

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

PRINTED: 07/22/2013
FORM APPROVED
OMB NO. 0938-0391

1102

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/03/2013
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NAME OF PROVIDER OR SUPPLIER ALDERWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 EAST HARTSON AVENUE SPOKANE, WA 99202
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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
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Alderwood Manor, on 07/02/2013, and 07/03/2013. A sample of 6 residents were selected from a census of 59. The sample included 5 current residents and the records of 1 former and/or discharged resident.</p> <p>The following were complaints investigated as part of the survey:</p> <p># 2822628</p> <p>The survey was conducted by:</p> <p>██████████ R.N., B.S.N. ██████████ R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 1, Unit A Rock Pointe Tower 316 West Boone Avenue, Suite 170 Spokane, Washington 99201-2351 Telephone: (509) 323-7303 Fax: (509) 329-3993</p> <p><i>[Signature]</i> Residential Care Services Date 7/22/13.</p>	F 000	<p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</i></p> <p style="text-align: center;">RECEIVED JUL 26 2013 DSHS RESIDENTIAL CARE SPOKANE WA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Executive Director	(X6) DATE 7/24/13
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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 observation, interview and record review it was determined the facility failed to provide sufficient supervision to prevent falls for 1 of 6 residents (#1) sampled. Resident #1 experienced actual harm as a result of a fall when left unsupervised on the commode.</p> <p>Findings include:</p> <p>Review of the medical record revealed Resident #1 had multiple diagnoses including [REDACTED] and [REDACTED]. The resident required 1-2 persons assist for safe transfers. The resident was noted to be forgetful.</p> <p>Per record review of the residents care plan dated 04/13/2013 the resident was identified as a risk for falls related to fall assessment data and previous history of falls. Interventions included direction to staff to never leave the resident unattended while using the toilet.</p> <p>On 07/02/2013 at 1:25 p.m., the emergency bathroom call light was observed sounding and flashing above Resident #1's room. The resident's roommate called for help from the</p>	F 323	<p>F 323</p> <p><i>Correction as it relates to the resident:</i> <i>Resident 1 injuries healed without complication. Resident received physical and occupational therapy and the care plan/care guide were reviewed and no changes indicated.</i></p> <p><i>Action taken to protect residents in similar situations:</i> <i>Residents at risk for falls had their safety interventions reviewed and the care plans/care directives reflect current interventions.</i></p> <p><i>Measures taken or systems altered to ensure the problem does not recur:</i> <i>The nursing assistants were educated by the Staff Development Coordinator on how to read the care directives and following the care directives.</i></p> <p><i>Plans to monitor performance to ensure solution is sustained:</i> <i>Random rounds will be completed by the Resident Care Managers/ designee weekly for 4 weeks then monthly for 3 months to ensure care plans are followed. Any discrepancy noted will be addressed immediately. Results will be reported to the facility Performance Improvement committee for no less than three months.</i></p>

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F 323	Continued From page 2 room's doorway. Several staff responded to the light and call for help from the resident's roommate. The resident was found on the floor by staff in the bathroom. Following the incident, the resident was observed in her room while lying on her bed at 1:40 p.m., on 07/02/13. Staff #A was at the bedside completing first aid. The resident was observed with adhesive strips on left knee, bruising on right knee and bruising and skin tears to her arms. In an interview, the resident stated " I don't know what happened, I tried to get on the toilet and I slipped and fell, I am all banged up." Staff #A informed the resident that she was placed in the bathroom on the toilet and left unattended. In a confirming interview with surveyor, at the residents bedside, Staff #A again stated the resident received the injuries as a result of being left unattended in the bathroom. According to the facility investigation of the incident, the resident was on the commode in the bathroom, reached down to pull up her pants, and fell forward. She was unattended and sustained injuries. The facility had identified Resident #1 at risk for falls. The care plan had interventions in place that included not leaving the resident unattended while on the commode. The failure to provide supervision of the resident per the care plan resulted in avoidable injuries.	F 323	<i>Date Certain:</i> 8/16/13 <i>Title of Person Responsible for Compliance:</i> <i>The Director of Nursing</i>	CH 8/16/13	