Washington State Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

AGING AND LONG-TERM SUPPORT ADMINISTRATION

Nursing Home Survey Report

STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. Page 1 of 1 Pages

2. DATES OF DATA COLLECTION
5/4/16, 5/6/16

3. NAME OF FACILITY
Life Care Center Port Orchard

4. TYPE OF SURVEY
☐ Full ☒ Post ☐ Complaint ☐ Other: specify ____

5. TIME OF SURVEY ☒ Day ☐ Night ☐ Weekend ☐ Holiday

6. STREET ADDRESS
2031 Pottery Avenue

CITY: Port Orchard
STATE: WA
ZIP CODE: 98366

7. LICENSE NUMBER
1418

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.

☐ 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: _____.

**Licensee must complete column 14.

☒ The following deficiencies were determined to be corrected.

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
-0160 (3) (k) (ii)	483.25 (m)(1)	332		☐	
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15. Surveyor's Signature(s)

SIGNATURE	DATE	SIGNATURE	DATE
Karen DeRickson R	5/9/16		
SIGNATURE	DATE	SIGNATURE	DATE

16. Licensee or Agent

SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE

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

PRINTED: 04/08/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505210		C 03/25/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF PORT ORCHARD	2031 POTTERY AVENUE PORT ORCHARD, WA 98366

(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	INITIAL COMMENTS This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Life Care Center of Port Orchard on 3/25/16. The sample included 2 closed records and 7 current residents out of a census of 98 . The following are complaints investigated as part of this survey: #3197209 #3138080 #3134427 The survey was conducted by: Karen Didrickson, RN, BSN 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 PO Box 98907 Lakewood, WA 98496 Telephone: (253) 983-3800 Fax: (253) 589-7240 Loretta Maestas Date: 4.8.16 Residential Care Services	F 000	RECEIVED APR 19 2016 DSHS RCS Region 3	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Division Vice President — (X6) DATE: 4/14/16

eficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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
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F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than 5%. The facility failed to ensure 24 of 24 medications were correctly administered by 2 nurses (Staff A, Staff B) to 2 residents (#1, #2) observed during a morning medication pass. This resulted in an error rate of 100%. In addition, the facility failed to ensure 1 resident (#3) received his [redacted] medication in a timely manner. Failure to ensure medications were administered according to physician orders placed residents at risk for increased incidence of infection, an increased [redacted] potential, and not receiving medications as prescribed by physicians. Findings include: Observation of a medication pass on 3/25/16 at 9:30 a.m., while investigating a complaint regarding late medications, revealed Staff A, a licensed nurse, prepared and administered multiple medications to Resident #1. The medications included [redacted] and [redacted] medications necessary to treat [redacted] disease, and [redacted] a medication used for [redacted] The March 2016 Medication Administration Record (MAR), indicated the medication was to be administered at 8 a.m.	F 332	**F-332: FREE OF MEDICATION ERROR RATES OF 5% OR MORE** Individual Residents Residents #1 and #3 are no longer residents at the facility. Resident #2 orders and MARs were reviewed with no changes to medication delivery times. Residents in similar situations All residents have the potential to be impacted by this practice. Measures to prevent reoccurrence Licensed nurses were educated by SDC/ designee on medication administration time requirements and following physician orders for medication administration. Medication administration times were reviewed for appropriateness with subsequent changes made to meet federal requirements and resident needs On-going Monitoring Licensed nurses will complete a medication pass competency to ensure understanding of medication administration requirements to include the "5 Rights". LNs will complete a competency upon hire and annually. Medication pass audits will be completed weekly x4 weeks and monthly x3 months to ensure ongoing compliance. Audits will be reviewed at the monthly QA meeting. Individual to Ensure Compliance Director of Nursing or designee	4/20/16

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F 332	Continued From page 2 In an interview at 9:35 a.m., Staff A stated, "Yes, we are supposed to give them an hour before or an hour after the time stated on the MAR." Staff A added the medications were not given to him, as he wanted to take a shower. In a concurrent interview, Resident #1 stated "I usually get my meds at this time." He added the medications were not offered to him previously that day. Review of the physician orders indicated Resident #1 was to be given [redacted] 200mg (milligrams) twice a day, and [redacted] 60mg once a day, and [redacted] once a day. In an observation at 0950, Staff B, a licensed nurse, was preparing medications to administer to Resident #2, which included [redacted] an [redacted] an [redacted] medication and [redacted] a medication for [redacted] Review of the March 2016 MAR revealed the medications were to be administered at 8 a.m. During an interview at 10:00 a.m., Staff B stated "We are supposed to give medications one hour before and after the time on the sheets, I strive for that." During a record review of the current physician orders for Resident #2 in March 2016, [redacted] 250mg was to be administered twice a day, and [redacted] 300mg was to be administered every 12 hours. The [redacted] was to be administered daily. During an interview on 3/25/16 at 4:00 p.m., Resident #3 stated he did not receive his [redacted] on 3/20/16 at 4 a.m.	F 332		

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F 332	Continued From page 3 A record review of the March 2016 MAR, revealed the medication time was changed to 9:00 a.m., making the medication 5 hours late. The physicians order was for [redacted] 1 gm every 8 hours." During an interview, on 3/25/16 at 4:50 p.m., Staff C stated, "It appears it was late", and added "the times were changed due to the resident's schedule." During an interview on 3/25/16 at 5 p.m., Staff D stated the facility realized there was an issue with late medication administration times.	F 332		

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SIGNATURE	DATE	SIGNATURE	DATE
Karen Dickickson RN BSN	4/8/16	Lorette Maestas	4.8.16
SIGNATURE	DATE	SIGNATURE	DATE

16. Licensee or Agent

SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE
	Division Vice President	4/14/16

DSHS 10-207 (REV. 10/2014)

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