

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

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505518	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2015
NAME OF PROVIDER OR SUPPLIER BRIARWOOD AT TIMBER RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 100 TIMBER RIDGE WAY NW ISSAQUAH, WA 98027	
(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 survey that was conducted at Briarwood of Timber Ridge on 05/07/2015. A sampled of three residents were selected from a census of 36.</p> <p>The following complaints were investigated as part of this survey:</p> <p>#3107838.</p> <p>The survey was conducted by:</p> <p>Susan Loewen RN, BSN, MSN Investigator</p> <p>Aging and Long Term Support Administration (AL TSA) Division of Home and Community Services Division of Residential Care Services District 2 Unit F 20425 72nd. Ave S, Suite 400 Kent, WA. 98032-2388</p> <p>Phone: (253) 234-6055 Fax: (253)234-5070</p> <p><i>Mike Anbesse</i> 05-12-15 Residential Care Services Date</p>	F 000	<p>K000</p> <p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Briarwood at Timber Ridge of the truth of the acts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. Briarwood at Timber Ridge reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and other conclusions that form the basis of the deficiency. This plan of correction serves as the allegation of compliance.</p> <p>This plan of correction will be taken to the Briarwood at Timber Ridge Quality Assurance/Assessment committee for review.</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Shuntay Carter* TITLE *Administrator* (X6) DATE *05/19/15*

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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed, for one of three residents (Resident #1) reviewed for implementation of necessary care, to implement interventions to prevent exacerbation of pain. This failure placed Resident #1 in a position to experience pain.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on [REDACTED] 2015 subsequent to hospitalization for severe back pain according to hospital discharge documents. According to the 04/16/2015 Minimum Data Set Resident #1 experienced pain frequently that limited daily activities and required scheduled and as needed pain medication as well as non-medicinal interventions for relief that included a back brace. Resident #1 said the pain measured ten out of ten on the numeric rating scale.</p> <p>Review of Resident #1's clinical record revealed a 04/08/2015 physician's order, "Apply back brace in am and remove at bed time."</p> <p>Staff developed an undated Care Plan instructing</p>	F 309	<p>F309</p> <p>How the nursing home will correct the deficiency as it relates to the resident.</p> <p>Resident's #1 back brace was applied upon return from the hospital appointment. A comprehensive pain evaluation was completed on May 6, 2015. In addition, Resident #1 was accessed for pain every shift.</p> <p>How the nursing home will act to protect residents in similar situations</p> <p>Residents who utilize braces and/or splints have the potential to be affected by this practice. All residents who use splints and/or braces have been reviewed to verify that the correct device is available and that a schedule for the application and removal of the device is clearly outlined in the plan of care. Residents were interviewed to determine whether they have experienced any instances when splints and/or braces were not applied per the plan of care. Interviews confirmed that the splints were applied according to the plan of care.</p> <p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur</p> <p>The Assistant Director of Nursing re-educated the nursing staff regarding the application and monitoring of splints or braces. The Director of Nursing (DON) counseled the nurse and certified nursing assistant (CNA) regarding their responsibility to follow the established plan of care.</p> <p>The nurses will communicate with the CNAs daily at the beginning of each shift regarding assignments including splints and/or braces. The interdisciplinary team discusses changes in residents' care needs in the daily morning</p>		

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F 309	<p>Continued From page 2</p> <p>nursing staff to "Apply Back Brace in the morning and remove at bedtime." According to the May 2015 Care Plan Intervention Notes, Nursing Assistants were to, "Apply Back Brace in the morning and remove at bedtime." This instruction was provided to Nursing Assistant staff on 04/08/2015 according to the flow sheet.</p> <p>Staff D said, in an interview on 05/07/2015 at 2:05 p.m., "...Occupational Therapy staff dressed (Resident #1 as part of scheduled therapy).. (before Resident #1 left for an appointment around) 11:00 a.m. she went to the bathroom again, I forgot the back brace, it was so busy..." According to Staff C, interviewed on 05/07/2015, Staff D had previously cared for Resident #1 and was aware the back brace was a required device.</p> <p>Review of the facility's evidence of investigation revealed Resident #1 complained of pain while out of the facility for an appointment. According to Staff D, interviewed on 05/05/2015 at 2:02 p.m., Resident #1 said the pain was excruciating.</p> <p>The facility failed to implement the required back brace causing Resident #1 to experience pain.</p>	F 309	<p>meeting which includes new and/or changes to existing splint or brace schedules. Residents who use splints or braces are screened quarterly by the Occupational Therapist to ensure that the device fits properly and that residents are referred to the appropriate clinician if needed.</p> <p>How the nursing home plans to monitor its performance to make sure that solutions are sustained</p> <p>The nursing supervisors observe shift reports to verify that the charge nurse and CNAs discuss daily assignments and care needs such as splint and/or brace schedules. Nursing supervisors conduct general observational rounds during the morning, evening, and night shifts to validate that splints and/or braces are managed according to the established schedule.</p> <p>The Restorative Aide conducts periodic rounds to verify that splints and/or braces are applied as outlined in the plan of care.</p> <p>The DON submits reports related to compliance with splint and/or brace schedules to the Quality Assurance committee monthly for further review and recommendations. Findings will be presented at the monthly Quality Assurance/Assessment committee meeting.</p> <p>Dates when corrective action will be completed</p> <p>May 23, 2015</p> <p>Title of the person responsible to ensure correction</p> <p>Director of Nursing</p>		

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