STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505270	A. BUILDING _____ B. WING _____	C 01/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK WEST CARE CENTER	1703 CALIFORNIA AVENUE SOUTHWEST SEATTLE, WA 98116

(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	INITIAL COMMENTS This report is the result of an unannounced Abbreviated Complaint Survey conducted on 01/16/16 and 01/19/16 at Park West Care Center. A sample of 15 current residents from a total census of 109 residents was selected for review. The survey was conducted by: Susan Lee Loewen MSN, BSN, RN Investigator Complaints investigated include: # 3178946, #3180993 & #3178193 The survey team is from: Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services District 2 South Nursing Home 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388 Telephone: (253) 234-6000 Fax: (253) 395-5071 Mike Ambeau 01/22/16 Residential Care Services Date	F 000	RECEIVED FEB - 8 2016 DSHS/ADSA/RCS RECEIVED FEB - 8 2016 DSHS/ADSA/RCS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Ramanjit K Singh	Nursing Home Administrator	02-05-16

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FEB-10-2016 12:07 From:206-933-2871 Park West Pavro11 Page:2/3

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F 257 SS=E	483.15(h)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the temperature in eight of 19 resident's rooms on the "dementia unit" was in a range that 3 of 15 Resident's (#s 1-3) considered comfortable or that met regulatory standards. This failure placed residents at risk for loss of body heat, hypothermia, respiratory ailments and other health issues. Findings include: Observation of resident rooms and heating units on the second floor dementia unit, on 01/16/16 at 11:15 a.m. through 1:00 p.m., revealed room temperatures below regulatory compliance as: Room 201/67 degrees Fahrenheit (dF); 202/70.6 dF; 207/70.5 dF; 209/59 dF; 211/70.2 dF; 212/69 dF; 217/66.2 dF; and 220/70 dF. The condition of the heating/cooling units was varied but included soiled vents, units without regulatory knobs or directions on how to regulate the temperature. Terry towels were inserted into the bottom of the units in 201 and 202. When the towels were removed from under the unit in 201, external air entered the room directly from this area and the outside parking lot was visible from the hole in the wall. Cold air entered room 202 after the towels were removed as well.	F 257	**Disclaimer Clause** Preparation and/or execution of this plan of correction does not constitute the provider's admission of or agreement with the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it.	

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F 257	Continued From page 2 On 01/16/16 at 10:15 a.m. an Anonymous Community Member (H) indicated the lack of heat was an issue for residents in rooms: 201, 202, 205, 207, 209, 217 and 219. The community member indicated the problem was long standing and had gone on for at least a year. According to the quarterly 11/27/16 Minimum Data Set (MDS), Resident #1 was assessed to be able to communicate her needs despite being cognitively impaired. Resident #1, who was fully clothed but lying covered in bed, said, in an interview on 01/16/16 at 11:45 a.m. "It's cold." When asked how she maintained warmth the resident responded, "You stay in bed." Resident #3, assessed to be minimally cognitively impaired and able to communicate her needs according to the 11/09/15 MDS, said in an interview on 01/16/16 at 11:20 a.m. "I'm cold now." Resident #3 was wearing a short sleeved top with pants that did not cover her legs and socks that were short. Resident #4 was cognitively impaired according to the 10/02/15 MDS, but usually able to communicate her needs. Interviewed on 01/16/16 at 11:20 a.m. she said, "It's freezing. The heater isn't working. We go outside (in the hall) because it's warmer." Resident #4 was observed to be fully clothed and wearing a sweater but during the interview donned an additional coat/sweater from her closet. Resident #7, assessed as moderately impaired for decision-making but able to communicate her needs according to the 12/01/15 Significant change MDS, was observed lying in bed on	F 257	**F257** **COMFORTABLE & SAFE TEMPERATURE LEVELS** The temperatures in rooms for residents' #1-3 were adjusted immediately while the surveyor was in the facility. Subsequent observations revealed temperatures between 71° - 81°F, or adjustments to the heating unit controls were made to address the ambient temperature. Upon interview all identified residents state they are comfortable with their room temperature. All residents have the potential to be affected by ambient temperatures below 71° F. All resident rooms in the facility are being monitored daily to assure ambient temperatures are maintained at a safe and comfortable level. The Maintenance Director was educated by the Administrator regarding facility temperature range is required to be maintained between 71° - 81° F. Maintenance rounds will assess room temperatures in all resident rooms	

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F 257	Continued From page 3 01/16/16 at 11:45 a.m. Resident #7 said, "I'm warm enough. I just stay in bed covered", when asked if the heater was working. Staff D, a Licensed Nurse (LN), and Staff E, a Nursing Assistant, interviewed on 01/16/16 at 11:15 a.m. indicated residents on the second floor dementia unit had complained about being cold. The LN provided a work order written by a night nurse on 01/16/16 indicating heating units in rooms 201, 205, 217, 220, 221 and 219 were not functional. When asked how long the residents had complained of being too cold and how long the heating units were not working these staff said the problem started in December of 2015. According to the Maintenance Director, Staff C, interviewed on 01/16/16 at 1:00 p.m., a contracting repair service was notified in December of 2015 to assess and repair non-working heating units. Staff C indicated Administration knew about the issues at that time. Staff C indicated to keep cold air from entering resident rooms towels were placed at the bottom of some of the units. The Contracting Repair Service employee, Staff G, said in an interview on 01/16/16 at 3:30 p.m., the heating units were "pretty old" and had an increasingly frequent "failure rate". Staff G indicated units would need replacing. Review of the room temperature log kept by Staff C from January 2015 to January 2016 revealed room temperatures below the regulatory requirement and as low as the low 60's as early as January 2015 throughout the facility's three floors on which residents lived.	F 257	daily. Immediate adjustments to the heating unit controls will be made if temperatures are identified below 71° F and temperatures will be re-checked within an hour to assure correction. The weekly room temperature logs are being maintained by the Maintenance Director. Any concerns will be addressed immediately and reported to the QAPI committee. Temperature logs will be forwarded to the Administrator monthly for tracking, trending and analysis. Reports are presented to the Quality Assurance and Performance Improvement Committee (QAPI) quarterly for any follow-up measures or actions that are needed. The QAPI committee may adjust the frequency of monitoring after 12 weeks as it deems appropriate. The Administrator will ensure ongoing compliance. Compliance Date: 2/8/2016	

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F 257	Continued From page 4 The facility's system to ensure maintenance issues were resolved included staff's documentation of problems on the Maintenance Work Order Request (MWOR) form. Staff documented on the facility's 12/25/15 MWOR the heating/cooling unit in room 201, "...does not work. Will not turn on." Staff C's response on the same form was, "Needs to be replaced." A 12/02/15 MWOR for room 219 bed one and two indicated, "Heater is not working. Blowing cold both ways." Review of repair records performed by Staff G and provided by the facility for the past year (January 2015 to January 2016) revealed repeated repairs to some units such as the unit in room 103, with failures in the heat pumps, hoses, freon levels and fans. Several work orders, such as #22130, indicated a specific unit (207) was "a candidate for replacement". Observation on 01/16/16 at 11:55 a.m. revealed the heating units in room 201 and 207 were older models still in use. Review of the facility's administrative records, provided by the facility, revealed no action to secure new heating/cooling units by administration during the 2015 year until December 9, 2015 when an acting Administrator from a sister facility made an attempt to purchase six heating/cooling units to replace the older worn out units. No records were provided indicating the replacement orders were implemented or received. Rooms were observed to be colder than regulatory requirements and heating/cooling units were observed to be in disrepair. Residents complained of being cold and were observed to	F 257		

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F 257	Continued From page 5 be cold. Community and staff members advocating for residents said residents complained of being cold. According to facility documentation, copious issues with the heating/cooling units persisted and in some cases needed to be replaced but were not. The facility failed to ensure resident's comfort and/or regulatory room temperatures.	F 257		

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Washington State Department of Social & Health Services
ADSA Aging & Disability Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION

Nursing Home Survey Report

STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. Page 1 of 1 Pages

2. DATES OF DATA COLLECTION
J01/16/16 & 01/19/16

3. NAME OF FACILITY	4. TYPE OF SURVEY	5. TIME OF SURVEY
Parkwest Care Center	☐ Full ☐ Post ☒ Complaint ☐ Other: specify ____	☒ Day ☐ Night ☐ Weekend ☐ Holiday

6. STREET ADDRESS	CITY	STATE	ZIP CODE	7. LICENSE NUMBER
1703 California Ave. SW	**Seattle**	**WA**	**98116**	**1352**

NOTE: According to RCW 18.51.060, the Department is authorized to deny, suspend or revoke a license and/or assess monetary fines for deficiencies cited in this report.

8.

☒ The requirements of the following WAC's and corresponding CFR's were not met. The text of the statements of deficiencies and the licensee's plan of correction may be read on CMS form 2567, dated: **01/19/2016**.

**Licensee must complete column 14.

☐ The following deficiencies were determined to be corrected.

9. WASHINGTON ADMINISTRATIVE CODES 388-97	10. CODE OF FEDERAL REGULATION 42 CFR 483.	11. FEDERAL DATA TAG NUMBER	12. REPEAT DEFICIENCY FROM SURVEY DATED	13. NEW CITATION ON POST SURVEY	14. LICENSEE'S PLANNED DATE OF CORRECTION
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15. SURVEYOR'S SIGNATURE(S)

SIGNATURE	DATE	SIGNATURE	DATE
Susan Lee Loewen MSN	1/22/16		
SIGNATURE	DATE	SIGNATURE	DATE

16. LICENSEE OR AGENT

SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE

DSHS/ALSA/HQS

Washington State Department of Social & Health Services
ADSA Aging & Disability Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION

Nursing Home Survey Report

STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. Page 1 of 1 Pages

2. DATES OF DATA COLLECTION: 02/19/2016

3. NAME OF FACILITY	4. TYPE OF SURVEY	5. TIME OF SURVEY
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15. SURVEYOR'S SIGNATURE(S)

SIGNATURE	DATE	SIGNATURE	DATE
Susan Lee Loewen	2/19/16		
SIGNATURE	DATE	SIGNATURE	DATE

16. LICENSEE OR AGENT

SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE

FEB-10-2016 12:07 From:206-933-2871 Park West Payroll Page:3/3

Department of Social & Health Services
ADSA Aging & Disability Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION

Nursing Home Survey Report

STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. Page 1 of 1 Pages

2. DATES OF DATA COLLECTION: 01/16/16 & 01/19/16

3. NAME OF FACILITY: **Parkwest Care Center**

4. TYPE OF SURVEY: ☐ Full ☐ Post ☒ Complaint ☐ Other: specify ____

5. TIME OF SURVEY: ☒ Day ☐ Night ☐ Weekend ☐ Holiday

6. STREET ADDRESS: **1703 California Ave. SW** CITY: **Seattle** STATE: **WA** ZIP CODE: **98116**

7. LICENSE NUMBER: 1352

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SIGNATURE	DATE	SIGNATURE	DATE
Susan Lee Loewen MSW	1/22/16		
SIGNATURE	DATE	SIGNATURE	DATE

16. LICENSEE OR AGENT

SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE
Ramajot Cardoza	Nursing Home Administrator	02.05.16

DSHS 10-207 (REV. 04/2009)

Washington State Department of Social & Health Services
ADSA Aging & Disability Services Administration

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Susan Lee Loewen MSW	1/22/16		
SIGNATURE	DATE	SIGNATURE	DATE

16. LICENSEE OR AGENT

SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE