

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

PRINTED: 07/18/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505154</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>07/09/2012</b>
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NAME OF PROVIDER OR SUPPLIER  <b>REGENCY AT TACOMA REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2102 SOUTH 96TH STREET TACOMA, WA 98444</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Regency at Tacoma on 6/26 &amp; 7/9/2012. The sample included 5 residents out of a census of 97. The sample included 2 current residents and the records of 3 former residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#12-06-19706 #12-06-17601</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</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>Loida Bourque</i> 7/18/12 Residential Care Services Date</p>	F 000	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">JUL 24 REC'D</p> <p style="text-align: center;">DSHS - ADSA RCS - REGION 5</p>	8/3/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  Administrator	(X6) DATE  7/24/12
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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 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 record review and interview, the facility failed to ensure 1 of 5 residents (Former Resident #1) reviewed for change of condition had evidence of ongoing monitoring of the medical condition.</p> <p>The facility failed to provide evidence Resident #1's respiratory status was monitored for a thirty minute period following an initial assessment of respiratory distress.</p> <p>This failure placed Resident #1 at risk for further decline while waiting for emergency service personnel to arrive.</p> <p>Findings include:</p> <p>Record review revealed Resident #1 was admitted during [REDACTED] with medical diagnoses including [REDACTED]. Review of the resident's most recent advanced directive dated 3/11/12 revealed the resident desired CPR and full treatment for medical conditions.</p>	F 309	<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>Resident #1 is no longer in facility.</p> <p><u>Residents in Similar Situations</u></p> <p>No current residents have been identified as having any changes in condition requiring emergent care or ongoing monitoring.</p> <p><u>System Measures</u></p> <p>LN staff will be inserviced on documentation during a significant change in condition and ongoing monitoring.</p> <p><u>On Going Compliance</u></p> <p>Medical records of residents who discharge related to significant changes in their medical condition will be reviewed to ensure the documentation accurately reflects all interventions implemented, and ongoing monitoring was done until the resident was discharged or the issue was resolved.</p> <p><u>To Ensure Compliance</u></p> <p>DNS or Designee</p>	8/3/12

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F 309	<p>Continued From page 2</p> <p>Review of physician orders dated 5/23/12 revealed an order to change oxygen use from continuous to 1 to 2 liters/minute as needed to keep levels O2 sats (oxygen saturation levels) above 92%. Review of medication administration records dated 5/23/12 through 6/16/12 revealed oxygen was not administered to the resident during that time period.</p> <p>Review of a nursing progress note written by Staff C (registered nurse) dated 6/16/12 at 6:15 p.m. revealed the following change of condition for Resident #1: blood pressure 92/60, rapid shallow respirations 30/32 per minute, pulse 130 to 140's. Documentation included an O2 sat on room air of 72% (normal 90% and greater); Staff C documented providing oxygen at 2 liters per minute with the O2 sat increasing to 74 to 76% and with an increase to 3 liters, the resident's O2 sat was 82%.</p> <p>Further documented assessment within the note timed at 6:15 p.m. showed no crackles in the resident's lungs, no vomiting, tube feeding turned off. Family was notified; telephone order from the physician to send to emergency room (ER).</p> <p>Documentation timed at 6:30 p.m. revealed "911 in route for transport; notified ER" and at 6:45 p.m., noted "transport per ambulance at this notation".</p> <p>There was no documented evidence of ongoing monitoring of Resident #1's respiratory status, vital signs, or O2 sats between the onset of respiratory distress noted at 6:15 p.m. and the arrival of the ambulance 30 minutes later at 6:45 p.m.</p>	F 309		8/3/12	

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F 309	Continued From page 3  Review of the ambulance record dated [REDACTED] revealed the first initial O2 sat was documented as 79% timed at 7:00 p.m. with blood pressure 58/p, pulse 140 and respirations 40. Review of the hospital record revealed Resident #1 had CPR started during transport to the hospital.  Staffs C (RN), D (LPN), and E (nursing assistant) provided statements to facility administrative staff related to monitoring of the resident after Staff C identified the resident was in respiratory distress.  Review of the information during interview with Staff A (director of nursing) by telephone on 7/17/12 did not provide evidence of ongoing assessment or further action to potentially alleviate the resident's respiratory distress.	F 309		8/3/12	