

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

1098

PRINTED: 02/04/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/22/2014
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NAME OF PROVIDER OR SUPPLIER  UNIVERSITY PLACE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5520 BRIDGEPORT WAY WEST UNIVERSITY PLACE, WA 98467
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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 Standard Survey conducted onsite at University Place Care Center on 1/15/14 and phone interview on 1/22/14. The sample included 5 residents out of a census of 101.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2933013 #2932462</p> <p>The survey was conducted by: [REDACTED], RN, MN</p> <p>The surveyor is from: Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 3, Unit A PO Box 45819 MS: N27-24 Olympia, Washington, 984504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p> 1/31/14 Residential Care Services Date</p>	F 000	<p><u>The following written allegation of compliance is intended to meet the requirements for a plan of correction under state and federal law and is not an admission that the survey findings are correct or that they rise to the level of deficiencies under applicable law</u></p> <p style="text-align: right;"><b>RECEIVED</b> FEB 13 2014 DSHS - ADSA RCS - REGION 5</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE LNHA	(X6) DATE 2/10/14
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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 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 323 SS=D	<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 that the facility failed to identify, evaluate and analyze hazards and/or risks associated with falls, and failed to implement adequate interventions to prevent additional falls for 1 of 4 residents (Resident #1) reviewed for accidents. This failure placed this resident at risk for further falls and injury.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility with multiple diagnoses to include [REDACTED].</p> <p>On 1/15/13 at approximately 2:50 p.m., Resident #1 was observed in the hall outside of his room in the wheelchair tilted at approximately 20 degrees.</p> <p>The care plan with an estimated goal date of 1/9/14 identified the resident to have self-care and mobility deficits with intervention for a tilt and space wheelchair "to be tilted at twenty degrees unless receiving oral intake of any kind. Must be at zero degrees for all oral intake, must be supervised when chair not being tilted at 20 degrees."</p>	F 323	<p><b><u>F-323 Free of Accident Hazards/Supervision/Devices</u></b></p> <p>Resident #1 has post-fall interventions current and in place. Care plan and care directive were updated.</p> <p>Other residents with falls were reviewed and interventions are in place.</p> <p>Falls will be reviewed by Interdisciplinary Team. IDT was inserviced on responsibilities status post-fall as it relates to investigation and interventions.</p> <p>Audits will be conducted by Director of Nursing or designee to determine ongoing compliance. Results will be forwarded to Quality Assurance Committee for review of trends/patterns.</p>	1/24/14
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[REDACTED], LNHA 2/10/14

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F 323	<p>Continued From page 2</p> <p>The in room care directive (a care guide for nursing assistants) dated 11/14/13 directed staff to tilt the wheelchair "0-30 degrees for weight shifting, and 30 minutes after drinking or eating." The in room care directive did not direct staff to supervise the resident when the wheelchair was not tilted at 20 degrees.</p> <p>Review of the facility's "resident occurrence report" revealed the resident had a fall from the wheelchair on 12/31/13 and sustained a laceration to the forehead.</p> <p>The facility's "First Phase Investigation within 24 hours -Fact Gathering" report investigation dated 1/3/14, documented, "unable to determine if the tilt wheelchair was in a tilted position when the fall occurred."</p> <p>During an interview on 1/15/14 at 2:00 pm, the licensed nurse (Staff C) reported the nursing assistant (staff F) who was with the resident last, stated he left the resident in the room in an upright position in the wheelchair. The licensed nurse (Staff G) who assessed the resident after the fall stated the resident's wheelchair was tilted 30 degrees. Staff C stated it is more likely the wheelchair was left in an upright position since the resident had not fallen in over a year. Staff C confirmed staff statements were not included in the investigation and were not analyzed or evaluated for accuracy as part of the investigation.</p> <p>According to the investigation Staff F left the resident unsupervised in the room at 5:15 a.m., and the resident called out for help and was found on the floor at 5:20 a.m.</p>	F 323	<p>Correction Date: 1/24/14 and ongoing</p> <p>Director of Nursing or designee will be responsible for compliance.</p>	
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~~Cherish A. [redacted]~~, LNHA 2/10/14

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F 323 Continued From page 3

Although the resident had fallen from the wheelchair after being left unsupervised for five minutes in an upright position in the wheelchair, the care plan had been updated on 1/3/14 with the following intervention: "Wheelchair to be tilted 0-30 degrees when not receiving oral intake of any kind, and frequent visual checks of resident when in the wheelchair." When asked, Staff C confirmed care plan interventions had not been adequately modified to reduce risks of further falls.

F 323

~~XXXXXXXXXXXXXXXXXXXX~~, LNHA 2/10/14