

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

PRINTED: 11/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2013
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF KENNEWICK	STREET ADDRESS, CITY, STATE, ZIP CODE 1508 WEST SEVENTH AVENUE KENNEWICK, WA 99336
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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 INITIAL COMMENTS

This report is the result of an unannounced Abbreviated Survey conducted at Life Care Center of Kennewick on November 6, 2013 and November 14, 2013. A sample of 14 residents was selected from a census of 89 residents. The sample included 13 current residents and the records of 1 former and/or discharged resident.

The following were complaints investigated as part of this survey:

- #2892632
- #2894525
- #2900272

The survey was conducted by:
[REDACTED] R.N.

The survey team is from:
Department of Social & Health Services
Aging & Long Term Support Administration
Residential Care Services, District 1, Unit C
3611 River Road, Suite 200
Yakima, Washington 98902

Telephone (509) 225-2800
Fax: (509) 574-5597

[Signature] 11/25/13
Residential Care Services Date

F 312 483.25(a)(3) ADL CARE PROVIDED FOR SS=D DEPENDENT RESIDENTS

A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

F 000

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

F 312

12/2/13

Resident #1 has been provided oral care and face washed. Resident #2 has been given a razor and provided assistance with shaving.

Staff has been in-serviced on providing proper oral care, hygiene and shaving assistance.

Grand Rounds have been initiated in the facility to audit all residents for proper grooming, shaving and hygiene daily.

Audits to be performed daily during Grand Rounds to monitor for eyes and face cleaned, men (and women) shaved. Audits to be completed weekly for 4 weeks, then monthly for three months.

F 312

Results of audits to be forwarded to Performance Improvement committee for 3 months.

Director of Nursing to ensure compliance.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE ADMINISTRATOR	(X6) DATE 12-2-2013
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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 312	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record reviews, and interviews the facility failed to provide the appropriate care and services relative to grooming/personal hygiene for 2 of 10 residents (#s 1 and 2) who required staff assistance for care. This failed practice potentially resulted in the residents having poor self-esteem. Findings include:</p> <p>Resident #1: Admitted to the facility with diagnoses which included dementia. Review of the resident's plan of care revealed she required total staff assistance with all activities of daily living.</p> <p>On 11/6/13 at 11:30 a.m. the resident was observed sleeping supine in her bed. There was dried food or medication in the right corner of her mouth. The following observations at 12:55 p.m., 1:00 p.m., and 2:45 p.m. revealed no change in the appearance of the resident.</p> <p>An interview on 11/14/13 at 1:30 p.m. with Staff A (Nursing Assistant) revealed she had only washed the resident's eyes that morning and not her face. She stated she had changed the resident's disposable brief after lunch and had observed the resident's mouth but thought it was a skin issue. She denied washing her face at that time and had not reported the suspected skin issue to licensed staff. She stated the resident required total assistance with care.</p> <p>Resident #2: Review of the resident's plan of</p>	F 312	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	

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F 312	<p>Continued From page 2</p> <p>care revealed he required staff assistance with personal hygiene.</p> <p>On 11/6/13 at 1:30 p.m. the resident was observed with a growth of hair over his chin and cheeks. He stated he had not been shaved since 11/4/13 and liked to be shaved on a daily basis.</p> <p>An interview on 11/6/13 at 2:50 p.m. with Staff B (Resident Care Manager) revealed the resident required staff assistance with shaving.</p>	F 312	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	