

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

PRINTED: 05/08/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505525</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/04/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES - LACEY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4524 INTELCO LOOP SE LACEY, WA 98503</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>Surveyor: 15688 This report is the result of an unannounced Abbreviated Survey conducted at Manor Care Lacey on May 4, 2015. A sample of 6 current residents reviewed for incidents were selected from a census of 103.</p> <p>The following complaints were investigated: #3093240, 3105918, 3094408, 3104826, 3105049 &amp; 3105262.</p> <p>The survey was conducted by: Nancee Gordana RN, MN., Investigator</p> <p>The Complaint Investigator was from: Department of Social &amp; Health Services Aging &amp; Disability Services Administration Residential Care Services, District 3, Unit C 6639 Capitol Blvd SW Tumwater, WA 98501 Telephone: 360-664-8420 Fax: 360-664-8451</p> <p><i>Linda Rocco</i> Date: 5/8/15 Residential Care Services</p>	F 000			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY	F 241		<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">MAY 22 2015</p> <p style="text-align: center;"><b>DSHS/ADSA/RCS</b></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*[Signature]*

TITLE

*Administrator*

(X6) DATE

*5/22/15*

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 241	<p>Continued From page 1</p> <p>manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, Licensed staff A proceeded to give oral medications to Resident #1 who had swallowing difficulty, in a hurried manner with a loud voice and at face to face level. As a result Resident #1 became upset being told to "hurry up" and felt her individual need was of no concern to this nurse.</p> <p>Findings:</p> <p>Per record review, Resident #1 was admitted [redacted] 15 with multiple medical diagnoses. This 70 year old resident was alert yet confused at times. Resident #1 was able to swallow pills whole with water, one pill at a time. Resident#1's [redacted] complicates her swallowing ability.</p> <p>On 4/11/15 in the morning Staff A approached Resident #1 with her morning medications. According to the investigation, Resident #1 said that Staff A was screaming at her to 'hurry up with your meds I'm busy'. Resident #1 was upset that Staff A was rushing her to take her morning pills and was in close face to face proximity and was speaking loudly to her. Resident #1 stated that she felt anxiety afterwards and that the nurse was mean to her to the point of not wanting this nurse to care for her again..</p> <p>According to the investigative interviews, Resident #1's roommate was interviewed who</p>	F 241	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date indicated.</p> <p>Resident #1 no longer resides in the facility.</p> <p>Staff A is no longer employed by the facility.</p> <p>Similar residents were interviewed and had no concerns re: dignity and respect.</p> <p>All licensed nurses were inserviced re: dignity and respect.</p> <p>Facility staff will be inserviced on resident dignity and respect during monthly staff meetings.</p> <p>Ongoing resident interviews will be conducted to ensure residents are treated with dignity and respect and results will be forwarded to the QAPI committee for review, recommendations and follow up.</p>	5/29/15
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F 241	Continued From page 2 was alert and oriented with no evidence of confusion. The roommate stated Staff A was not screaming but had a raised voice, was standing in in front of Resident#1, bending over her and close to Resident#1's face. The roommate stated that she could see Resident#1 was frustrated during the interaction.  According to the investigative interviews, Resident#1 was tearful and upset following the incident and felt anxiety related to the event.	F 241			