

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

PRINTED: 09/04/2012
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 08/28/2012
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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 8/28/12. The sample included 12 residents out of a census of 64. The sample included 10 current residents and the records of 2 former residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2658539 #2658909 #2656622 #2661247</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 Boniqued</i> 09/04/12 Residential Care Services Date</p>	F 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">SEP 17 REC'D</p> <p style="text-align: center;">DSHS - ADISA RCS - REGION 5</p> <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 of Avamere Heritage Rehab of</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wendy Wheath</i>	TITLE Administrator	(X6) DATE 9-17-12
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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 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, record review, and interview, the facility failed to ensure adequate supervision to prevent accidents.</p> <p>The facility failed to provide a safe environment for residents with exit-seeking behavior by not ensuring alarms on exit doors that were not equipped with a wander guard alarm were activated. Former Resident #1 eloped from the facility at which time it was discovered alarms on 2 of 4 exit doors were not activated.</p> <p>Two weeks after the elopement, 1 of the same two door alarms was observed not activated. There was no evidence the facility took action to ensure consistent checking of alarms to ensure a safe environment.</p> <p>This failure placed Former Resident #1 at risk for harm when she left the facility unnoticed by staff and placed 3 of 3 current residents with exit-seeking behaviors (#s 10, 11, & 12) at risk for harm related to the potential of leaving the facility through an unalarmed exit door.</p>	F 323	<p>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>Resident #1 has discharged from the facility.</p> <p>Maintenance will perform weekly door alarm checks. Licensed Nurses will perform door alarm checks at a minimum of daily.</p> <p>Staff have received education regarding the door alarm process, process, which includes not entering and exiting the alarmed doors for daily use.</p>	

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F 323	<p>Continued From page 2</p> <p>Findings include:</p> <p>Review of a facility investigation dated 8/15/12 revealed Resident #1 was returned unharmed to the facility by law enforcement approximately 20 minutes after being seen by facility staff near the nursing station. Resident #1 wore a wander guard bracelet (device to alert staff if the resident attempted to leave the facility through a door alarmed specifically for a wander guard).</p> <p>Further review of the facility's investigation revealed "it is believed the resident exited the building using either the 300 or 400 hall exits, as they were found to be turned off upon investigation". The investigation indicated staff were in-serviced on checking the alarms on their respective shifts.</p> <p>During interview on 8/28/12 at 10:45 a.m., Staff C (care manager) was not aware of an in-service that took place after the elopement incident on 8/15/12. She recalled that maintenance staff was involved in making sure the alarms functioned properly; however, she was not sure if anyone looked into why the doors were not alarmed. Staff C was not aware of a current system for staff to check if door alarms were turned on.</p> <p>During observations on 8/28/12, the investigator checked door alarms on the 4 exit doors that were not alarmed for wander guard detection; the alarm on the door exiting from the 400 hall was turned off. The door led to a series of internal courtyards which included three external gates; two were secured by wire tie clasps; one tie clasp was not in place, however; the gate lock was jammed and not able to be opened.</p>	F 323	<p>Capital request expenditure will be submitted requesting that these exit doors be tied in with the wander guard system that is active on the main entry and exit doors in the facility.</p> <p>Door alarm flow sheets will be reviewed through the facility QA process.</p> <p>The DON and/or the Administrator will ensure compliance.</p>	

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F 323	Continued From page 3 Record review for current Residents #10, 11 & 12 revealed each resident was identified as having exit seeking behaviors and wore wander guard devices. There was no evidence of elopement documented for these residents. Observations of Residents #10, 11 & 12 between 11:50 a.m. and 12:05 p.m. revealed wander guard devices were in place as per their plans of care. During interview at 1:45 p.m., Staff A (administrator) stated the previous director of nursing had planned in-services for staff regarding checking door alarms following former Resident #1's elopement on 8/15/12. There was no evidence the in-services took place. Staff A stated it was not known why the exit doors were not consistently alarmed as per facility practice and stated there was not a system in place currently to ensure alarms were turned on each shift. Staff A implemented a system to check alarms each shift during this survey on 8/28/12.	F 323			