

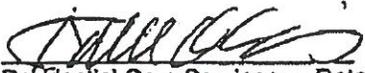
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/10/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505499	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/30/2014
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NAME OF PROVIDER OR SUPPLIER COTTESMORE OF LIFE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2909 14TH AVENUE NORTHWEST GIG HARBOR, WA 98335
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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 Cottessmore of Life Care on 9/11/14 & 9/30/14. The sample included 4 current residents and 1 former and or discharged resident out of a census of 98</p> <p>The following are complaints investigated as part of this survey:</p> <p>#3038799 #3033030</p> <p>The survey was conducted by:</p> <p>Woodetta Owens, RN, MN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 3, Unit A PO Box 45819 MS: N27-24 Olympia, Washington, 984504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p> 10/10/14 Residential Care Services Date</p>	F 000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X5) DATE 10/16/14
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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 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 Interview, and record review, it was determined that the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 1 of 3 residents (#1) in accordance with the comprehensive assessment. This failure placed resident #1 at risk for decreased quality of care when left on the bedpan for over 9 hours.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility with multiple diagnoses to include generalized muscle weakness and hemiplegia (total or partial paralysis of one side of the body).</p> <p>The minimum data set (MDS), an assessment tool, dated 7/5/14 identified the resident required extensive assist of two people for bed mobility, transfers and toilet use.</p> <p>The care plan dated 11/6/13, with a target date of 10/10/14, documented the resident was at risk for skin breakdown related to generalized weakness with incontinence. The care plan documented,</p>	F 309	<p>F 309</p> <ol style="list-style-type: none"> 1. Resident #1 was assessed without negative findings. Resident's Care Plan and Care Guide were revised to include frequency of repositioning. 2. Other residents with similar risk were reviewed and Care Plans and Care Guides revised to meet individualized needs. 3. Facility provided training to nursing staff regarding bed pan use and repositioning residents. Care Plans will include information on residents' positioning needs. 4. Audits will be conducted on admission to ensure residents "At Risk for Skin Breakdown" have a Care Plan and Care Guide in place with guidance on repositioning and turning to prevent skin breakdown. 		

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F 309	<p>Continued From page 2</p> <p>"assist the resident to reposition/shift weight to relieve pressure as needed." The care plan did not include specific interventions of how often the resident required repositioning.</p> <p>The care directive (a care guide to nursing assistants) did not include care plan interventions to direct staff to reposition/shift weight of Resident #1, who required the assist of two people for bed mobility.</p> <p>The facility's "Incident/accident" report dated 8/5/14 documented, in part, the resident was placed on the bedpan by the evening shift nursing assistant (Staff B), at 9:50 p.m. According to the incident/accident report the night shift nursing assistant (Staff C), asked the resident multiple times if she wanted to be changed or use the bedpan.</p> <p>According to Staff C's written statement dated 8/4/14, the resident refused each time and asked not to be woken up. The investigation did not reveal the resident was encouraged or offered to be repositioned during the entire shift of 10 p.m. - 6 a.m.</p> <p>The facility's investigation revealed the resident was found by the day shift nursing assistant (Staff B), at 7:00 a.m., on the bed pan which had been placed under the resident the night before at 9:50 p.m. After being left on the bedpan for over 9 hours, the resident sustained a 15cm x 0.2cm red line on the left inner buttock.</p> <p>On 9-11-14 at 2:30 p.m., during an interview, Resident #1 stated she forgot she was on the bedpan, and no one took her off. Observation of the buttock was not conducted due to resident's</p>	F 309	<p>5. Director of Nursing will forward audit findings to the PI committee monthly x 3 months for opportunities of quality improvement.</p> <p>6. Director of Nursing to ensure compliance.</p> <p>Date of Compliance: 10/27/14</p> <p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law.</p>		

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F 309	Continued From page 3 refusal. On 9/30/14 at 2:49 p.m. during an interview, the director of nursing (Staff A), confirmed the care directive did not provide direction to the nursing assistants of when or how often to reposition the resident.	F 309			