

1377

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>07/29/2013</b>
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>		
(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><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Tacoma Nursing and Rehab Center on 7/24 &amp; 7/29/2013. The sample included 12 residents out of a census of 102. The sample included 7 current residents and the records of 5 former residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2842805</p> <p>The survey was conducted by:</p> <p>██████████ RN, MSN</p> <p>The surveyor is from:</p> <p>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>D. Pengun-Drimes</i> 8/2/13 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;">AUG 12 REC'D</p> <p style="text-align: center;">DSHS - ADSA ROS - REGION 5</p>	8/19/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Administrator

8/9/13

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.

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

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F 240 SS=E	<p><b>483.15 CARE AND ENVIRONMENT PROMOTES QUALITY OF LIFE</b></p> <p>A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and interviews, it was determined the facility failed to ensure the environment was free of the smell of cigarette smoke in 2 of 3 dining rooms (Main and Annex dining rooms) during meals and during resident group activities.</p> <p>This failure placed residents at risk for decreased quality of life due to the odor of smoke in their daily living environment.</p> <p>Findings include:</p> <p>During interview on 7/24/13 at approximately 12:30 p.m., Anonymous Resident #11 commented that residents were smoking in the smoking area next to the dining room while residents were eating and that other residents were also bothered by the smoke. Resident #11 stated he/she could smell the smoke in the hallway at times.</p> <p>During observations in the Main dining room on 7/24/13 at approximately 12:50 p.m., a strong odor of cigarette smoke was noted in the Main and Annex dining rooms. Eleven residents were observed eating lunch in the Main dining room and 1 resident was seated in the Annex dining</p>	F 240	<p>Residents in the dining areas have the potential to be affected.</p> <p>A fan has been placed above double doors between the dining areas and smoking area to push odor away from the facility.</p> <p>A temporary shelter has been put up for smokers to be directed away from the building during meal time and activities.</p> <p>Dependant smoking times have been changed to assure that all residents have finished eating before the supervised smoking begins.</p> <p>A permanent shelter has been approved to be built; NW Pole Structures has been contacted and will begin the process.</p> <p>Nursing staff and activity staff has been educated on redirecting independent smokers away from the dining area and to the temporary shelter during meals and activities.</p>	8/19/13

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F 240	<p>Continued From page 2</p> <p>room drinking a beverage. During this time, 7 residents were observed smoking in the smoking area which was adjacent to both dining rooms. Residents entered and exited to and from the smoking area through the Annex dining room which was open to and continuous with the Main dining room. One observation during a 5 minute period revealed the door opened and closed 5 times. The smoke odor increased each time the door opened.</p> <p>At 2:30 p.m. on 7/24/13, 10 residents were observed attending a group activity in the Main dining room. At this same time, 7 residents were smoking in the adjacent smoking area. The odor of smoke was prevalent in the Main and Annex dining rooms. During a 5 minute period, the door to the smoking area opened and closed twice, each time increasing the smoke odor in the room.</p> <p>Interview with Anonymous Resident #12 who attended the above activity revealed he/she was sometimes bothered by the smoke during activities and commented he/she could smell it during the activity today.</p> <p>On 7/29/13 at 10:15 a.m., 8 residents were observed in an activity in the Main dining room; 1 resident was observed smoking in the smoking area. Interview with activity Staff I revealed the she had received complaints about the smoke odor at Resident Council meetings which she coordinated.</p> <p>Resident Council minutes dated 5/2013 through 7/2013 were reviewed with permission of Resident Council President, Resident #4.</p> <p>Concerns regarding residents smoking during</p>	F 240	<p>Management staff will do random rounds of smoking area to assure resident and staff compliance.</p> <p>Resident council minutes will be monitored to address any ongoing issues with smoking area.</p> <p>Progress and trends of audits will be reported during monthly QAPI meeting.</p> <p>Administrator or designee to ensure compliance.</p>	8/19/13

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F 240	<p>Continued From page 3 meals were noted as follows:</p> <p>On 5/21/13 it was noted smokers were observed going out to the smoking area during meal times. Administration response to this concern included management continued to work on other options for the smoking area that would meet state regulations and staff were educated on redirecting smokers during meal times.</p> <p>On 6/18/13, it was noted residents wanted to know if there was going to be a new smoking area. Administrative response included staff trying to be diligent and redirect residents away from the smoking area, signs were posted and staff were made aware of the issue.</p> <p>On 7/16/13, under Old Business, it was noted that staff members were not stopping residents from smoking during meal times.</p> <p>During interview on 7/29/13 at approximately 11:40 a.m., Resident #4 (Resident Council President) stated residents smoking during meals and activities continued to be an ongoing problem; if residents were still in the dining room and it was time for smoking, staff did not redirect residents away from the smoking area while the residents finished their meals.</p> <p>Interview with Staff H (Housekeeping) on 7/29/13 at 10:40 a.m. revealed she was one of the staff that supervised residents during supervised smoking times. She stated she received complaints from other residents off and on about residents smoking during meals. Staff H stated she did not forward those complaints to administration because the residents were smoking during the designated smoking times</p>	F 240		8/19/13	

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F 240	Continued From page 4 which sometimes overlapped with residents finishing their meals in the dining room.  Review of a Statement of Deficiencies from an annual survey dated 3/1/2012 revealed the facility was cited for the smoke odor in the Main and Annex dining rooms during meals and group activities.  During interview on 7/29/13 at 11:30 a.m., Staff A (Administrator) stated following the above deficiency citation, the doors to the smoking area were replaced with doors that provided a better seal; the plan to build a smoking area further away from the dining room was not approved by the previous corporation.	F 240			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  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.  This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to provide adequate supervision to ensure the environment was free from accident hazards.  The facility failed to ensure 1 of 2 suction machines in 1 of 3 dining rooms (Main dining room) was fully equipped with an extension cord to enable staff to reach a resident(s) that might	F 323	F323  Residents residing in this facility have the potential need of emergency suctioning.  Suction machines with necessary supplies and extension cords are in place and labeled in each dining room.  Daily audits will be completed to ensure all emergency equipment is present and ready for use.	8/19/13	

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F 323	<p>Continued From page 5 need suctioning while in the dining room.</p> <p>The facility also failed to ensure staff were consistently aware of the location of and how to operate suction machines in the Main dining room and in the Unit B dining room.</p> <p>This failure placed residents at risk for a potential delay in emergency suctioning when needed.</p> <p>Findings include:</p> <p>During interview on 7/24/13 at 10:45 a.m., Staff D (nursing assistant certified (NAC)) was asked to locate the suction machine in the Unit B dining room (room #34). Staff D looked around the room and stated she did not see one. She opened the cabinet door and looked inside and stated she did not see a suction machine. Staff F (NAC) entered the room and after looking around the room, she opened the cabinet door and located the suction machine which was sitting on the floor of the cabinet wrapped in a plastic bag.</p> <p>As requested, Staff F removed it and placed it on the counter. Staff F and Staff D were asked to see if the machine worked; neither staff were able to locate the on/off switch.</p> <p>Staff B (director of nursing) came into the room and showed the staff how to turn on the machine. Staff F commented that it was previously located on the counter and visible; Staff B stated it must have been moved when there was a need for more seating space in the dining room and staff were not notified about the change. Staff B placed a label on the cabinet to alert staff.</p> <p>During interview in the Main dining room at</p>	F 323	<p>Emergency equipment checklist was modified to add clarity regarding making sure necessary supplies and extension cords are available.</p> <p>Random audits will be completed to ensure that daily checks are being completed; results of audits will be reported at the monthly QAPI meeting.</p> <p>DNS or designee to ensure compliance.</p>	8/19/13	

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F 323	<p>Continued From page 6</p> <p>approximately 11:00 a.m., Staff E (LN) was able to show the investigator where the suction machine was located. Staff E removed the plastic bag covering the machine and noted there was not an extension cord with the machine. Staff E carried the suction machine to a dining room table and pulled the table close to the wall in order to have access to an electrical outlet. Staff E commented there should have been an extension cord with the suction machine. Staff E informed Staff B at which time an extension cord was obtained.</p> <p>At 11:10 a.m., Staff G (NAC) was asked where the suction machine for the main dining room was located. Staff G stated she could not say for sure but thought it might be at the nurses' station or in the dining room. Upon entering the dining room, Staff G stated she recalled during orientation, "it was over there", pointing to a wall to her right. Staff G looked on the counter located to her left, looked at the plastic bag containing the suction machine and stated she did not see a suction machine.</p> <p>During interview with Staff B at approximately 3:00 p.m., she confirmed the previous location of the suction machine in the Main dining room was as stated by Staff G. Staff B said it was probably moved when the facility added steam tables along the wall where it was previously located. Staff B also provided information that staff education regarding the above suction machine issues was started on this date.</p> <p>During telephone interview on 7/30/13 at 11:00 a.m., Staff C (director of nursing) stated she revised the check list used by the night shift licensed nurse to audit emergency</p>	F 323		8/19/13

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F 323	Continued From page 7 carts/equipment to add clarity regarding making sure necessary supplies and extension cords were available with the suction machines.	F 323		07/19/13	