

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

PRINTED: 05/06/2013
FORM APPROVED
OMB NO. 0938-0391

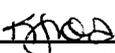
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505483	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2013
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NAME OF PROVIDER OR SUPPLIER ALASKA GARDENS HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 6220 SOUTH ALASKA STREET TACOMA, WA 98408
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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	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Alaska Gardens on 4/22, 4/25 & 4/26/2013. The sample included 10 residents out of a census of 106. The sample included 8 current residents and the records of 2 former residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2787524 #2786563 #2785190 #2791750</p> <p>The survey was conducted by:</p> <p>██████████ RN, MSN ██████████ RN, BSN, MSN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Disability Services 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> Residential Care Services Date</p>	F 000	<p style="text-align: center;">RECEIVED MAY 22 REC'D LSHS - ADGA RCS - REGION 5</p> <p style="text-align: center;">DISCLAIMER CLAUSE PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ED	(X6) DATE 5/15/13
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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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F 329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 4 residents' drug regimen was free from unnecessary drugs (former Resident #1). A total sample of 4 residents were reviewed for unnecessary drugs.</p> <p>Resident #1 received an [REDACTED] medication at a time other than when it was ordered for use.</p>	F 329	<p><i>SDC has completed medication pass audit on licensed nurses.</i></p> <p>4 How will the plan be monitored to ensure the solutions are sustained?</p> <p><i>RCMs to completed random audits of medications to validate they have been administered according to physician orders and correct times x one month then monthly x 2 months.</i></p> <p><i>Findings to be brought to CQI for further review and evaluation.</i></p> <p>5. The DNS is responsible for compliance</p> <p><i>Compliance date May 21, 2013</i></p>		

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F 329	<p>Continued From page 2</p> <p>This placed the resident at risk for receiving unnecessary medications for other than its intended use.</p> <p>Findings include:</p> <p>Record review revealed Resident #1 admitted to the facility during 4/2013 with multiple medical diagnoses including [redacted] disorder and [redacted]. Review of physician orders on admission revealed an order for an [redacted] medication ([redacted] 0.5 milligrams (mg)) at bedtime as needed for [redacted] or [redacted].</p> <p>Review of the resident's medication administration record revealed documentation [redacted] 0.5 mg was given at 8:00 a.m. on 4/15/2013.</p> <p>On 4/26/13 at 11:05 a.m., Staff B was informed of the above and stated she would investigate.</p> <p>On 4/30/13, written information was received in the field office that confirmed Staff C (licensed nurse) administered the medication at 8:00 a.m. In a written statement from Staff C, she stated a family member asked if she would give the resident something to calm him down. Staff C stated she did not read the order carefully and went ahead and gave the [redacted] to Resident #1.</p>	F 329	<ol style="list-style-type: none"> <i>How corrective action accomplished for the identified residents?</i> <i>Resident #1 no longer resides in the facility.</i> <i>How you will identify other residents with the potential of being affected by the same practice?</i> <i>All residents have the potential of being affected by the failed practice.</i> <i>Address what measures will be put in place to ensure deficient practice will not recur</i> <i>Medication error was completed and LN has been re-educated on med pass Licensed staff have been reeducated on the 8 rights of med pass focusing time that physician has ordered and to get order from physician if medication needs to be given at a different time.</i> 	