

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

PRINTED: 07/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2012
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NAME OF PROVIDER OR SUPPLIER AVAMERE HERITAGE REHABILITATION OF TACOMA	STREET ADDRESS, CITY, STATE, ZIP CODE 7411 PACIFIC AVENUE 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 Avamere Heritage Rehab of Tacoma on 6/4, 6/12, 6/13 & 6/21/2012. The sample included 12 residents out of a census of 67. 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> <ul style="list-style-type: none"> #12-05-15952 #12-05-16679 #12-05-16437 #12-06-18008 #12-06-18535 #12-06-18450 #12-06-17247 #12-06-18202 <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 Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>Louisa Barraguan</i> 07/02/12 Residential Care Services Date</p>	F 000	<p>"Heritage Rehab's Plan of Correction shall stand as a written credible assertion of substantial compliance with the Federal and State requirements for skilled nursing facilities participating in the Federal Medicare or applicable State Medicaid programs."</p> <p>"Please note that nothing set forth in this document or any other communication in writing or otherwise (including, but not limited to any accompanying exhibits) is to be or should be construed to be an admission by Avamere Heritage Rehab of Tacoma, of the validity or accuracy of any of the deficiencies cited by the SURVEYING ENTITY relative to the survey, certification and enforcement effort at issue. Further, please note that any and all documents transmitted or otherwise provided by Avamere Heritage Rehab of Tacoma in relation to this Plan of Correction, as well as any and all other communications in writing or otherwise by or on behalf of Avamere Heritage Rehab of Tacoma are and shall be construed to be WITHOUT PREJUDICE to the rights, remedies, claims, defenses of Heritage, at law and/or inequity, all of</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cathy Schuylerdocker RN</i>	TITLE <i>DRS</i>	(X6) DATE <i>7/02/12</i>
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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 244 SS=D	<p>483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION</p> <p>When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of consistent response to grievances related to call light response and food taste/temperature voiced during Resident Council meetings.</p> <p>This failure had the potential for residents to feel they were not being heard.</p> <p>Findings include:</p> <p>CALL LIGHTS</p> <p>Review of Resident Council minutes dated 2/23/12, 3/29/12 and 5/24/12 revealed residents voiced concerns about call light response.</p> <p>On 2/23/12 residents commented staff turned off call lights and said they would return and then did not come back. Residents complained it sometimes took several attempts to receive care.</p> <p>Review of minutes dated 3/29/12 revealed residents had concerns that it took too long for call lights to be answered. There was no response/feedback to the similar concern voiced</p>	F 244	<p>which are not waived and all of which are reserved and retained by, and for and on behalf of Avamere Heritage Rehab of Tacoma."</p> <p>A Resident Council meeting has taken place to discuss the call lights and food concerns, and includes the facilities response to the concerns.</p> <p>The Activity Director has received education regarding the Resident Council process. A tracking system for timely response from responsible departments regarding concerns has been implemented. The DNS or designee will meet with the Activity Director weekly and review the tracking system to ensure timely response has occurred.</p> <p>IDT training has taken place for the Caring Partner Program, and the</p>	7-30-12	

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F 244	<p>Continued From page 2 on 2/23/12.</p> <p>Review of minutes dated 5/24/12 revealed a concern from a resident that alleged being on the toilet for 45 minutes with the bathroom call light on after initially having no response to the call light in his room.</p> <p>There was no evidence in the meeting minutes of response/feedback to the call light concerns voiced on 3/29/12.</p> <p>FOOD</p> <p>Review of Resident Council minutes dated 2/23/12, 3/29/12 and 5/24/12 revealed residents voiced concerns about the quality and temperature of the food.</p> <p>On 2/23/12, residents commented that meals get to the rooms almost always cold and asked if the kitchen had a plate warmer which might help.</p> <p>Review of minutes dated 3/29/12 revealed drinks were too watered down and prepared too early prior to meals. There was no evidence of response to the concerns regarding food voiced at the previous meeting on 2/23/12.</p> <p>Review of minutes dated 5/24/12 revealed residents expressed concerns that meals delivered to rooms were cold or cool and drinks were prepared too soon and were watered down with melted ice by the time they were served. There was no evidence of a response to the previous concerns about food voiced at the 3/29/12 meeting.</p>	F 244	<p>program has been implemented. Call light response and food quality/temperature interviews are included in the Caring Partner rounds. The outcome and necessary response will be discussed in the afternoon stand down meeting.</p> <p>Abaqis interviews will be conducted according to the facility schedule, and will include call light response and food quality/temperatures. The outcome of the interviews will be reviewed and the necessary response will be completed.</p> <p>CNA assignments have been adjusted to allow for quicker call light response time and a more timely hall tray delivery.</p> <p>Random audits of call lights will be conducted to ensure they are answered timely.</p> <p>Random audits of hall tray temperatures will be conducted to</p>	

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F 244	Continued From page 3 During interview on 6/12/12 at 1:10 p.m. Resident #4 [REDACTED] stated Staff C typed up the minutes for the council meetings and he felt they were accurate. Resident #4 was aware some things like call lights and food kept coming up but was not sure what was being done. During interview on 6/13/12 at 2:00 p.m., Staff C (activity director) stated in response to concerns voiced in Resident Council meetings, she sent an inquiry form to the responsible department and sometimes got a reply back and sometimes not. Staff C stated she reported back to the council verbally regarding the responses she did receive; however, did not include this information in the minutes. Staff C was not able to provide responses for any of the issues brought up in the meetings on 2/23, 3/29 and 5/24/12, including those pertaining to call lights and food.	F 244	ensure meals are being delivered at the appropriate temperature. Staff has been in-serviced regarding the call light response procedure, to include returning to the resident in a timely manner once the call light has been answered. Trends identified will be reported to the QA committee monthly and as needed until a lesser frequency is deemed appropriate. DNS/Designee responsible F-246		
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on resident interviews, the facility failed to	F 246	Reident #2 and #6's call light concerns have been addressed individually by the DNS. Resident #5 has discharged from the facility. The Caring Partner Program has been implemented. Call light	7-30-12	

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F 246	<p>Continued From page 4</p> <p>ensure timely response to call lights for 6 of 12 residents interviewed (current Residents #2 & 5), former Resident #9, and 3 current anonymous residents.</p> <p>Failure to timely respond to residents' requests for assistance placed residents at risk for unmet care needs.</p> <p>Findings include:</p> <p>Interviews with the following residents revealed their concerns about call light response:</p> <p>6/13/12 - Resident #6 commented it took too long - 30 minutes to an hour. Staff told her they had another resident to care for before her or that other residents had more illness than she did.</p> <p>6/13/12 - Resident #5 stated the average wait was 45 minutes and he had times when he soiled the bed while waiting.</p> <p>6/21/12 - Resident #2 stated the wait has been as long as an hour or an hour and a half. Sometimes staff would come in, turn off the light and say they would be right back and did not return.</p> <p>6/18/12 - Former Resident #9 reported waiting anywhere from 15 to 45 minutes to have the call light answered.</p> <p>6/13/12 - Anonymous resident reported waiting for an hour to an hour and a half for someone to respond to the call light.</p> <p>6/21/12 - Anonymous resident stated call light response could be 10 or 15 minutes and other</p>	F 246	<p>response interviews are included in the Caring Partner rounds. The outcome and necessary response will be discussed in the afternoon stand down meeting.</p> <p>Abaqis interviews will be conducted according to the facilities schedule, and will include call light response. The outcome of the interviews will be reviewed and the necessary response will be completed.</p> <p>Random audits of call lights will be conducted to ensure they are answered timely.</p> <p>Staff has been in-serviced regarding the call light response procedure, to include returning to the resident in a timely manner once the call light has been answered.</p> <p>Trends identified will be reported to the QA committee monthly and as needed until a lesser frequency is deemed appropriate.</p>		

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F 246	Continued From page 5 times a half hour or more. Sometimes staff would come in to ask what was needed and then left the room. Several months ago the resident soiled herself because "I had to go". 6/21/12 - Anonymous resident stated call light response was "long". The resident stated 25 minutes was too long to wait to go to the bathroom. Refer to F244 for details of residents' concerns related to call light response voiced in Resident Council meetings. The facility administrator, Staff A, was informed about the above concerns voiced during this survey period during exit interview at 11:15 a.m. on 6/21/12.	F 246	Administrator/DNS responsible		
F 281 SS=G	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to ensure professional standards of practice were followed in regards to completing a thorough assessment and initiating CPR according to standards of practice for of 1 of 4 residents reviewed for change of condition (former Resident #10). There was no evidence two licensed staff (Staffs H & I) conducted a thorough assessment of the resident's respiratory and heart condition after	F 281	F-281 LN's have been in-serviced regarding completing thorough and timely respiratory and cardiac assessments when a possible airway obstruction is identified. They have also been in-serviced in regards to the CPR procedure and implementing CPR in a timely manner, and identifying an acute change in condition and the process to follow when the change is identified. The facility has implemented the SBAR/Interact system to guide the LN's in assessment and management of resident changes.	7-30-12	

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F 281 Continued From page 6
having knowledge that the resident had possibly choked. Staff I initiated CPR with the resident in a sitting position.

These failures resulted in harm to Resident #10 due to delay in management of a possible obstructed airway.

Findings include:

Review of Resident #10's hospital record summary dated [redacted] 12 revealed the resident arrived at the hospital with CPR in progress after a possible choking episode. Further record review revealed food was removed from his right lung after emergency bronchoscopy (test used to view the airways) was done. He was placed on mechanical breathing support and subsequently expired after midnight on [redacted] 12 following additional cardiac and respiratory arrests. Documented diagnoses included, in part, respiratory arrest/respiratory failure and food aspiration.

Review of Resident #10's records at the facility on 6/13/12 revealed he was admitted on [redacted] 10 with diagnoses including chronic obstructive pulmonary disease, diabetes, morbid obesity and anemia. According to the records, he was alert, oriented to person, place and time and was able to verbally make his needs known. He was on mechanical soft diet with thin liquid consistency. Resident #10 was also independent with meals. According to a licensed nurse's progress notes dated 5/26/12, Resident #10's vital signs were stable. The 5/26/12 progress notes also revealed while Resident #10 was eating, he stated he was choking and was given water and

F 281 LN's have been in-serviced regarding the SBAR/Interact process. The education will be completed upon hire, annually and as needed.

Trends identified will be reported to the QA committee monthly and as needed until a lesser frequency is deemed appropriate.

DNS/Designee responsible

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F 281	<p>Continued From page 7</p> <p>was talking. Five minutes later, the resident started looking gray and was not talking.</p> <p>Review of facility investigation summary dated 6/18/12 revealed an allegation of delayed response by the nurses when Resident #10's condition declined requiring resuscitation. The incident occurred in the resident's room at 5 p.m. on 5/26/12. The facility reported the incident on 6/13/12 and conducted their investigation to include staff interviews on 6/13/12. The facility documented the licensed nurse was suspended and was later terminated.</p> <p>Interview with Staff E (nursing assistant) on 6/13/12 at 2:35 p.m. revealed he notified Staff I (licensed nurse) on 5/26/12 (evening shift) that Resident #10 did not look right; according to Staff E, the resident was pale, sweating and not responding like he usually did. He stated Staff I did not come "right away" and after checking the resident, she told him "he is alright". Staff E asked another licensed nurse (Staff H) to check the resident and she also stated the resident was "ok".</p> <p>Interview with Staff F (nursing assistant) on 6/21/12 at 9:10 a.m. revealed in response to Staff E's request to check the resident, she witnessed Staff I touching Resident #10 on the cheek and stated "he should be ok, I just gave him some medication". Staff F stated the nurse did not check the resident's vital signs or listen to the resident's lungs. Licensed nurse (Staff H) checked the resident after Staff I and got a verbal response from the resident.</p> <p>During interview on 6/13/12 at 11:45 a.m., Staff H</p>	F 281	Refer to POC on page 6 & 7 of 12		

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F 281	<p>Continued From page 8</p> <p>(licensed nurse) stated she checked Resident #9 after nursing assistants E & F told her they thought he might be choking. She stated the resident was pale and initially did not respond, however, did respond verbally "yes", he was ok. Staff H stated she asked the resident if he could cough because he sounded gurgly and he stated "no". Staff H stated she did not listen to the resident's lungs; she was going to get a stethoscope when Staff I entered the room. Staff H stated she left the room at that time.</p> <p>Approximately 10 minutes later, Staff H stated she responded to a request to check Resident #10 because his condition was worse. Staff H entered the room and saw Staff I administering CPR to the resident who was sitting upright in bed. Staff H stated she intervened and continued CPR with the help of another licensed nurse, Staff G, after lowering the bed and placing a back board under the resident.</p> <p>Interview with Staff G on 6/13/12 at 2:00 p.m. revealed she responded and assisted with CPR until 911 staff responded. She stated the resident vomited during CPR just as 911 staff arrived and continued CPR with breathing support. The resident was transported to the hospital where the resident subsequently expired.</p> <p>Expanded interviews with 5 nursing assistants and 5 licensed nurses on 6/13/12 (day/evening shifts) and 6/21/12 (night shift) revealed they were knowledgeable about response to a resident with potential choking, not breathing and/or without a pulse. Each staff interviewed knew the location of the crash cart and suction machines and the correct procedure for CPR.</p>	F 281	Refer to plan of correction on page 6 & 7 of 12.		

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F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to provide adequate supervision to ensure 1 of 2 suction machines was fully equipped for emergency use.</p> <p>The suction machine in the main dining room did not have suction catheters or an extension cord.</p> <p>This failure placed all residents with swallowing difficulty at risk for delay in emergency suctioning due to incomplete suction equipment.</p> <p>Findings include:</p> <p>On 6/21/12 at 6:20 a.m., the investigator observed Staff D (care manager) removing the suction machine from a cabinet below the sink labeled "suction machine". Staff D plugged in the machine which was operational; however, there were no suction catheters or an extension cord in the cabinet with the suction machine.</p> <p>At 6:25 a.m., observation of the crash cart that contained the second suction machine revealed it was operational and had the necessary</p>	F 323	<p>F-323</p> <p>The suction catheters and the extension cord have been placed with the suction machine located in the dining room.</p> <p>The facility has developed a daily suction machine audit tool which includes the suction catheter and extension cord.</p> <p>LN's have been in-serviced regarding the new tool and the process for suction machine audits.</p> <p>Random suction machine audits will be conducted to ensure it is operational and catheters and an extension cord are stored with the machine.</p> <p>Trends identified will be reported to the QA committee monthly and as</p>	7-30-12
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F 323	Continued From page 10 equipment with it.	F 323	needed until a lesser frequency is deemed appropriate.		
F 364 SS=E	Staff D obtained the catheters and extension cord for the dining room suction machine following the above observations. 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on resident interviews, the facility failed to ensure food was palatable in taste and temperature for 6 of 11 residents interviewed (current residents #2 & 5), former Resident #9, and 3 anonymous current residents. This failure placed the residents at risk for inadequate oral intake and inadequate nutrition related to the food not being palatable. Findings include: Interviews with the following residents revealed their concerns about the food: 6/13/12 - Resident #5 described the food as generally bland but sandwiches with processed meats were very salty. The meal trays sent to his room were "ice cold"; sometimes the tray cart sat in the hall for 20 minutes before staff passed	F 364	DNS/Designee responsible F-364 Resident #2's concerns related to cold food have been addressed by the Dietary Manager. Resident #5 has been discharged from the facility. A Resident Council meeting has taken place to discuss the food concerns, and includes the facilities response to the concerns. The Caring Partner Program has been implemented. Food quality/temperature interviews are included in the Caring Partner	7-30-12	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/21/2012
NAME OF PROVIDER OR SUPPLIER AVAMERE HERITAGE REHABILITATION OF TACOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 7411 PACIFIC AVENUE TACOMA, WA 98408		
(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 364	<p>Continued From page 11 them out.</p> <p>6/18/12 - Former Resident #9 described the food as "unrecognizable". Hot food was cold and the milk was warm.</p> <p>6/21/12 - Resident #2 commented that food was consistently cold; she had hot cereal for breakfast which was never hot enough. She stated she was sure staff would reheat the food if she asked but questioned how reasonable that was given the number of residents on the unit.</p> <p>6/12/12 - Anonymous resident stated the food was a bunch of (expletive).</p> <p>6/21/12 - Anonymous resident commented liking eggs and hot cereal every morning for breakfast which was always cold by the time the tray arrived to the room. Food was most cold at breakfast and other meals were "not hot enough".</p> <p>6/21/12 - Anonymous resident stated the food was always cold.</p> <p>On 6/13/12 the investigator tested food temperatures on a test tray delivered to the 100 unit. Trays were passed quickly and food temperatures were within palatable/safe temperatures. There were no concerns related to taste; residents commented the entree' was a favorite.</p> <p>Refer to F244 for details of residents' concerns related to food quality and temperature voiced in Resident Council meetings.</p>	F 364	<p>rounds. The outcome and necessary response will be discussed in the afternoon stand down meeting.</p> <p>Abaqis interviews will be conducted according to the facility schedule, and will include food quality/temperatures. The outcome of the interviews will be reviewed and the necessary response will be completed.</p> <p>CNA assignments have been adjusted to allow for a timelier hall tray delivery.</p> <p>Random audits of hall tray temperatures will be conducted to ensure meals are being delivered at the appropriate temperature.</p> <p>Trends identified will be reported to the QA committee monthly and as needed until a lesser frequency is deemed appropriate.</p> <p>Administrator/Dietary Manager responsible</p>		