

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

PRINTED: 06/06/2012  
FORM APPROVED  
OMB NO. 0938-0391

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 05/29/2012
NAME OF PROVIDER OR SUPPLIER  REGENCY AT TACOMA REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2102 SOUTH 96TH STREET TACOMA, WA 98444		
(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 Standard Survey conducted onsite at Regency at Tacoma on 5/29/2012. A sample of 7 residents was selected from a census of 97 residents. The sample included 7 current residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#12-05-15239 #12-05-14752 #12-05-16531</p> <p>The survey was conducted by: Donna J. DeVore, R.N., MSN</p> <p>The surveyor is from: 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 Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>Linda Barrigada</i> 6/6/12 Residential Care Services Date</p>	F 000		6/15/12	

RECEIVED  
JUN 14 REC'D  
DSHS - ADSA  
RCS - REGION 5

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE Administrator (X6) DATE 6/14/12

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=G	<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 observations, record review and interview, the facility failed to provide adequate supervision and/or failed to ensure staff used an assistive device during transport to prevent accidents for 1 of 7 sampled residents (#1) reviewed for allegations of abuse/neglect.</p> <p>This failure resulted in harm to Resident #1 when her foot dropped during transport and resulted in a fractured ankle.</p> <p>Findings include:</p> <p>Review of a facility investigation dated 6/1/12 revealed on 5/27/12, Staff D (nursing assistant) transported Resident #1 to the dining room in a wheel chair. Staff D stated she was aware Resident #1 used footrests on her wheel chair; however, she was unable to locate them at the time. Staff D asked the resident to hold up her legs. While Staff D pushed the chair, Resident #1's left leg dropped to the floor and was caught under the wheel chair.</p> <p>Further review of the investigation and nursing</p>	F 323	<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>	6/15/12

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F 323	<p>Continued From page 2</p> <p>progress notes dated 5/27/12 revealed an initial nursing assessment by Staff E (licensed nurse) showed no visible signs of injury.</p> <p>Review of nursing progress notes dated 5/28/12 at 5:15 p.m. revealed Resident #1 complained of pain in her ankle; assessment revealed it was warm and painful to touch. Review of x-ray results dated 5/28/12 revealed a non-displaced fracture of the ankle. Resident #1 was transferred to the emergency room for further evaluation and treatment.</p> <p>On 5/29/12 at 12:45 p.m., Resident #1 was observed in bed. During interview, the resident was able to tell the investigator her ankle was hurt, the resident was unable to recall how it happened.</p> <p>Interview with Staff C (nursing assistant) assigned to care for Resident #1 on 5/29/12 revealed she also cared for Resident #1 prior to the above incident. Staff C stated Resident #1 always used foot rests on the wheel chair because "she dragged her feet".</p> <p>Record review revealed Resident #1 admitted to the facility [REDACTED] with multiple medical diagnoses including [REDACTED]. The resident was dependent on staff for transfers and wheel chair mobility.</p> <p>Review of the facility's investigation summary revealed the facility was able to substantiate Staff D failed to use foot rests while pushing Resident #1 in the wheel chair. Investigation summary included reference to the resident's medical</p>	F 323	<p><u>Immediate action for cited Residents</u></p> <p>Resident #1's wheelchair footrests were located immediately and put on chair for current use.</p> <p><u>Residents in Similar Situations</u></p> <p>Residents who require wheelchair footrests were audited to ensure footrests were easily located and placed on wheelchairs when in use.</p> <p><u>System Measures</u></p> <p>Staff was inserviced on the use of footrests to safely transport residents in wheelchairs.</p> <p><u>On Going Compliance</u></p> <p>Clinical Management Team and or Restorative Aides will randomly audit to ensure wheelchair footrests are in place as needed weekly for four weeks then monthly for three months.</p> <p>Results will be trended and reported at monthly QA meeting.</p> <p><u>To Ensure Compliance</u></p> <p>DNS or Designee</p>	6/15/12
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F 323 Continued From page 3  
history including [REDACTED]  
[REDACTED] which was the same side in which the injury occurred.

F 323

6/15/12