

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

PRINTED: 05/15/2013
FORM APPROVED
OMB NO. 0938-0391

1410

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/09/2013
NAME OF PROVIDER OR SUPPLIER MANOR CARE OF TACOMA WA, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S ORCHARD STREET TACOMA, WA 98409		
(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 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Manor Care Health Services Tacoma on 4/29 & 5/9/2013. The sample included 11 residents out of a census of 124. The sample included 6 current residents and the records of 5 former residents.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2800005 #2800776</p> <p>The survey was conducted by: [REDACTED], RN, MSN</p> <p>The surveyor is from: Department of Social and Health Services Aging and Long-Term Support Administration Division of 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>[Signature]</i> 5/16/13 Residential Care Services Date</p>	F 000	<p>F225 Manor Care of Tacoma strives to ensure that all alleged violations involving mistreatment, neglect, or abuse are reported in accordance with State law</p> <ol style="list-style-type: none"> 1) Resident #1 is not a resident of the facility 2) Concerns have been reviewed to ensure all alleged violations involving mistreatment, neglect, or abuse were reported in accordance with State law 3) Facility staff were re-educated to ensure understanding what constitutes allegation of abuse/neglect and of facility policies and procedures as related to reporting of allegations of abuse/neglect 4) Resident concerns will be reviewed as they occur to ensure any allegations are logged and reported. Concerns will be reviewed for trends and trends (if any) will be brought to QA committee for further recommendations 5) Administrator or designee will be responsible to ensure on-going compliance 6) Compliance Date: 05/20/13 		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>F225 Manor Care of Tacoma strives to ensure that all alleged violations involving mistreatment, neglect, or abuse are reported in accordance with State law</p> <p>Resident #1 is not a resident of the facility</p> <ol style="list-style-type: none"> 1) Concerns have been reviewed to ensure all alleged violations involving mistreatment, neglect, or abuse were reported in accordance with State law 2) Facility staff were re-educated to ensure understanding what constitutes allegation of abuse/neglect and of facility policies and procedures as related to reporting of allegations of abuse/neglect 3) Resident concerns will be reviewed as they occur to ensure any allegations are logged and reported. Concerns will be reviewed for trends and trends (if any) will be brought to QA committee for further recommendations 4) Administrator or designee will be responsible to ensure on-going compliance 6) Compliance date 5/20/13 	

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F 225	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and interviews, the facility failed to report 1 of 4 allegations of abuse and/or neglect (Former Resident #1) to the State agency as required. Findings include: Review of a facility investigation dated 4/23/13 revealed facility administrative staff received a letter from a current resident reporting allegations of neglect for former Resident #1 that occurred on 3/26/13. The allegations included alleged lack of timely response and follow up to Resident #1's complaint of shoulder pain and a delay in calling 911. Review of the facility's State reporting log did not reveal evidence the above allegation of neglect was documented. During interview on 4/29/13 at 1:30 p.m., Staff A confirmed the allegation was not documented on the State log or called into the complaint resolution unit (CRU). Staff A stated the concerns were immediately investigated and neglect was not substantiated. Staff A stated she would call in the allegation to the CRU on this date.	F 225			