

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

PRINTED: 03/18/2013
FORM APPROVED
OMB NO. 0938-0391

1328

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505462	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/12/2013
NAME OF PROVIDER OR SUPPLIER ANDERSON HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 17127 16TH AVENUE NORTHEAST SEATTLE, WA 98155		
(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 Anderson House on 03/12/2013. A sample of 5 residents (1 closed record and 4 current residents) was selected from a census of 37.</p> <p>The following complaint was investigated as part of this survey:</p> <p>#2766927; #2767298</p> <p>The survey was conducted by:</p> <p>██████████, MN, R.N.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 2, Unit C Greenside Two 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (253) 234 6003 Fax: (253) 395 5071</p> <p><i>Sheryl Moore RN</i> 3-18-2013 Residential Care Services Date</p>	F 000			

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

TITLE

(X6) DATE

Sheryl Moore RN

Administrator

4-1-13

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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 of 5 residents sampled (Resident #5) received services to attain or maintain highest level of physical well-being for a surgical incision that had no care plan, consistent monitoring or treatment in place for 5 days after admission to the facility. This failure placed the resident at risk for less than optimal wound healing and potential undetected infection.</p> <p>Findings include:</p> <p>According to record review of the facility medical records on 03/12/13, Resident #5 was admitted to the facility on [REDACTED]/13 after [REDACTED]</p> <p>Observation on 03/12/13 at 2:25 p.m., five days after admission to the facility, revealed a dressing on the [REDACTED] about 12 inches long that contained three areas of drainage stains: a two inch area of brownish red stain, a half inch area</p>	F 309	<p>F 309</p> <ol style="list-style-type: none"> 1. An order from the MD was obtained on 3/12/13 and a plan was put into place for the treatment and assessment of the surgical incision for resident #5 2. An audit was conducted and there were no other residents identified with an untreated incision site 3. The LNs were re-educated on obtaining MD orders and placing orders for assessment and treatment of surgical incisions on the treatment record upon admission. 4. The DNS or designee will insure compliance by random audit of new admissions following hospitalization for surgery. Findings if any will be reviewed and evaluated as part of the facility on going CQI/QA process. 	4-5-13

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of brownish red and a three inch area of yellowish brown stain on the the dressing over the [REDACTED] [REDACTED]. There was a date written on the dressing, "3/10/13".

In an interview on 03/12/13 at 2:00 p.m., Staff A stated the [REDACTED] dressings get checked and changed according to the physician's orders, and the nurse will check the dressing if there is an order on the treatment record when it is due.

On 03/12/13 at 2:20 p.m., Staff A stated in an interview that there was no order for dressing care for Resident #5 on the facility Treatment Record, and no plan in place for the nurse to assess the [REDACTED] administer treatment check or change the dressing on the [REDACTED].

Record review on 03/12/13, revealed a facility Treatment Administration Record for Resident #5 that had no order from the physician for the [REDACTED] [REDACTED] care, and no order for a dressing change for Resident #5's [REDACTED] [REDACTED] on the [REDACTED].

In an interview on 03/12/13 at 12:45 p.m., Staff B, an administrative employee, also confirmed there was no order or direction for the nurses for [REDACTED] care and monitoring for Resident #5's [REDACTED]. Staff B stated there should be a monitor and treatment plan in place for [REDACTED] care on the record for Resident #5.

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F 309	<p>Continued From page 3</p> <p>Record review on 03/12/13 revealed facility Progress Note dated 03/10/13 by a licensed nurse (Staff C) that stated the [REDACTED] dressing was changed on 03/10/13 in the evening. There was no documentation of why the dressing was changed or that the physician had been consulted, notified, or an order received. The record for resident #5 contained no other documentation regarding assessment of the [REDACTED] from day of admission [REDACTED]/13 to the date of the investigation on 03/12/13.</p> <p>The facility failure to have a plan in place for the assessment, monitoring and treatment of a [REDACTED] for Resident #5, and failure to provide [REDACTED] and treatment with the direction and order of a physician, placed the resident at risk for less than optimal healing and potential for infection.</p>	F 309		

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