STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505515		06/24/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLYMPIA MANOR	1811 EAST 22ND AVENUE OLYMPIA, WA 98501

(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 Quality Indicator Survey conducted at Olympia Manor on 06/19/13, 06/20/13, 06/21/13, and 06/24/13. The sample included 14 current residents and 6 former and/or discharged residents of a cenus of 21. The survey was conducted by: [redacted], BSS [redacted], RN, BSN [redacted], MS The survey team is from: Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, Region 3, Unit C & D 6639 Capitol Blvd SW P.O. Box 45819 Olympia, WA 98504-5819 Tumwater, Washington 98501-5819 Telephone 360.664.8420/Fax 360.664.8451	F 000		
	Residential Care Services Date		IDR AMENDED	
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident	F 323		

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 323	Continued From page 1 environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the water temperature in 1 of 2 resident bathrooms tested were maintained at a safe temperature. This failure placed residents, visitors and staff at risk of injury due to water exceeding safe temperatures. On 06/21/13 at 1:50 p.m., the Maintenance Director, (MD) tested the water temperature in the shared bathroom of resident rooms 114 and 116. Within 30 seconds of turning the facet on, the water temperature rose to 125.5 degrees F. The MD stated, "The water temperature should be 110 degrees F, give or take 10 degrees."	F 323		
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.	F 441	IDR AMENDED	

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F 441	Continued From page 2 (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure water temperatures were adequate to prevent the transmission of disease and infection during hand washing. This failure placed residents, staff and visitors at risk of	F 441	IDR AMENDED	

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F 441	Continued From page 3 illness. On 06/21/13 at 1:37 p.m., the water temperature from the sink of the resident bathroom located in the hallway was tested with the Mainetance Director (MD). THe MD utilized the facility's thermometer and the reading was 84 degrees F after 2 minutes of running the water. The MD stated the temperature should be 110, give or take 10 degrees. On 06/24/13 at 4:45 p.m., the Administrator and the Director of Nursing Services confirmed the inadequate water temperature could impact hand washing practices and pose an infection control problem.	F 441	IDR AMENDED	