

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

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FORM APPROVED
OMB NO. 0938-0391

433

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505099	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/21/2013
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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - SPOKANE VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE EAST 17121 EIGHTH AVENUE SPOKANE VALLEY, WA 99016
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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>INITIAL COMMENTS</p> <p>This is the result of an unannounced Abbreviated Survey conducted at Good Samaritan Society on 6/20/13. A sample of 3 residents was selected from a census of 86. The sample included 2 current residents and the record of 1 former and/or discharged resident.</p> <p>The following were complaints investigated as part of this survey:</p> <p># 2820414</p> <p>The survey was conducted by:</p> <p>██████████ R.N. ██████████ R.N.</p> <p>The survey team is from :</p> <p>Department of Social and Health Services Aging and Long-Term Support Administration (AL TSA) Division of Residential Care Services, District 1, Unit B 316 West Boone Ave., Suite 170 Spokane, Washington 99201</p> <p>Telephone: (509) 323-7303 Fax: (509) 329-3993</p> <p><i>[Signature]</i> 7/13/13 Residential Care Services Date</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 7/19/13
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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
SS=G

483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident 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, interview, and record review, it was determined the facility failed to maintain a safe environment to prevent accident hazards for 1 resident (#1) in a sample of 3. This resulted in harm for this resident. Findings include:

Resident #1 had a history of falls. She ambulated with a walker but had poor balance, unsteady gait and increased weakness.

Per facility investigation, on 5/14/13 the resident went to the assisted living to play Bingo. It was reported she was escorted down to the assisted living activity room with staff assistance. After Bingo the resident was asked to wait for assistance to return to the nursing facility but left before receiving any. A construction worker heard noise and found the resident face down in a room that was under construction. Staff was notified and after assessing the resident called the ambulance to transport her to the hospital.

During observations on 6/20/13, the hallway that was under construction connected the nursing facility to the assisted living. The hallway had orange cones and construction tape that

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It is the policy of the facility to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

Part 1: Individual Corrective Action

Resident #1 no longer resides in the facility. It was determined that this was an isolated incident that was not immediate jeopardy. Corrective measures include specific departmental education with nursing employees, activity employees, environmental services employees and contracted employees. In addition, all facility employees regardless of department will complete similar education. Education will include policies/procedures related to: 1) identifying residents who have a history of falls; 2) identifying potential safety/accident hazards; 3) measures, including supervision, modifications to the environment and the use of assistance devices necessary to ensure that the resident environment remains as free of accident hazards as possible to prevent accidents. All education will be completed by July 31, 2013.

Part 2: Identifying Residents at Risk

To protect residents in similar situations, the Administrator, Director of Nursing Services, Environmental Services Director and/or designee(s) will conduct a focus audit to identify residents at risk for falls, potential environmental hazard areas and measures

7/31/13

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divided the hallway and tape was across some of the rooms still under construction.
On 6/20/13 at 2:55 p.m. during a collateral interview, it was stated the cones had not always been up in the hall blocking off the rooms under construction.
Per hospital notes dated 5/24/13, the resident was admitted to the hospital with an intracranial bleed and multiple lacerations. The resident [REDACTED] at the hospital on [REDACTED] 13.
On 6/20/13 at 4:00 p.m., Staff #A stated the hallway under construction was the main walk way that connected the assisted living facility with the nursing facility. She stated the resident left Bingo before staff could assist her and was found in a room under construction face down on the floor. Staff was notified and an ambulance was called to transport the resident to the hospital. Staff #A stated there was an uneven surface between the hallway flooring and room flooring that may have contributed to the fall. She confirmed there was no cones or tape blocking off the area under construction.
The facility was aware of the safety hazards related to the new construction, however, they failed to ensure residents were consistently safe when passing thru this area which resulted in harm to Resident #1.

F 323 necessary to prevent accidents. Audit and any necessary corrections will be completed by July 26, 2013.

Part 3: Systemic Changes

To ensure that the problem does not recur, all employees will be provided education and training by July 31, 2013. Education will include policies/procedures related to: 1) identifying residents who have a history of falls; 2) identifying safety/accident hazards; 3) measures, including supervision, modifications to the environment and the use of assistance devices necessary to ensure that the resident environment remains as free of accident hazards as possible to prevent accidents.

Part 4: Assurance of On-Going Compliance

The facility will monitor actions taken to protect residents ensuring that solutions are sustained through routine focus audits. Director of Nursing Services, Environmental Services Director and/or designee(s) will conduct routine focus audits to ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Corrections will be made as necessary. Concerns/trends will be reported to the Facility Continuous Quality Improvement Committee and the facility Safety Committee until a lesser frequency is deemed appropriate. Director of Nursing Services, Environmental Services Director, Administrator to ensure correction.