

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

RECEIVED

PRINTED: 07/17/2012  
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 <u>DSHS - ALMA</u> B. WING <u>RCS - REGION 5</u>	(X3) DATE SURVEY COMPLETED  C 07/12/2012
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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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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 7/12/2012. The sample included 6 residents out of a census of 65. The sample included 6 current residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#12-06-20272 #12-06-20369 #12-06-20516 #12-06-19599</p> <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>Loida Baniqued</i> 07/17/12 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 and 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</p>	7-30-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Wendy Whelan* TITLE *Admin* (X6) DATE *7-27-12*

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 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure licensed nursing staff followed professional standards of practice related to completing thorough admission and weekly skin assessments for 1 of 3 residents (#1) with a PICC line (peripherally inserted central catheter).</p> <p>A licensed nurse failed to complete a thorough admission skin assessment for Resident #1 by not identifying a PICC in the resident's groin on admission from the hospital.</p> <p>Three additional licensed nurses did not complete thorough assessments during two successive weekly skin checks and/or during a procedure in which the resident's urinary catheter was removed.</p> <p>The PICC line was identified 19 days after the resident's admission to the facility which placed the resident at high risk for infection.</p> <p>Findings include: Record review revealed Resident #1 admitted to the facility from the hospital on [REDACTED] 12 with multiple diagnoses including gastrointestinal bleeding and history of a stroke.</p>	F 281	<p>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 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>F-281</p> <p>The PICC line was removed from resident #1 without complications.</p> <p>LN's have been in-serviced regarding thoroughly assessing resident's skin upon admission and during weekly skin checks.</p>	
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F 281	<p>Continued From page 2</p> <p>Review of hospital discharge orders revealed the resident had a central venous catheter tunneled triple lumen PICC in his right femoral vein (an intravenous (IV) access line that can be used for a prolonged period of time).</p> <p>Review of the admission nursing assessment dated 6/7/12 completed by Staff B (licensed nurse) indicated the resident did not have any intravenous devices.</p> <p>Review of a facility investigation dated 6/26/12 revealed on that date, a licensed nurse discovered the PICC line in the resident's right groin covered with a dressing and without signs of infection. It was removed at the hospital on 6/27/12 without complications.</p> <p>Facility investigation revealed when Staff B (licensed nurse) completed the admission nursing assessment on 6/7/12, she saw the PICC and thought it was part of the urinary catheter as it was bunched with the catheter in the leg strap. Staff B did not assess further.</p> <p>On 6/14/12, Staff C (licensed nurse) removed Resident #1's urinary catheter. He admitted to seeing the PICC line and meant to go back and check, but forgot.</p> <p>Record review revealed two different licensed nurses documented weekly skin assessments on Resident #1 on 6/12 and 6/19/12 and did not see the PICC line.</p> <p>During interview on 7/12/12 at 10:05 a.m., Staff A (director of nursing) confirmed the above information contained in the investigation. Staff A</p>	F 281	<p>New resident physician's orders will be reviewed by 2 LN's to ensure all orders have been transcribed accurately.</p> <p>Staff B and C have been educated to complete a thorough skin assessment upon new resident admissions.</p> <p>All residents with PICC lines have been assessed to have the correct orders for care and LN's are following the orders.</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 281	Continued From page 3 stated licensed staff had received training on completing thorough admission and weekly assessments.	F 281	DNS/Designee responsible to monitor.		