

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

PRINTED: 09/25/2013  
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>C</b> <b>09/13/2013</b>
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>		
(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><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Life Care Center of Port Orchard on 9/13/13. The sample included 4 current residents out of a census of 107.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2870572</p> <p>The survey was conducted by:</p> <p>, RN, MN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 3, Unit A PO Box 45819 MS: N27-24 Olympia, Washington, 984504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p> 9/25/13 Residential Care Services Date</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Thomas de G...* TITLE  
*Executive Director* (X6) DATE  
*10/11/13*

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>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law.</p> <p>F 225</p> <ol style="list-style-type: none"> <li>1. Resident protected and assessed without any negative outcome. Incident report completed. Allegations unsubstantiated and called in to state hotline.</li> <li>2. Other residents on this unit were interviewed for potential harm and abuse with no complaints or allegations of such occurrence. All future allegations will be investigated and reported to state agencies.</li> <li>3. Interdisciplinary team received education on Abuse and Neglect Policy. Policy on reporting Abuse and Neglect was reviewed per state regulations.</li> <li>4. All potential incidents, accidents, allegations and indicators of abuse and neglect will be reviewed daily by the Interdisciplinary team.</li> </ol>	

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F 225	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined that the facility failed to report to the state agency an allegation of sexual abuse, and failed to thoroughly investigate an allegation of sexual abuse for 1 of 4 Residents (#1) reviewed for reporting and investigation. This failure placed residents at risk for further abuse.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on [REDACTED] 13 with multiple diagnoses to include [REDACTED]</p> <p>On 9/13/13 at 11:15 a.m., during an interview, Resident #1 reported she called the police with her bedside phone and reported that she had been raped. The resident stated the police came to the facility on the day she reported the incident. The resident stated after a day or so she thought about it, and stated it absolutely could not have happened because she knew her brain, and she knew physically how she would have felt.</p> <p>Review of the incident log revealed the allegation of sexual abuse had not been logged. Further review of the incident log revealed the allegation of sexual abuse had not been called in to the state agency.</p> <p>Review of a witness statement dated 8/31/13, revealed the resident provided in an interview, a description of the event and described the person as being male with "surgery" on his head. According to the witness statement the resident reported it occurred at 1:30 p.m. on 8/30/13. The resident reported she did not know if she was</p>	F 225	<p>Executive Director and Director of Nursing to ensure compliance.</p> <p>Date of Compliance: 9/30/13</p>	

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F 225	<p>Continued From page 3</p> <p>confused or hallucinating . Further review of the witness statement revealed the resident was diagnosed with a urinary tract infection and started an antibiotic.</p> <p>On 9/13/13 at 11:30 a.m., during an interview, the DNS (Staff A), stated Resident #1 would not give detail of the event prior to going to the hospital on 8/30/13. Staff A stated that the incident had not been called in to the state agency, and stated she kept a soft file of staff witness statements regarding Resident #1's allegation. Staff A stated that a thorough investigation for the allegation of sexual abuse had not been conducted, and stated once Resident #1 returned to the facility the following day, the resident did not want to go further with the allegation.</p> <p>The facility did not interview other residents on 8/30/13 regarding sexual abuse upon learning of the resident's allegation. When the resident returned to the facility the next day, the facility decided not to conduct a thorough investigation because the resident asked them not to. Failure to immediately report to the state agency an allegation of sexual abuse and failure to expand their investigation to include resident interviews regarding sexual abuse, placed residents at risk for further abuse.</p>	F 225			