

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

1322
PRINTED: 12/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505406	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/25/2013
NAME OF PROVIDER OR SUPPLIER CHRISTIAN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 855 AARON DRIVE LYNDEN, WA 98264		
(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 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Christian Health Care Center on 11/25/13. A sample of 5 residents was selected from a census of 133.</p> <p>The following complaints were investigated as part of this survey:</p> <p>2905639 2902233</p> <p>The survey was conducted by: [REDACTED] R.N., M.S.N.</p> <p>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</p> <p>[REDACTED SIGNATURE] 12/5/13 Residential Care Services Date</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [REDACTED SIGNATURE] - EIR [REDACTED]			TITLE Administrator		(X6) DATE 12/17/13

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=D	<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 adequate supervision in the provision of care for 1 of 5 residents (1) to prevent accidents. Failure to follow the plan of care and ensure Resident 1 had nonskid socks available may have contributed to a fall with a head injury.</p> <p>Findings include: RESIDENT 1: Resident 1 was admitted to the facility on [REDACTED]/13 with diagnoses including [REDACTED] and [REDACTED]. The quarterly assessment, dated 9/10/13, documented she had unsteadiness when walking and turning around and required supervision for transfers, dressing, and walking in her room or on the unit.</p> <p>Resident 1 had experienced numerous falls and her fall risk assessment forms revealed she got up at night without shoes or non-skid socks on. Staff were to ensure she wore non-slid socks when in bed in case she got up without assistance.</p> <p>An investigative report for a fall, dated 6/4/13,</p>	F 323	<p>Resident 1 was re-assessed to ensure preventative fall measures including non-skid socks were in place and care plan updated as needed.</p> <p>For Residents in similar situations, those with non-skid socks as a fall prevention intervention were reviewed to ensure the socks are in place and plans of care updated as needed.</p> <p>To ensure the problem does not recur procedures for ensuring availability for the non-skids socks have been developed. Licensed nurses and nursing assistants have been in-serviced to the new procedures.</p> <p>In order to make sure the solutions are sustained, the Unit Coordinators or their designee will check during unit rounds to ensure that non-skid socks are available to those residents whose Plan of Care requires them for fall prevention. Findings will be reported to the Quality Assurance Committee for follow up.</p> <p>DNS will ensure correction.</p>	1/7/2014
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F 323	<p>Continued From page 2</p> <p>documented Resident 1 " was not wearing the non-skid socks since she could not find any in her drawer " . The plan of care was not only for her to wear gripper socks, but also to have six pairs available in her drawer to ensure that she had a pair available when not wearing her shoes.</p> <p>Review of the facility ' s investigative report for a subsequent fall, dated 11/4/13, revealed Resident 1 fell and sustained a laceration on her eye brow. The laceration was 2.25 centimeters (cm) by .25 cm in size and required application of steri-strips. The report alleged Resident 1 hit her head on the footboard of her bed. At the time of the fall, she only had regular socks on and denied any dizziness.</p> <p>Resident 1 ' s current Plan of Care read: " non-skid socks or shoes at ALL times, ensure resident has extra non-skid socks in drawer " .</p> <p>On 11/25/13 at 11:50 a.m., Resident 1 was observed seated in a chair and had her socks and shoes on. On the other side of her room were a closet and a dresser. A sign was posted indicating the facility did her laundry. Only one pair of non-skid socks was found in the top dresser drawer. When interviewed, Resident 1 stated when she " slipped and fell " (on 11/4/13) , she sustained a cut above her eye and staff provided first aide. She stated she told staff that non-skid socks were not available. Resident 1 told the investigator, if she would have had non-skid socks available at that time, she felt she may not have fallen.</p> <p>On 11/25/13 at 12:53 p.m., the Resident Care Manager (RCM L) stated the resident ' s plan of care was not followed as her non-skid socks were</p>	F 323		
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F 323	Continued From page 3 not available for the resident prior to the fall. The RCM stated the plan of care was revised to have Licensed Nurses (LNs) make sure proper foot wear and non-skid socks were available in Resident 1 ' s dresser at all times. Even though she was getting ready for bed earlier than usual on 11/4/13, the staff failed to have non-skid socks readily available for a resident with a history of falls with injury, who was to have a supply of non-skid socks in her dresser drawer at all times.	F 323			