

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

PRINTED: 09/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505326	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/17/2013
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NAME OF PROVIDER OR SUPPLIER  HEARTWOOD EXTENDED HEALTHCARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1649 EAST 72ND TACOMA, WA 98404
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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 Standard Survey conducted onsite at Heartwood Extended Health Care on 9/17/2013. The sample included 6 residents out of a census of 97. The sample included 6 current residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2847720 #2850900 #2861590 #2866902 #2860500 #2872974</p> <p>The survey was conducted by: [REDACTED] RN, MSN</p> <p>The surveyor is from: Department of Social and Health Services Aging and Long-Term Support Administration Division of Residential Care Services District 3, Unit B 1949 S. State Street Tacoma, WA 98405-2850</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>[Signature]</i> 9/23/13 Residential Care Services Date</p>	F 000		
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**RECEIVED**

OCT 03 2013

RCS - [REDACTED]

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 10/4/13
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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 282 SS=D	<p><b>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interview it was determined the facility failed to consistently follow the care plan for the number of staff recommended for bed mobility for 1 of 4 residents reviewed for falls (# 1).</p> <p>Failure to follow the care plan placed Resident #1 at risk for injury.</p> <p>Findings include:</p> <p>All observations and interviews took place on 9/17/2013.</p> <p>Record review revealed Resident #1 was totally dependent on staff for activities of daily living including bed mobility (movement of the resident in bed). Review of care directives dated 3/5/13 revealed two staff were required when moving the resident in bed.</p> <p>Review of a facility investigation dated 8/10/13 revealed Staff D (certified nursing assistant) provided the resident incontinent care without the assistance of a second staff. According to the investigation, Staff D turned the resident away from her and the resident was unable to maintain balance and rolled out of bed onto the floor, landing on her back.</p>	F 282	<p>The facility will provide services utilizing qualified persons in accordance with each resident's written plan of care. Staff "D" has been counseled regarding providing care in accordance with each resident's plan of care as well as standard of practice as it relates to turning and repositioning (8-13-13). All direct care staff will be inserviced with return demonstration regarding care directives as to location of directives with specifics as it relates to mobility, transfers, toileting and special information. Random audits will be done by the nursing quality assurance manager. All direct care staff has been inserviced regarding standard of practice as it relates to turning residents in bed. Ongoing education will continue at scheduled nursing meetings. This education is presented at initial orientation and annual review and as changes in policy dictates. Compliance will ensured by the Director of Nursing and ongoing.</p>	10/18/13

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F 282	<p>Continued From page 2</p> <p>Review of nursing progress notes dated 8/10/13 revealed assessment after the fall revealed the resident sustained a 0.25 centimeter (cm) skin tear on her [REDACTED] and 0.25 cm bruise on her [REDACTED]. First aid treatment and monitoring took place in the facility. Review of nursing progress notes dated 8/10/13 revealed the resident initially complained of back pain which resolved in 30 minutes and subsequently had a mild headache.</p> <p>At 8:25 a.m., Resident #1 was observed in bed, well groomed with protective sleeves on both arms. The resident did not recall falling and commented positively about her care. At 11:55 a.m., Resident #1 declined the investigator's request to observe her care and transfer from bed.</p> <p>Interview with Resident #2 following the transfer revealed she did not recall falling and she did not report concerns about her care.</p> <p>At 3:50 p.m., the above incident was reviewed and information clarified with Staff A (director of nursing).</p>	F 282		