

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

PRINTED: 01/27/2014  
FORM APPROVED  
OMB NO. 0938-0391

1166

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/23/2014
NAME OF PROVIDER OR SUPPLIER  SUNRISE VIEW CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2520 MADISON EVERETT, WA 98203	
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Off-Hours Quality Indicator Survey conducted at Sunrise View Convalescent Center on 1/15/14, 1/16/14, 1/17/14, 1/21/14, 1/22/14 and 1/23/14. The survey included data collection on 1/17/14 from 4:50 a.m. to 8:00 a.m. A sample of 28 residents was selected from a census of 56. The sample included 23 current residents and the records of 5 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>██████████ R.N., B.S.N., M.S.Ed          ██████████ R.N., B.S.N.          ██████████ R.N., B.S.N.          ██████████ R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services          Aging and Disability Services          Aging and Long-Term Support Administration          3906 172nd St NE, Suite 100          Arlington, WA 98223</p> <p>Telephone: (360) 651-6850          FAX: (360) 651-6940</p> <p>██████████ Residential Care Services          01/27/14 Date</p>	F 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Clare C. Jones*

TITLE

*Administrator*

(X6) DATE

*2/3/2014*

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 155 SS=D	<p><b>483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES</b></p> <p>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure resident choice was honored in the initiation and ongoing use of personal alarm devices for 3 of 6 sample residents (23, 30 and 42). Failure to honor residents' choice in use of devices placed the resident at risk for diminished quality of life and decline in condition.</p> <p>Findings include:  RESIDENT 23 Resident 23 was re-admitted [redacted] of 2013 and</p>	F 155		
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*AAJ* 2/3/14

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F 155	<p>Continued From page 2</p> <p>had diagnoses including a [REDACTED] disorder, generalized [REDACTED] weakness, [REDACTED] and [REDACTED]. Her most recent Minimum Data Set (MDS) assessment, dated 12/25/13, indicated Resident 23 required extensive assistance for most activities of daily living, had impaired balance and was cognitively intact.</p> <p>On 1/15/14 at 11:35 a.m. Resident 23 was lying on her bed watching TV. She was approached for an interview. She agreed to the interview: When she lifted her body from the surface of her bed to reposition herself, the pad alarm device began to sound. A staff member responded from across the hall where she was assisting another resident. The alarm continued to sound until the staff member reset the device.</p> <p>The Plan of Care included the problem of Potential for Injury. Interventions included use of a Pad Alarm for bed and wheelchair and directed staff to check for placement every shift and ensure the equipment was working properly.</p> <p>Nursing documentation, dated 10/30/13, stated Resident 23 had fallen at 1800. The resident had reported she was in her room trying to find her call light, stood up to get it from under her comforter lost her balance, fell back and hit her head on the floor. The nursing assistant had reported hearing the alarm going off while she was in the bathroom toileting another resident, went and checked on the alarm sounding and found Resident 23 on the floor laying on right side; her head had hit the floor.</p> <p>According to the Quarterly review and Care Plan update, 12/25/13, Resident 23 had 1 fall in [REDACTED] 2013. She stood up trying to reach the</p>	F 155	<p>Handwritten notes:</p> <p>Care plans for residents 23, 30 &amp; 42 have been reviewed and revised. Alarms have been discontinued per resident request. Staff will continue to offer all residents assistance as needed. All residents have the right to refuse participate in planning care and treatment. Nurse managers will assess all residents for changes in cognitive abilities and safety awareness.</p>

*Handwritten signature and date:* DJJ 2/3/14

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F 155	<p>Continued From page 3</p> <p>call light. It stated a Safety Assessment was completed and pad alarm, when in bed and wheelchair, was still indicated as resident had poor safety awareness/impaired judgment, impulsiveness, and impaired mobility.</p> <p>The Safety Assessment Consent form, dated 12/31/13, indicated the resident was alert, oriented and impulsive, had a history of falls and used a pad alarm in bed and wheelchair. The resident's documented reaction to use of the alarm was, "I don't like it!" The consent form was not signed by the resident or a representative.</p> <p>On 1/22/14 at 10:00 a.m. the resident was interviewed regarding use of the alarm. She stated, "I hate it."</p> <p><b>RESIDENT 30</b> Resident 30 was admitted in [REDACTED] 2011 with multiple medical diagnoses that included [REDACTED] disease and associated impairment of [REDACTED] ability and [REDACTED], as well as [REDACTED] disorder and [REDACTED]. The resident was able to identify and articulate his needs. He answered questions appropriately when interviewed.</p> <p>Multiple observations of Resident 30 throughout the survey period found him in a wheelchair during the daytime.</p> <p>When interviewed on 1/17/14, the resident was observed sitting in his wheelchair with his back facing the door. A tab alarm was visible on the back of the resident's wheelchair.</p> <p>At 9:45 a.m. the resident leaned slightly forward to move some items from the over bed table directly in front of him, immediately triggering the</p>	F 155	<p><i>Alarms will continue to be offered as needed and reviewed at least ongoing quarterly.</i></p> <p><i>DOS will ensure compliance.</i></p>	<p><i>1/24/14</i></p>

*AMJ 2/3/14*

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F 155	<p>Continued From page 4</p> <p>wheelchair alarm. The alarm was very loud in the small uncarpeted room.</p> <p>Staff G responded to check the resident and reset the alarm. Resident 30 told Staff G that he wished he could take the alarm off. Staff G stated "That would be nice, wouldn't it, but you can't".</p> <p>During the interview, the resident stated the chair alarm was "very annoying" and said that he would be out of his room more if he did not have the alarm on his chair. The resident said he had not had any falls in the facility.</p> <p>On 1/22/14 at 1:17 p.m., Staff E, the resident's care manager, was interviewed. When asked, Staff E stated the resident did not have any history of falls that she was aware of. Staff E said the bed and chair alarms were used because "he (Resident 30) forgets to call for help and tries to get up on his own."</p> <p>Clinical records revealed a consent dated 9/26/12 for use of alarms, when the resident was in bed or his wheelchair, due to "spontaneous episodes of confusion with impulsiveness." The benefit noted was "increased mobility when in wheelchair."</p> <p>The resident's most recent MDS assessment, dated 12/18/13, indicated the resident required extensive assistance for transfers and nearly all activities of daily living.</p> <p>Interventions in the resident's care plan under Problem 003 - Alteration in thought process included a directive to "ensure his safety, make sure alarms are in place, resident is impulsive at</p>	F 155			

*BAJ 2/3/14*

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F 155 Continued From page 5 times. Resident is a fall risk."

**RESIDENT 42**  
Resident 42 was admitted in [REDACTED] 2013 following hospitalization for a [REDACTED] compression [REDACTED] and a [REDACTED]. Other relevant diagnoses included [REDACTED] and [REDACTED] disorder. The resident was able to verbalize her needs.

On 1/21/14 at 8:26 a.m. the resident was observed trying to deactivate the pad alarm on her bed because "it will make noise when I get up. I need to go out of the room to find a nurse. I know there is a way to turn it off."

Record review found the resident had seven documented falls since admission to the facility three months ago, most recently on [REDACTED]/14. Injuries were minor (bruising) or none.

The nursing progress note dated 1/17/14 documenting the fall included "refused any alarm at this time. Resident said "I am OK, I'll be more careful next time, I don't want that "sound". "

F 155

F 167 483.10(g)(1) RIGHT TO SURVEY RESULTS - SS=B READILY ACCESSIBLE

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of

F 167

*GAJ 2/3/14*

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F 167	Continued From page 6 their availability.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to update their resident survey binder, located across from the Courtyard nurses station. By not containing required information, neither residents nor the public would be aware of recent citations and the facility's plan to correct those citations.  Findings include:  On 1/17/14 at 5:10 a.m., the survey book was evaluated to ensure it was accurate. The survey book contained the last two annual surveys from 2011 and 2012. There was no posting of the unannounced abbreviated survey dated, 10/04/2013.  In an interview on 1/17/14 at 6:40 a.m., the facility administrator stated she was responsible to keep the survey book accurate. She was informed the survey book did not contain the most recent abbreviated survey.	F 167	October 4, 2013 unannounced abbreviated survey compliance letter dated 10/31/13 received by administrator in November. Administrator filed facility copy failing to put in public survey binder.  On 1/17/2014 6 <sup>45</sup> am administrator placed copy of unannounced abbreviated survey in notebook.  Administrator will ensure compliance.	1/24/14 ✓ ongoing	
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  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	F 323			

*AAJ 2/3/14*

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F 323	<p>Continued From page 7 prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure water temperatures were maintained at a safe temperature and consistent level to prevent accidental injury to residents in 3 of 4 hallways. This failure potentially placed residents at risk for hot water burns.</p> <p>Findings include:</p> <p>On 1/16/13 at 1:40 p.m. the water in room [redacted] at a resident accessible sink was very hot to touch.</p> <p>The Maintenance Supervisor (staff A), was notified immediately and he checked multiple resident accessible sinks throughout the facility with both of his thermometers. These thermometers showed temperature differences of up to 6 degrees when testing the same water.</p> <p>The following resident accessible sinks were identified as having water hotter than 120 degrees. The 100 Hallway: both room [redacted] and the Courtyard Nurses Station, 200 Hallway: room [redacted] and the 400 hall bathroom.</p> <p>The 400 hall bathroom sink was identified as having the hottest water with a temperature of 130 degrees. Staff A said the water for this sink shares the same plumbing as the dishwasher in the kitchen.</p>	F 323	<p>Facility boiler supplies hot water to dishwasher and handwashing sinks. Facility will install 6 gallon water temperature booster directly to dishwasher to ensure consistent proper dishwasher temperatures of at least 120°.</p> <p>Facility will separately adjust boiler and mixing valve to ensure water temperatures at handwashing sinks comply with WAC and maintaining temps of 110 ± 10°.</p>		

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F 323	Continued From page 8 On 1/16/2013 during an interview at 4:00 p.m. with staff A, he said the facility policy is to go by the policy in the Washington Administrative Codes for the range of acceptable water temperatures, which is 110 degrees plus or minus 10 degrees. There had not been monitoring of water temperatures, but the temperatures should have been checked weekly. Staff A was unable to locate any temperature logs dating back for several years.  Review of the incident log for the past 6 months revealed no resident burns.  On 1/16/2014 at 9:53 a.m. during an interview with resident 19, who had been observed using the 400 hall bathroom multiple times, the resident said "the water gets really hot and you have to wash fast. I have never burned myself."  On 1/17/2014 at 6:42 a.m. a non-sampled resident was observed rinsing a washcloth in the 400 hall bathroom sink. The resident said he is careful with the water temperature because "if you're not careful you can scald your skin off."	F 323	Maintenance staff monitor and record weekly handwashing sink hot water temperatures with accurate thermometers. Administrator will ensure compliance.	2/28/14 + copying	
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  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	F 371			

*JAJ* 2/3/14

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F 371	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure foods were stored, prepared and distributed under sanitary conditions. Failure to ensure food was stored under sanitary conditions, ensure food preparation equipment was maintained in a sanitary condition, and dishwasher temperatures were maintained and documented placed residents at risk for potential food borne illness.</p> <p>Findings include:</p> <p>On 1/15/14 at 8:15 a.m. during the brief initial kitchen tour, in the dry storage area, there was a large white rolling storage bin of instant mash potatoes with the scoop in the bin with the handle lying against instant mashed potatoes. The storage bin rim was soiled with a yellow/brown tacky substance.</p> <p>On 1/22/14 between 9:50 a.m. and 10:20 a.m., the following kitchen observations were observed:</p> <p>The dry storage area, on the second floor, was noted to have dried cereal under the first storage rack on the left hand side, and an approximate 3 x 5 inch light brown dried substance on the floor under the back right storage rack. Additionally there was a chaffing pan and a chaffing stand and pan stored under a storage rack lying directly on the floor.</p> <p>In the kitchen, the instant mash potato bin, in the dry storage area, had the scoop lying inside. Staff</p>	F 371	<p>A clean and properly stored scoop will be used when needed then returned to proper storage after use and cleaning. The storage bin has been cleaned.</p> <p>Items on the dry storage area floor have been removed and no further items will be stored on floor. The floor has been cleaned and will be cleaned regularly and as needed.</p>	<p>1/24/14 * ongoing</p> <p>1/24/14 * ongoing</p>
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*RAF 2/3/14*

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F 371	<p>Continued From page 10</p> <p>B, Dietary Manager, was asked if the scoop was to be stored inside the storage bin, Staff B replied "no."</p> <p>The freezer floor had frozen peas, food particles, and several areas of a black unidentified substance on the floor. Staff B was not able to indicate how often the freezer was cleaned.</p> <p>There were several large white rolling bins and tubs stored under a food preparation area. The outside rims and front of the containers were soiled with a yellow/brown tacky substance. Staff B was asked how often the storage bins were cleaned. He replied, "they (the bins/containers) were wiped down weekly."</p> <p>There was a sticky brown substance along the front of the oven. There was a hair hanging down from the left hand corner of the oven surface. Staff B was asked how often this oven was cleaned, he stated the oven was not used.</p> <p>Next to the counter top oven, in a work area, there was a covered 16 ounce coffee cup and an open plastic cup that was filled ¼ of the way with fluid. Staff B was asked if these belonged to staff, he replied "yes."</p> <p>During observation of the dish machine operation, Staff B stated the machine was "low heat." This type of dishwasher required the water temperature to reach 120 degrees F and the sanitation to be at 50 ppm (part per million) chlorine for the final rinse. He stated these temperatures were monitored and documented by the kitchen staff three times a day.</p> <p>Review of the past three months of "Low</p>	F 371	<p>The freezer floor has been cleaned and is now on the written daily cleaning schedule.</p> <p>Bins, ovens and all other work and storage surfaces are included in a written cleaning schedule for staff to maintain sanitary conditions.</p> <p>Staff beverages and personal items will not be stored in work areas.</p>	2/3/14 + ongoing	2/3/14 + ongoing

*DAJ 2/3/14*

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F 371	<p>Continued From page 11</p> <p>Temperature DISHMACHINE TEMPERATURE LOG" revealed the following:</p> <ul style="list-style-type: none"> <li>- January 2014 log: out of 90 required temperature and sanitation checks, 12 entries were made with a wash temperature ranging from 100 to 115 degrees F, and 33 sanitation readings above 50 ppm. There were 20 missing wash temperature and 16 sanitation readings.</li> <li>- December 2013 log: out of 93 required temperature and sanitation checks, 9 entries were made with the wash temperature ranging from 100 to 115 degrees F. There were 46 wash temperatures and 42 sanitation readings missing.</li> <li>- November 2013 log was missing.</li> </ul> <p>Staff B was asked what staff did when the temperature fell below 120 degrees F. He replied they (staff) notified the maintenance director. In an interview at 2:15 p.m., Staff A, the Maintenance Director, stated he had been notified "3-4 times" in January, 2014 regarding the dishwasher's temperature.</p> <p>The most recent monthly report from the facility's contracted company, with a service date of 12/04/13, regarding the preventative maintenance on the dishwasher revealed the sanitizer reading was "0 ppm" and was adjusted to 75 ppm. Under the comment section stated ". . . Machine not Sanitizing. Found flat Squeeze tube changed out both Sanitizer and Detergent Now in good repair."</p> <p>The trash can the staff used to dispose of their paper used towels after washing their hands was covered. Staff were noted to lift the contaminated trash can lid with clean hands and then proceed with their kitchen duties. Staff B acknowledged this was how staff disposed of their paper towels and other disposable items.</p>	F 371	<p>Daily temperature logs are maintained and maintenance staff notified if dish machine temperature is below 120°.</p> <p>60 gallon hot water booster dedicated to maintaining dishwasher temperature above 120° will be installed to ensure proper temperatures are consistently maintained.</p> <p>Sanitizing agent reading is recorded daily &amp; will be maintained between 50-100 ppm.</p> <p>Trash can has been replaced w/ lid operated</p>	<p>1/24/14 organy</p> <p>2/28/14 organy</p> <p>1/24/14 organy</p> <p>1/24/14 organy</p>
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*ATJ 2/3/14*

*from foot pedal  
Dietary Manager will monitor. Administrator will ensure compliance. 2/28/14 organy*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  01/23/2014
NAME OF PROVIDER OR SUPPLIER  SUNRISE VIEW CONVALESCENT CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2520 MADISON EVERETT, WA 98203		
(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 458 F 458 SS=B	Continued From page 12 483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT  Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure 7 resident rooms (●, ●, ●, ●, ●, ● and ●) measured at least 80 square feet per resident in multiple resident rooms, and at least 100 square feet in single resident rooms. Failure to ensure residents resided in rooms which met the minimum regular requirements for square footage, placed them at risk for living in a physical environment too small to meet their needs.  Findings include:  Rm. ● 142 Square Feet (Sq. Ft.) (2 beds) Rm. ● 143 Sq. Ft. (2 beds) Rm. ● 131 Sq. Ft. (2 beds) Rm. ● 154 Sq. Ft. (2 beds) Rm. ● 154 Sq. Ft. (2 beds) Rm. ● 154 Sq. Ft. (2 beds) Rm. ● 153 Sq. Ft. (2 beds)  Surveyor observation and interview of residents residing in the affected rooms determined that neither health nor safety of the residents in these rooms was compromised due to the size of the rooms.	F 458 F 458	Currently resident needs are being met. If resident needs cannot be met in rooms failing to meet size requirements, resident will be offered alternate room in facility.  If an appropriate room is not available, facility will immediately assist resident with move to another facility that will meet resident needs.  Director of Nursing will monitor and Administrator will ensure compliance.	1/24/14 ongoing	

*OTJ 2/3/14*