

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

PRINTED: 05/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

1377

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 05/13/2013
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NAME OF PROVIDER OR SUPPLIER  TACOMA NURSING AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 SOUTH 96TH STREET TACOMA, WA 98444
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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 Tacoma Nursing and Rehabilitation Center on 4/24, 5/7 &amp; 5/13/2013. The sample included 7 residents out of a census of 109. The sample included 5 current residents and the records of 2 former residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2786244 #2783875 #2795186 #2796861</p> <p>The survey was conducted by: <b>[REDACTED]</b>, RN, MSN</p> <p>The surveyor is from:  Department of Social and Health Services Aging and Long-Term Support Administration Division of 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>[Signature]</i> Residential Care Services      Date</p>	F 000	<p>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Tacoma Nursing and Rehabilitation center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.”</p> <p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">MAY 29 REC'D</p> <p style="text-align: center;">DSHS - ADISA RCS - REGION 5</p>	5/31/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 5/28/13
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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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NAME OF PROVIDER OR SUPPLIER  <b>TACOMA NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2102 SOUTH 96TH STREET TACOMA, WA 98444</b>		
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F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>F225</p> <p>Resident #1 expired.</p> <p>Residents with property have the potential to be affected.</p> <p>Residents were interviewed regarding missing property.</p> <p>Staff was interviewed regarding their knowledge of any missing resident property.</p> <p>A template has been developed to provide a guideline and resource for other Department Heads to use when investigating allegations of missing property.</p> <p>A tracking log for reportable events has been developed to ensure phases of the investigation are addressed and completed.</p> <p>Department Heads have been re-educated on phases of an investigation and use of the tracking log.</p> <p>Allegations of missing property will be reviewed to ensure a thorough investigation has been completed.</p>	5/31/13

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F 225 Continued From page 2

This REQUIREMENT is not met as evidenced by:

Based on record review and interview, the facility failed to complete a thorough investigation of an allegation of missing property for 1 of 2 residents (Former Resident #1) reviewed for allegations of missing cash and/or wallet.

Without a thorough investigation, the facility could not rule out facility involvement in the misappropriation of Resident #1's funds or determine if there were other residents with similar concerns.

Findings include:

Review of a facility investigation dated 4/24/13 revealed on 4/23/13 a family member reported Resident #1's wallet and driver's license were missing from her purse and unauthorized transactions were made to the resident's bank account. The family member reported to the facility that four debit card transactions totaling \$95.00 occurred between 4/17 and 4/19/13 while the resident resided in the facility. The resident's debit card was found in the resident's purse; however, it was last seen by the family in the resident's wallet. The resident's wallet and driver's license were found on the resident's bed on 4/24/13.

On 5/13/13 at 3:00 p.m., Staff A stated she did not have any other information about the investigation. She stated Staff C asked Staff A to conduct interviews with other residents and staff. There was no evidence the interviews took place.

F 225

A random audit will be done of allegations regarding missing property with results analyzed and reported at monthly QA meeting.

DNS to ensure compliance.

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F 225	Continued From page 3 Interview with Staff B on 5/13/13 at 3:30 p.m. revealed she interviewed the resident's family member on 4/24/13 to get the details of the allegation. She stated she reported the allegation to the director of nursing, police and complaint resolution unit (CRU). Staff B stated she did not conduct resident and staff interviews because she thought another staff was doing that and then she got busy and forgot.	F 225		5/31/13