

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

PRINTED: 01/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2015
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB CENTER- LAKEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 11411 BRIDGEPORT WAY TACOMA, WA 98499	
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Kindred Transitional Care and Rehab-Lakewood on 1/5 & 1/8/2015. The sample included 14 residents out of a census of 67. The sample included 10 current residents and the records of 4 former residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>3057338 3050523 3050578 3065643 3062710</p> <p>The survey was conducted by:</p> <p>Donna J. DeVore, RN, MSN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Long-Term Support Administration Division of Residential Care Services Region 3, Unit B PO Box 45819, MS: N27-24 Olympia, WA 98504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>Donna J. DeVore</i> Residential Care Services Date <i>1/16/15</i></p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE *Executive Director* (X6) DATE *2/2/15*

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=D	<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 observations, record review and interview, the facility failed to promote care in a manner that maintained or enhanced dignity related to personal hygiene for 2 of 6 residents reviewed (Residents #1 & 2).</p> <p>Failure to consistently provide personal hygiene services had the potential to diminish the residents' quality of life.</p> <p>Findings include:</p> <p>1. Record review revealed Resident #2 was admitted during [REDACTED] 14 with multiple medical diagnoses including pneumonia and dementia. Review of the resident's admission assessment dated 1/5/15 revealed the resident required assistance of one staff for bathing and was moderately cognitively impaired.</p> <p>On 1/5/15 at 10:05 a.m., Resident #2 was observed in her room in bed. The resident received oxygen by nasal canula. The resident stated she thought she had one shower since she was admitted (approximately [REDACTED] days earlier) and stated "I don't smell so good". Resident #2 said she was able to wash her own face and hands when she went to the bathroom; however, she had not received a bed bath from staff. The</p>	F 241	<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> <hr/> <p>F241</p> <ol style="list-style-type: none"> Residents #1 and #2 no longer reside in the facility. An audit was conducted of resident bathing, and residents were asked for bathing preference. These preferences were added to the bathing schedule. Nursing staff have been in-serviced on bathing policy and procedure, recording compliance in the health record, location of shower schedule for each resident, and reporting refusals to a supervisor. The Director of Nursing is responsible for monitoring compliance via random audit and bringing any reported issues to the PI Committee for review and resolution. 	02/02/2015	

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F 241	<p>Continued From page 2</p> <p>resident stated she asked the night nurse about a shower the night before and was told she would be "put on the list".</p> <p>Review of Resident #2's computerized shower record revealed no evidence of a shower or bed bath for [REDACTED] 14 or 1/2015 to date.</p> <p>2. Record review revealed Resident #1 was admitted during [REDACTED] 14 with medical diagnoses including spinal stenosis and nerve pain. Review of the resident's admission assessment dated 11/25/14 revealed the resident required assistance of one staff for bathing and was cognitively intact.</p> <p>Resident #1 was observed in his room in a wheel chair on 1/5/15 at 11:00 a.m. Resident #1 stated he believed he was supposed to get two showers every week; he thought he had one last week from the therapist. The resident stated he did not get a bed bath in between showers; "two of the aides (between showers) were really good about cleaning me up, even around my groin, but the others pretty much just get me dressed and that's it".</p> <p>Review of Resident #1's shower record revealed documentation of one shower on 12/8/14. There was no evidence of other showers documented since the resident's admission during [REDACTED] 14.</p> <p>Follow up interview with Resident #1 at 3:00 p.m. revealed he just found out he would be going out of the facility the next morning for a medical appointment. He stated someone came in and told him he would have a shower that evening; the resident was relieved and hopeful he would have the shower because he wanted to be fresh</p>	F 241	<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>		

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F 241	Continued From page 3 for his appointment in the morning.	F 241	<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>	02/02/2015	
F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure residents consistently received the necessary care and services to maintain personal hygiene.</p> <p>Failure to provide consistent bathing for 4 of 6 residents reviewed for personal hygiene (Resident #'s 1, 2, 4 & Former Resident #11) placed the residents at risk for poor hygiene and dignity issues.</p> <p>Findings include:</p> <p>Interview with Administrative Staff A at approximately 12:00 p.m. revealed the facility's standard was to provide residents with two showers each week or more if the resident requested. Staff A provided computerized documentation of showers/bed baths for Residents #1, 2, 4 & 11. Staff A stated many showed "not applicable" which indicated care was not provided or it was provided and not</p>	F 312			

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F 312	<p>Continued From page 4 documented.</p> <p>During interview on 1/5/15 at 10:40 a.m., licensed nurse Staff C stated there was not a shower list or shower book as in the past; showers and/or bed baths were documented in the computer by the nursing assistants. She stated as far as she knew, the facility standard was to provide each resident two showers/baths each week.</p> <p>1. Record review revealed Resident #2 was admitted during [REDACTED] 14 with multiple medical diagnoses including pneumonia and dementia. Review of the resident's admission assessment dated 1/5/15 revealed the resident required assistance of one staff for bathing and was moderately cognitively impaired.</p> <p>During interview on 1/5/15 at 10:05 a.m., Resident #2 stated she thought she had one shower since she was admitted (approximately [REDACTED] days earlier) and stated "I don't smell so good". Resident #2 said she was able to wash her face and hands when she went to the bathroom; however, she had not received a bed bath from staff. The resident stated she asked the night nurse about a shower the night before and was told she would be "put on the list".</p> <p>Review of Resident #2's computerized shower record revealed no evidence of a shower or bed bath for [REDACTED] 4 or 1/2015 to date.</p> <p>2. Record review revealed Resident #1 was admitted during [REDACTED] 14 with medical diagnoses including spinal stenosis and nerve pain. Review of the resident's admission assessment dated 11/25/14 revealed the resident required assistance of one staff for bathing and was</p>	F 312			

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F 312	<p>Continued From page 5 cognitively intact.</p> <p>During interview on 1/5/15 at 11:00 a.m., Resident #1 stated he believed he was supposed to get two showers every week; he thought he had one last week from the therapist. The resident stated he did not get a bed bath in between showers; " two of the aides between showers were really good about cleaning me up, even around my groin, but the others pretty much just get me dressed and that's it ".</p> <p>Review of Resident #1's shower record revealed documentation of 1 shower on 12/8/14. There was no evidence of other showers/bed baths documented since the resident's admission during [REDACTED] 14.</p> <p>3. Record review revealed Resident #4 admitted during [REDACTED] 14 with diagnoses including diabetes and wound infection. Review of the admission assessment dated 11/17/14 revealed the resident required assistance from one staff for bathing and was cognitively intact.</p> <p>At 11:00 a.m. on 1/5/15, Resident #4 was observed in bed watching television. The resident was not sure what his shower schedule was and stated he could say showers were "rare". He thought he might have had one last week and did not recall if he had a bed bath since then.</p> <p>Review of Resident #4's shower record did not reveal documentation of a shower or bed bath since admission approximately [REDACTED] weeks earlier.</p> <p>4. Closed record review revealed former Resident #11 resided in the facility for approximately 9 days during 12/2014.</p>	F 312			

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F 312	<p>Continued From page 6</p> <p>During telephone interview on 1/5/15 at 8:00 a.m., a Resident Advocate (RA) stated he/she had asked multiple staff at different times during the resident's stay to provide the resident with a shower. The RA asked an unidentified licensed nurse (LN) on 12/13/15 about a shower; the LN stated she did not know Resident #11 was "on the list" and stated it would be done that day. The next day on 12/14, the resident had not been showered. An LN offered to give the resident a bed bath instead because they were understaffed. The RA stated the resident subsequently received one shower prior to her discharge from the facility.</p> <p>On 1/5/15, interview with nursing assistant Staff E revealed the facility used to have shower aides; however, currently each nursing assistant provided a shower to their assigned residents on the resident's scheduled day. If the resident did not get a shower or bed bath on the scheduled day, staff entered "not applicable".</p> <p>Interview with Staff E at 1:40 p.m. revealed they were short one nursing assistant on day shift this morning. Staff E did not know if any of her residents were scheduled for a shower today.</p> <p>Staffs F and G were interviewed on 1/5/15 at 1:45 p.m. and 1:55 p.m. respectively. Staff F stated she did not look today to see if any of her residents were scheduled for a shower due to being short one staff that called off this morning. Staff G stated she was aware two of her assigned residents were due for a shower today; however, she was not able to get them done.</p> <p>Interview with Administrative Staff A on 1/5/15 at</p>	F 312		

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F 312	Continued From page 7 approximately 2:50 p.m revealed he was aware nursing staff wanted to return to having a shower aide team which was under consideration. Staff A stated the facility had new staff beginning orientation the following day.	F 312			