

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

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

461

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505439	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/22/2013
NAME OF PROVIDER OR SUPPLIER BAYVIEW MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 11 WEST ALOHA STREET SEATTLE, WA 98119		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Bayview Manor on 02/22/13. A sample of 8 residents was selected from a census of 42. The sample included 2 current residents and 6 former residents.</p> <p>The survey was conducted by: [REDACTED] MN, RN</p> <p>The survey team is from: Department of Social and Health Services Aging and Disability Services Administration Residential Care Services, Region 4, Unit B Creekside Two 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (253) 234 6003 Fax: (253) 395 5071</p> <p><i>[Signature]</i> 3/7/13 Residential Care Services Date</p>	F 000	<p>The statement made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the facility has taken the action set forth in the following plan of correction.</p>		

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

TITLE

(X6) DATE

Mary Coverts

Adm

3/22/13

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 309 SS=G	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being when Staff A pushed Resident #1 while sitting on a four wheeled walker, which is not a device made for transport. Resident #1 fell and hit her back and head. The resident developed pneumonia and was hospitalized 4 days later. This resulted in significant harm to the resident (injuries to her hands and a cracked rib, significant pain) and placed other residents at risk of harm.</p> <p>Findings include:</p> <p>Review of facility records found that Resident #1 was admitted [REDACTED]/13 with medically [REDACTED] conditions including [REDACTED]. The resident was admitted for strength conditioning after an infectious illness and worsening of her medical condition.</p> <p>Resident #1's minimum data set (MDS - an assessment tool) dated 01/26/13 identified that</p>	F 309	<p>The facility will provide training and re-training of all staff to ensure they safely use equipment for its intended purposes to prevent risk for harm to residents.</p> <p>The facility will develop Policy and Procedure regarding proper equipment use emphasizing safety and the requirement to follow the recommended guidelines to use equipment for intended purposes only.</p> <p>Staff A received individual education regarding safe and proper use of equipment on 2/3/2013 and expressed verbal understanding of consequences of improper use to Director of Nursing Services. Staff A received a formal discipline for unsafe and improper use of equipment and putting resident at risk for harm.</p> <p>The Nursing Assistant Certified (NAC) group received re-training on using equipment for intended purposes only on February 28, and March 2, 2013.</p> <p>Licensed Nurses were provided training to supervise and ensure staff are using equipment for its intended purposes immediately after incident and on March 19, 2013 at monthly staff meeting.</p>	4/07/13

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F 309	<p>Continued From page 2</p> <p>the resident required extensive one person assist for transfers or walking. The resident's Clinical Assessment Area (CAA) identified that the resident required caregiver assistance of one person for transfer. The CAA identified Resident #1 walked with a 4 wheeled walker limited to caregiver assistance in and out of her room. Resident #1 was not identified as at risk for falls, as her safety judgment was intact and the resident was able to call for help as needed.</p> <p>Resident #1's admission care plan identified that one staff would assist with all transfers and the resident used a four wheeled walker.</p> <p>Four wheeled walkers (4WW) are a piece of medical equipment which helps persons who need support as they walk. The 4WW has a built in seat which is intended to offer rest while walking with a padded bar across the back for support. The 4WW includes hand brakes which are set before a person sits down.</p> <p>The facility incident report documented that on 2/3/10 at 1:00 p.m. Resident #1 was getting weighed by Staff A in the West Hallway. Staff A documented that she had Resident #1 sit down on the walker so that she could wheel the resident back to her room "because it's too far for her to walk." The incident investigation documented that after being weighed, Resident #1 sat down on the 4WW and Staff A pushed the resident while seated in the walker. "Then the walker got stuck and suddenly tipped over."</p> <p>The incident report documented that during the fall Resident #1 hit her head and hit her back on the support bar. Resident #1 sustained a 0.3 x</p>	F 309	<p>Additional training and re-training for proper equipment use for all staff will be provided by Rehab professionals therapist and documented accordingly on or before April 7, 2013.</p> <p>10% of the NAC's will be randomly interviewed and observed weekly for 3 weeks among the different shifts for safe practices and verbal responses to ensure policy awareness and complete understanding of proper and safe equipment use. Audits will be performed by Staff Development Coordinator.</p> <p>Director of Nursing Services ensures ongoing compliance.</p>	

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F 309	<p>Continued From page 3</p> <p>0.5 centimeter (cm) skin tear to the right little finger, a 0.3 x 0.3 cm skin tear to the left little finger, 1.5 x 1.5 cm skin tear to the left shin, and a fractured left rib. The incident report documented that on Xray the age of the rib fracture was undetermined and could be old, but [REDACTED] 650 mg was not adequate to treat Resident #1's left rib pain. The incident report documented that after the fall, Resident #1 was not able to participate in physical or occupational therapy as much due to left rib pain.</p> <p>Medication and treatment records show that before the fall, Resident #1 had no pain. After the 2/3/13 fall, Resident #1 was prescribed and given [REDACTED] 10 mg 2-3 times daily for significant pain. Medication records show additional medications to treat Resident #1's pain: [REDACTED] patch (pain medication infused into a patch which is applied to the skin for slow steady absorption of pain medication) and [REDACTED] 10 mg twice daily.</p> <p>On interview 2/22/13 at 11:00 a.m. Staff H (Rehabilitation Director) stated that a 4WW is not sturdy enough to push anyone anywhere and the only reason to use the seat is to temporarily rest.</p> <p>On interview 2/25/13 at 3:25 p.m. Staff F (Staff Development) stated that Staff A was a long term employee and had training not to push 4WW before but Staff A did not remember. "I assumed she knew not to push a 4WW." Investigation found that staff training did not meet regulatory requirements. Cross Reference in this report to F498 CFR 483.75(f).</p>	F 309		
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F 498 SS=E	<p>483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS</p> <p>The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that nurse aids certified (NAC) demonstrated competency in skills and techniques necessary for safe resident care related to appropriate use of four wheeled walkers. Failure to ensure that NACs received specific training and supervision to ensure appropriate use of walker equipment resulted in significant harm to one resident (#1) and placed other residents at risk of harm.</p> <p>Findings include:</p> <p>Review of a facility incident report found that on 2/3/13 at 1:00 p.m. Resident #1 was seated on her 4 wheeled walker (4WW) after being weighed. Staff A pushed the resident, intending to transport her to her room while seated in the walker. "Then the walker got stuck and suddenly tipped over." Resident #1 sustained skin tears to both little fingers, skin tear left shin and a probable left rib fracture. Cross reference in this report to F309 CFR 483.25.</p> <p>Facility incident investigation concluded that pushing a resident in a 4WW was unsafe. Facility interventions included immediate staff</p>	F 498	<p>Staff A received individual education regarding safe and proper use of equipment on February 3, 2013 and expressed verbal understanding of consequences of improper use to Director of Nursing Services. Staff A received a formal discipline for unsafe and improper use of equipment and putting resident at risk for harm.</p> <p>The NAC group received re-training on using equipment for intended purposes only on February 28, and March 2, 2013.</p> <p>Facility will develop a core skills training and testing check list to ensure all staff are trained upon hire including the safe and proper use of equipment for its intended purposes only. This documentation and improved record keeping to track core skill competencies.</p> <p>Licensed Nurses were provided training to supervise and ensure staff are using equipment for its intended purposes immediately after incident and on March 19, 2013 at monthly staff meeting.</p> <p>10% of the NAC's will be randomly interviewed and observed weekly for 3</p>	4/07/13	

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F 498	<p>Continued From page 5.</p> <p>training and updates to the temporary care plan "Instruct NAC's not to push 4WW."</p> <p>Incident report review found that clearly before the event, Staff A did not know that pushing a person in a 4WW was unsafe. Investigation asked "How do you think this event could have been prevented? Staff A's written response was "I should check the surface before I pushed her back to her room with her walker."</p> <p>Review of Staff A ' s employee file found that the last "Restorative Skills Assessment" was dated 2/20/2003.</p> <p>On interview 2/22/13 at 11:00 a.m. Staff H (Rehabilitation Director) stated that he would be training staff not to push residents in a seated walker but had not done so yet, or since he started as Rehabilitation Director in September 2012.</p> <p>On interview 2/22/13 at 1:30 p.m. the Director of Nursing Services (DNS) stated that after review of staff training records, she could not find specific training regarding use of seated walkers.</p> <p>On interview 2/25/13 at 3:25 p.m. Staff F (Staff Development) said after the event on 2/3/13 she did "spot training" with Staff A and other nursing assistants, but did not document the training or conduct facility wide training. Staff F stated that she was planning to conduct facility wide training about not pushing residents in 4WW during the monthly staff meeting on 2/28/13 (3 and a half weeks after a resident sustained a significant injury from improper use of medical equipment). Staff F said that she was new to the Staff</p>	F 498	<p>weeks among the different shifts for safe practices and verbal responses to ensure policy awareness and complete understanding of proper and safe equipment use. Audits will be performed by Staff Development Coordinator.</p> <p>All trainings will be documented and record keeping will be enhanced to better track education and training.</p> <p>Director of Nursing Services ensures ongoing compliance.</p>	

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F 498	Continued From page 6 Development position. On interview 2/25/13 at 3:30 p.m. Staff G stated that he was the Staff Development coordinator before Staff F. Staff G said that one time staff was witnessed pushing a 4WW and therapy said it was not safe. After this observation there was training on safe use of a 4WW but he did not know when and did not know if there was a record of training. According to Staff G, if the topic was covered at monthly staff meeting, there may not have been return demonstration to ensure staff was competent in use of supportive medical equipment.	F 498			

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