

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

6062
IDR AMENDED
1314

PRINTED: 09/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/25/2013
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NAME OF PROVIDER OR SUPPLIER SHUKSAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1530 JAMES STREET BELLINGHAM, WA 98225
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F 000 INITIAL COMMENTS

F 000

This report is the result of an unannounced Abbreviated Survey conducted at Shuksan Healthcare Center on 06/25/2013. A sample of 4 residents was selected from a census of 33. The sample included 4 current residents.

RECEIVED
SEP 27 2013
ADSA/RCS
Smokey Point

The following complaints were investigated as part of this survey:

2817756
2834960

The survey was conducted by:

[REDACTED], R.N., M.S.

The survey team was from:
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit B
3906 172nd Street NE, Suite 100
Arlington, WA 98223
Telephone: (360) 651-6850
FAX: (360) 651-6940

Linda Louco 9-20-13 for IDR
Residential Care Services Date Program Manager

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>(Shannon Richardson)</i>	TITLE <i>administrator</i>	(X6) DATE <i>9/25/13</i>
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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=G	<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, the facility failed to provide assistance and supervision for one of two sampled residents (# 2) who were reviewed for accidents. Failure to provide care as assessed and needed when positioning Resident 2 allowed Resident 2 to fall off of the bed suffering an arm fracture and lacerations and bruises to her face.</p> <p>Findings include:</p> <p>Resident 2 was admitted in [redacted] 2009 with multiple diagnoses, including [redacted]. Her most recent Minimum Data Set assessment, dated 04/27/13, identified she needed two person assist for positioning in bed and a mechanical lift with two persons for transfer to and from her bed.</p> <p>On 06/23/13 at about 5 p.m., one staff, Staff 1, entered Resident 2's room to assist her with toileting on the bedpan prior to assisting the resident out of bed. Staff 1 positioned the mechanical lift next to the left side of the resident's bed. Staff 1 moved to Resident 2's right side of the bed and placed the bedpan on</p>	F 323	<p>① Resident 2 to have two people with care.</p> <p>② All residents assessed for safe and appropriate assistance needs.</p> <p>③ all residents will be assessed upon admission, quarterly, annually, and as needed to ensure they receive safe and appropriate cares.</p> <p>④ all accidents/incidents reviewed at quarterly Quality Assurance meeting. Changes made to policy and procedures if necessary. All staff in-serviced regarding rolling residents in bed. Staff in-serviced to roll</p>

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F 323	<p>Continued From page 2</p> <p>the bed next to the resident. Staff 1 turned Resident 2 onto her left side, away from her. Resident 2 rolled out of the bed and fell onto the mechanical lift and floor. Resident 2 was face down on the floor with her body straddling the mechanical lift. Staff 1 exited the room to get help.</p> <p>Three staff assisted Resident 2 from the floor. Staff 2 assessed Resident 2. Staff 2 noted a "large lump to the right side of center of her forehead and a small laceration on the top bridge" of Resident 2's nose. Resident 2 was unable to move her right arm. Swelling was present on the resident's right shoulder and arm. The physician ordered Resident 2 sent to the hospital for evaluation and treatment. Hospital x-rays identified a fracture of the right arm humerus, the large bone of the upper arm, and no fractures of her facial bones.</p> <p>On 06/25/13 at 11:50 a.m., observation of Resident 2 found black-purple bruises around both eyes. Purple bruising across the right cheek and swelling across the bridge of her nose was also present. Resident 2 wore a sling that immobilized and supported her right arm against her right ribs. Resident 2 reported her right arm was broken. The fracture happened a couple of days ago when Staff 1 was going to place the bedpan for her. Staff 1 placed the bedpan next to Resident 2's right hip area. Staff 1 rolled Resident 2 onto her left side. Resident 2 reported she rolled out of the bed and hit the mechanical lift, then landed on the floor. She stated it "hurt a lot."</p> <p>Only Staff 1 was present when the incident occurred. The most recent Minimum Data Set</p>	F 323	<p>residents towards themselves.</p> <p>⑤ Corrective action complete 7-31-13</p> <p>⑥ DNS and Administrator to ensure compliance.</p>	7-31-13

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F 323	Continued From page 3 assessment, dated 04/27/13, identified Resident 2 needed two person assist for positioning in bed and a mechanical lift with two persons for transfer to and from her bed. The facility failed to supervise the care of this resident to provide appropriate assessed assistance to prevent injury.	F 323		