



AGING AND DISABILITY SERVICES ADMINISTRATION  
**Nursing Home Survey Report**  
STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. Page 1 of 1 Pages  
2. DATES OF DATA COLLECTION  
**12/09/15, 12/10/15**  
5. TIME OF SURVEY  Day  Night  
 Weekend  Holiday  
7. LICENSE NUMBER  
**1418**

3. NAME OF FACILITY  
**Life Care Center of Port Orchard**

4. TYPE OF SURVEY  
 Full  Post  Complaint  Other: specify \_\_\_\_\_

6. STREET ADDRESS  
**20131 Pottery Avenue**

CITY STATE ZIP CODE  
**Port Orchard WA 98366**

**NOTE: According to RCW 18.51.060, the Department is authorized to deny, suspend or revoke a license and/or assess monetary fines for deficiencies cited in this report.**

8.	9. WASHINGTON ADMINISTRATIVE CODES 388-97	10. CODE OF FEDERAL REGULATION 42 CFR 483.	11. FEDERAL DATA TAG NUMBER	12. REPEAT DEFICIENCY FROM SURVEY DATED	13. NEW CITATION ON POST SURVEY	14. LICENSEE'S PLANNED DATE OF CORRECTION
<input type="checkbox"/> The requirements of the following WAC's and corresponding CFR's were not met. The text of the statements of deficiencies and the licensee's plan of correction may be read on CMS form 2567, dated: <u>11/16/2015</u> .  **Licensee must complete column 14.  <input checked="" type="checkbox"/> The following deficiencies were determined to be corrected.	-1060(3)(b)	483.25(c)	314		<input type="checkbox"/>	12/11/15
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**15. SURVEYOR'S SIGNATURE(S)**

SIGNATURE <i>Daniel A. Clark</i>	DATE <i>10 Dec 2015</i>	SIGNATURE <i>Loretta Maestas</i>	DATE <i>12-11-15</i>
SIGNATURE	DATE	SIGNATURE	DATE

**16. LICENSEE OR AGENT**

SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/20/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE CENTER OF PORT ORCHARD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2031 POTTERY AVENUE PORT ORCHARD, WA 98366</b>
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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><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Off-Hours Quality Indicator Survey conducted at Life Care Center of Port Orchard on 11/6/15, 11/9/15, 11/10/15, 11/13/15, and 11/16/15. The survey included data collection on 11/6/15 from 4:45 a.m. to 11:30 a.m. A sample of 33 residents was selected from a census of 108. The sample included 19 current residents and 14 former residents.</p> <p>The following complaints were investigated: #3084331 #3094026 #3103410 #3107474 #3108719</p> <p>The survey was conducted by: Gerald Chambers, RN, BSN Linda Bullock, RN, MSN Zoey Dering, RN, MSN Judy Klewicki, RN, BSN Lori Madison, RN, ADN Molly McClintock, BS, TRS Donna Palabrica, RN, BSN Tammey Thompson, RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long-Term Support Administration Residential Care Services, Region 3 Unit B PO Box 98907, MS:N27-24 Lakewood, WA 98496-8907 Telephone: (253) 983-3800 FAX: (253) 589-7240</p> <p><i>Loletta Maestas</i> 11/20/15 Residential Care Services Date</p>	F 000	<p style="text-align: center;">RECEIVED DEC 07 2015 DSHS RCS Region 3</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE <b>EXECUTIVE DIRECTOR</b>	(X6) DATE <b>12/03/15</b>
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A 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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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF PORT ORCHARD			STREET ADDRESS, CITY, STATE, ZIP CODE 2031 POTTERY AVENUE PORT ORCHARD, WA 98366	
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F 000	Continued From page 1	F 000		
F 314 SS=D	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to conduct a thorough comprehensive skin assessment for one of two Residents (# 89) reviewed for pressure sores. This failure had the potential to place the resident at risk for poor wound healing and delay interventions for his/her pre-existing pressure ulcers.</p> <p>Findings include:</p> <p>Resident #89 was transferred from the hospital to the Skilled Nursing Facility on [REDACTED] 15 at 4:49 p.m., with multiple diagnoses including recent [REDACTED]</p>	F 314	<p><b>This plan of correction is submitted as required under Federal and state regulations and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings and/or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</b></p>	

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F 314	<p>Continued From page 2</p> <p>Pre-existing pressure ulcers and wounds were identified in the resident's most recent hospital clinical assessments (10/05/15 to 10/08/15) for a stage two pressure ulcer (superficial wound with open skin) to [REDACTED] and skin wounds to the [REDACTED] leg, [REDACTED] of foot, heel and hand.</p> <p>Record review of the [REDACTED] 15 hospital discharge summary documentation noted the resident had [REDACTED] leg wounds present upon admission and required wound care to evaluate and treat. The initial physician order on [REDACTED] 15 at 7:37 p.m., directed the resident to receive skin assessments weekly.</p> <p>On [REDACTED] 15 the facility care plan problem revealed the resident had 2 unstageable (scab covered the wound rendering it unable to detect stage, or seriousness/depth of the wound) pressure areas on [REDACTED] foot, one stage 1 (unblanchable redness, closed skin) on [REDACTED] leg and deep tissue injury (wound deeper under the skin and tissue) on the [REDACTED] leg related to immobility. Several care plan approaches were ordered including the facility licensed staff were to complete weekly skin checks and complete a Braden Scale (a documentation tool for predicting pressure sore risk) assessment.</p> <p>Record review of the facility's Braden Risk Assessment Scale, revealed it was completed on [REDACTED] 15, and found the resident was at high risk for developing pressure ulcers, had a history of pressure ulcers and identified existing pressure ulcers to the resident's [REDACTED]. The facility did not identify the wounds on the resident's extremities (the [REDACTED] leg, [REDACTED] of foot, heel and hand) on the Braden scale, initial skin assessment.</p>	F 314	<p><b>Please accept this Plan of Correction as our credible allegation of compliance. Our compliance will be achieved by the date identified on the plan of correction.</b></p>	

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F 314	<p>Continued From page 3</p> <p>Record review of a nursing note dated [REDACTED] 15 at 12:08 A.M. indicated there was a [REDACTED] to the resident's [REDACTED] femur (leg) extending to (or from) [REDACTED] hip to ankle. A nursing note indicated the [REDACTED] was not to be removed or altered, and gauze was noted to be applied to the [REDACTED] foot and heel, with the staff documenting they were unable to see beneath the [REDACTED]</p> <p>An initial data collection tool/nursing service dated [REDACTED] 15 at 5:30 p.m., indicated no scars, bruises, blisters, skin tears, ulcers, excoriations, pressure sores to the [REDACTED] foot and heel.</p> <p>Record review of the nursing progress note dated [REDACTED] 15, identified a family member asking about treatment to the area on Resident # 89's [REDACTED] foot. The [REDACTED] 15 nursing note indicated the resident's [REDACTED] foot) [REDACTED] was removed, revealing an open blister to the resident's top of the [REDACTED] foot, and an unstageable pressure wound to the [REDACTED] heel.</p> <p>The family member informed the nurse that these areas were identified in the hospital. The nursing note further indicated the [REDACTED] foot and heel treatments were initiated on this day, as directed by a [REDACTED] 15 physician order for a dressing applied to top of the [REDACTED] foot every five days, and skin cleansing to the [REDACTED] heel twice a day.</p> <p>The resident's [REDACTED] were not removed until 4 days after admission to the facility. According to record review and interviews, this was the first time since the resident's admission, the resident received wound care on the foot and heel. Staff did not clarify orders on admission</p>	F 314	<p><b>F 314</b></p> <ol style="list-style-type: none"> <li>1. Resident #89 assessed for skin concerns related to her [REDACTED]. No new issues or findings.</li> <li>2. Other residents were reviewed for skin integrity under [REDACTED] with nothing noted.</li> </ol>	

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F 314	<p>Continued From page 4 regarding skin care related to the [REDACTED] and [REDACTED]</p> <p>In interview on 11/10/15 at 3:39 p.m., Staff C was asked why an assessment was not completed for the pre-existing wounds located to [REDACTED] leg and foot during the initial assessment on [REDACTED] 5, [REDACTED] 15 and on the subsequent following dates of [REDACTED] 15, and [REDACTED] 15. Staff C stated the resident refused to have licensed staff remove the [REDACTED] with gauze dressing covering [REDACTED] foot, however there was no further action by licensed staff to clarify the wound care order, and no attempt was made to contact the resident's family or provider.</p> <p>On 11/13/15 at 8:34 a.m., Staff D was observed conducting a skin assessment, and to provide care and treatment to Resident # 89's [REDACTED] foot and heel, as directed by the physician's orders. After explaining the procedure to the resident and obtaining his/her consent, Staff D removed the straps securing the resident's [REDACTED] and gauze covering the top of the resident foot, and skin prep/cleansing was applied as ordered. Additionally the top portion of the [REDACTED] was opened and a visual skin assessment of the resident's [REDACTED] leg was conducted.</p> <p>Resident #89 was observed to be compliant, cheerful and tolerated the procedure. Staff D noted the resident was in moderate discomfort after the procedure and pain medication was administered as ordered.</p> <p>In interview on 11/13/15 at 9:22 a.m., Staff B explained the process for conducting skin assessments for Resident #89 pressure ulcers would be the licensed staff conducted a visual</p>	F 314	<p>3. Licensed staff re-educated about proper assessments upon admission to include skin integrity and educated on residents refusing care. Audits will be conducted weekly x 4 regarding new admissions with [REDACTED] and completion of Initial Data Collection tool to include skin integrity.</p> <p>4. Audit data will be reviewed by the Director of Nursing and brought to Monthly Performance Improvement meeting to identify the need for system revision or further educational needs.</p> <p>5. The Executive Director will ensure ongoing compliance.</p> <p>6. Date of compliance is December 16, 2015.</p>	

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F 314	Continued From page 5 skin assessment upon admission (using the initial data collection tool / nursing service). In addition, the facility staff conducted wound rounds and documented on pressure ulcer status records. "We (facility) have been doing a lot of educating on this issue (skin care and assessments) and the staff know they are to follow up if there are any concerns, we will be conducting more education on this again."	F 314			



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3. NAME OF FACILITY <b>Life Care Center of Port Orchard</b>	4. TYPE OF SURVEY <input checked="" type="checkbox"/> Full <input type="checkbox"/> Post <input type="checkbox"/> Complaint <input type="checkbox"/> Other: specify _____
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15. SURVEYOR'S SIGNATURE(S)			
SIGNATURE <i>[Signature]</i>	DATE 11/19/2015	SIGNATURE <i>[Signature]</i>	DATE 11/20/15
SIGNATURE	DATE	SIGNATURE	DATE

16. LICENSEE OR AGENT		
SIGNATURE OF LICENSEE OR AGENT <i>[Signature]</i>	TITLE EXECUTIVE DIRECTOR	DATE 12/03/15