9:55 a.m. Staff J said the policy was to wash hands after glove removal. Staff J said that she changed only one glove during peri care as it was contaminated with cream.</p> <p>FAILURE TO WASH HANDS DURING MEDICATION PASS: The following observations and interviews were made during medication pass observation:</p> <p>On 03/18/13 at 9:22 a.m. after giving medications to Resident #150, Staff H washed her hands for less than six seconds.</p> <p>On 03/18/13 at 11:30 a.m., both before and after administering eye drops to Resident #149, Staff F washed her hands for less than 10 seconds.</p> <p>On 03/18/13 at 1:59 p.m., after giving pills to Resident #151, Staff H walked to the medication cart and without washing her hands or using hand sanitizer she prepared medication for Resident #37. After preparing the medication, Staff H used hand sanitizer. During administration of medications through Resident #37's [REDACTED]</p>	F 441		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2013
NAME OF PROVIDER OR SUPPLIER IDA CULVER HOUSE BROADVIEW NCC		STREET ADDRESS, CITY, STATE, ZIP CODE 12509 GREENWOOD AVENUE NORTH SEATTLE, WA 98133		
(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 441	<p>Continued From page 32</p> <p>██████, Staff H washed her hands at the sink three times, each time for less than 10 seconds. In an interview at 2:41 p.m. Staff H said that she washes her hands for 15-20 seconds while singing Happy Birthday. When told that her handwashing did not last that long and did not meet standard, Staff H said "I guess I sang fast".</p> <p>On 03/19/13 at 7:59 a.m. Staff G washed her hands for five seconds after taking the resident's oxygen reading. Staff G then prepared and administered medications to the resident.</p>	F 441		

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