

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

PRINTED: 10/27/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505478 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/17/2014 |
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| NAME OF PROVIDER OR SUPPLIER CORWIN CENTER AT EMERALD HEIGHTS | STREET ADDRESS, CITY, STATE, ZIP CODE 10901 - 176TH CIRCLE NORTHEAST REDMOND, WA 98052 |
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| F 000 | <p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Corwin Center at Emerald Heights on 10/13/14, 10/14/14, 10/15/14, 10/16/14 and 10/17/14. On 10/13/14, a Federal Off-hours survey was conducted from 4:45 am until 8:00 am. A sample of 30 residents was selected from a census of 53. The sample included 27 current residents and the records of three discharged residents.</p> <p>The following complaints were investigated as part of this survey:</p> <p>Complaints#: 3037871 and #3045789</p> <p>The survey was conducted by:</p> <p>Susan Abrisz, MSW Mavis Kankomba, RN, BSN Ann E. Lee, MSW Miriam Mina, RN, BSN, MPA</p> <p>The survey team is from: Department of Social and Health Services Aging and Long Term Services Administration Residential Care Facilities Region 2, Unit E 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><i>[Signature]</i> 10/27/14 Residential Care Services Date</p> | F 000 | | |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> | TITLE Health Services Administrator | (X6) DATE 11/6/14 |
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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 253 SS=D | <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to store resident care equipment (bed pans and raised toilet seats) in a sanitary manner in three of 27 resident rooms. Failure to store care equipment in a sanitary manner created the potential for a diminished quality of life.</p> <p>Findings include:</p> <p>On 10/13/14 at 5:07 am, in the bathroom shared by Residents #13 and 21, a plastic specimen pan was observed stored between a towel rack and the bathroom wall. No barrier was present to provide sanitary storage.</p> <p>On 10/13/14 at 5:10 am, in a bathroom shared by Residents #8 and 34 two plastic bed pans were stored between a towel rack and the wall, with no barrier to provide sanitary storage. Neither pan was labeled to show which bed pan was to be used by which resident.</p> <p>On 10/13/14 at 5:32 am in Resident #45's bathroom, a raised toilet seat and a commode bucket were both observed stored on the floor, with no barrier present to provide sanitary storage.</p> <p>On 10/14/14 at 1:15 pm, the two unlabeled fracture pans remained stored between the towel</p> | F 253 | <p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <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 provisions of federal and state law.</i></p> <p>F253 Housekeeping and Maintenance Services Residents #13 and 21 : Correction as it Relates to the Individual: The specimen pan was removed. Protecting Residents in Similar Situations: NAC's will be inserviced on the necessity of putting clean specimen containers into a plastic bag to help ensure care equipment is sanitary when needed for further use. Measures/System Changes that will Occur to Insure Sustained Solutions: Room rounds will be made by Charge Nurses randomly to ensure that care equipment is being cleaned and stored in a sanitary manner. Rounds will be completed for 90 days and audit findings will be reviewed by the QAPI Committee for 90 days to assure compliance. Date Corrective Action Completed: 1 December 2014. Person Responsible to Ensure Correction: Director of Nursing Services or designee.</p> <p>F253 Housekeeping and Maintenance Services Residents #8 and 34 : Correction as it Relates to the Individual: The bed pan(s) were replaced by sanitized bed pan(s) which were labelled. Protecting Residents in Similar Situations: NAC's will be inserviced on the necessity of putting clean bed pan(s) into a plastic bag to</p> | | |

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| F 253 | Continued From page 2 rack and wall (with no barrier) in Resident #8 and 34's bathroom. On 10/14/14 at 1:18 pm in Resident #45's bathroom, the raised toilet seat was again observed stored on the floor, with no barrier to provide sanitary storage. 10/15/14 at 9:00 am, the two unlabeled bedpans were again observed still stored between the towel rack and wall, with no barrier, in Resident #8 and 34's bathroom. IN addition, a raised toilet seat had also been stored on the floor, under a sink, with no barrier for sanitary storage. At 9:05 am, a licensed nurse (staff C) was asked about the facility's policy for sanitary storage of care items such as bed pans/specimen pans or raised toilet seats. She replied she didn't know. At 9:08 am, the facility's Director of Nursing Services (DNS, Staff B) was asked to observe how items were stored in the bathroom of resident's #8 and 34. At 9:09 am, Staff C was observed with an NAC in this bathroom, placing the raised toilet seat in a plastic bag. Staff B observed how the bedpans were stored and acknowledged these items (and raised toilet seats) were to be stored in a plastic bag if left in resident rooms, She also acknowledged the bedpans were not labeled. She acknowledged staff had been trained on these measures, but had not provided sanitary storage for the items observed. | F 253 | help ensure care equipment is sanitary when needed for further use. Measures/System Changes that will Occur to Insure Sustained Solutions: Room rounds will be made by Charge Nurses randomly to ensure that care equipment is being cleaned and stored in a sanitary manner and that the bed pans are labelled with room and bed information. Rounds will be completed for 90 days and audit findings will be reviewed by the QAPI Committee for 90 days to assure compliance. Date Corrective Action Completed: 1 December 2014. Person Responsible to Ensure Correction: Director of Nursing Services or designee. F233 Housekeeping and Maintenance Services Resident #45 : Correction as it Relates to the Individual: The commode bucket and the raised toilet seat were both cleaned and placed in a plastic bag to provide sanitary storage. Protecting Residents in Similar Situations: NAC's will be inserviced on the necessity of putting raised toilet seats and commode buckets into plastic bags to help ensure care equipment is sanitary when needed for further use. Measures/System Changes that will Occur to Insure Sustained Solutions: Room rounds will be made by Charge Nurses randomly to ensure that care equipment is being cleaned and stored in a sanitary manner and that the toilet riser and commode bucket are labelled with room and bed information. Rounds will be completed for 90 days and audit findings will be reviewed by the QAPI Committee for 90 days to assure compliance. Date Corrective Action Completed: 1 December 2014. Person Responsible to Ensure Correction: Director of Nursing Services or designee. | | |
| F 323 SS=D | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident | F 323 | | | |

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| F 323 | <p>Continued From page 3</p> <p>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 and interview, the facility failed to ensure the resident environment was free of accident hazards in one of one shower rooms. Failure to lock the spa room door created the potential for residents to accidentally ingest potentially hazardous chemicals, which were left in an unlocked room.</p> <p>Findings include:</p> <p>Observation on 10/13/2014 at 5:23 a.m. revealed the door to the shower "spa" room located in the Willow hallway was not locked. No staff was present in the room at this time. Located on the shelf behind the tub were gallon-sized containers of shampoos and conditioners, and a container of sanitizing solution for the tub.</p> <p>On 10/13/2014 at 5:56 a.m. and again at 8:49 a.m., the spa room door was propped open.</p> <p>On 10/13/2014 at 10:10 a.m. the spa door was again observed open. A Nursing Assistant (Staff D) confirmed she had left the door open.</p> <p>On 10/13/14 at 10:55 a.m., the spa area was observed with the DNS, Staff B. The door to the spa was open and no staff present. On a shelf behind the tub was an open, uncapped bottle of</p> | F 323 | <p>F323 Free of Accident Hazards/ Supervision/Devices.</p> <p>Correction as it Relates to the Individual: No specific residents were named in this finding.</p> <p>Protecting Residents in Similar Situations: Shower/Bath Aides will be inserviced on the need to ensure that all chemicals, including washing products, are secured behind a locked door at all times when a staff member is not physically present.</p> <p>Housekeeping and Maintenance personnel will be inserviced on the need to ensure that the spa door remains shut and locked if a clinical staff member is not present in the spa.</p> <p>Measures/System Changes that will Occur to Insure Sustained Solutions: The spa doors will be randomly monitored by the interdisciplinary team to determine protocol is being observed. Audits will be completed during a 90 day period. Audit findings will be reviewed by the QAPI Committee for 90 days to ensure compliance.</p> <p>Date Corrective Action Completed: 1 December 2014.</p> <p>Person Responsible to Ensure Correction: Director of Nursing Services or designee.</p> | | |

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| F 323 | <p>Continued From page 4</p> <p>"Cen Kleen IV," a disinfectant chemical which according to the label, contained ammonia, which is toxic if ingested. The label on the bottle indicated that it was hazardous, and warned "Keep out of reach of children" (or other vulnerable individuals).</p> <p>Other bottles found in the spa room contained shampoo and other hygiene products, which were accessible to residents. Staff B was asked about the facility's policy regarding having the spa room locked and chemicals being secured, Staff B acknowledged that chemicals were to be secured, and there were "a few residents" on the unit who wandered, so would be at risk for accidental exposure to these substances.</p> | F 323 | | |

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