

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

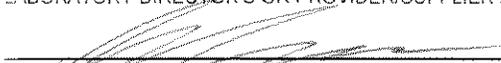
PRINTED: 05/08/2012
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505154 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/02/2012 |
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| NAME OF PROVIDER OR SUPPLIER REGENCY AT TACOMA REHABILITATION CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 2102 SOUTH 96TH STREET TACOMA, WA 98444 |
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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 Regency at Tacoma Rehab Center on 4/25 & 5/2/2012. A sample of 6 residents was selected from a census of 97 residents. The sample included 5 current residents and the record of 1 former resident.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#12-04-11089 #12-04-12190</p> <p>The survey was conducted by:</p> <p>Donna J. DeVore, R.N., MSN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Disability Services Administration Residential Care Services, District 3, Unit B 1949 S. State Street Tacoma, WA 98405-2850</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>Leida Barriguel</i> 5/8/12 Residential Care Services Date</p> | F 000 | <p>RECEIVED</p> <p>MAY 16 2012</p> <p>DBHS - AD&A RCS - REGION 5</p> | 5/17/12 |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE <i>Administrator</i> | (X6) DATE 5/15/12 |
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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 226 SS=D | <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to complete a thorough screening of a criminal background check for 1 of 6 staff reviewed for pre-hire screening.</p> <p>The facility hired a staff with a substantiated finding of abuse and/or neglect documented on the criminal background check which according to the DSHS Secretary's List of Crimes and Negative Actions disqualified the staff from working with vulnerable adults.</p> <p>Findings include:</p> <p>Review of a personnel file for Staff A (environmental staff) revealed a DSHS substantiated finding of abuse and/or neglect of a child.</p> <p>Review of the DSHS Secretary's List of Crimes and Negative Actions revealed the above disqualified Staff A from being allowed to be in a position to be left alone with a vulnerable adult.</p> <p>The facility hired Staff A on [REDACTED] into a position that included unsupervised work with vulnerable adults.</p> | F 226 | <p>This plan of Correction is being submitted in compliance with specific regulatory requirements. Neither its completion nor contents should be construed as an admission by this provider of the validity of any findings or citations contained herein.</p> <p><u>Immediate action for cited Residents</u></p> <p>Staff A was immediately suspended pending investigation into background check.</p> <p>It was found that the negative action was substantiated and staff A was terminated.</p> <p><u>Residents in Similar Situations</u></p> <p>Background checks for employees were audited for negative actions/findings.</p> <p><u>System Measures</u></p> <p>Administrator was educated on where to find DSHS negative actions/findings on the state criminal background check forms.</p> <p><u>On Going Compliance</u></p> <p>Administrator will continue to review employee criminal background checks with negative actions/findings.</p> <p><u>To Ensure Compliance</u></p> <p>Administrator or Designee</p> | 5/17/12 |
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| F 226 | <p>Continued From page 2</p> <p>Interview with Staff C (personnel staff) on 4/25/12 at 2:00 p.m. revealed she forwarded Staff A's criminal background check to the administrator per protocol because there were findings and/or convictions listed for review.</p> <p>Interview with Staff B (administrator) on 4/25/12 at 12:20 p.m. confirmed the above. Staff A was hired on [REDACTED] and continued to work in the facility. Staff B stated he completed a character and suitability review; however, he did not notice the DSHS finding of abuse and/or neglect.</p> | F 226 | | 5/12/12 |
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