

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

PRINTED: 03/20/2014
FORM APPROVED
OMB NO. 0938-0391

48

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2013
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NAME OF PROVIDER OR SUPPLIER COLUMBIA LUTHERAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4700 PHINNEY AVENUE NORTH SEATTLE, WA 98103
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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 report is the result of an unannounced Quality Indicator Survey conducted at Columbia Lutheran Home on 12/05/13, 12/06/13, 12/09/13, 12/10/13, 12/11/13, 12/12/13 and 12/13/13. A sample of 44 residents was selected from a census of 103 and included closed records of 10 discharged residents.</p> <p>Survey team members included:</p> <p>██████████, MSW ██████████, BSN, RN ██████████, MSW ██████████, MN, RN</p> <p>The survey team is from: Department of Social and Health Services Aging and Long-Term Support Administration Residential Care Facilities District 2, Unit D 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><i>[Signature]</i> for District 2 3/20/14</p>	F 000	<p>RECEIVED MAR 28 2014 DSHS/ADSA/RCS Kent</p> <p>IDR AMENDED by ██████████</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE President / Administrator	(X6) DATE 3/27/14
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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 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was prepared in a sanitary manner. Staff washed their hands and food preparation equipment in a sink designated for the preparation of food. Additionally, soap and a bleach sanitizer were stored on a food preparation area. Failure to ensure staff used a designated food preparation sink only for that purpose created the potential for contamination of food.</p> <p>Findings include: On 12/5/13 between at 8:40 a.m. and 9:45 a.m., initial observations were conducted of the facility's dietary department. At 8:56 a.m., a member of the dietary staff, Staff H, was observed to wash his hands at the sink/counter area which staff had previously used for food preparation.</p> <p>At 8:58 a.m., a bottle of dish detergent and a bucket containing bleach solution were stored on a counter to the right of the food preparation sink</p>	F 371		
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F 371 Continued From page 2

Both were above the level of the sink and counter, which created the potential for spilling or splashing onto food or food preparation surfaces.

At 8:59 a.m., the Food Service manager, Staff G, was asked to clarify if the sink was designated to be used for hand washing or for food preparation. She said it was used for food preparation and acknowledged the chemicals needed to be stored away from the sink and counters. To be in compliance with food preparation standards, food preparation sinks should not be used for hand washing or dish washing, since this creates the potential for contamination. Chemicals must be stored to prevent being spilled onto food or food preparation surfaces.

During a second observation of the dietary department on 12/12/13 from 11:12 a.m. until 12:00 p.m., several staff were observed to use the same designated food preparation sink for hand washing. At 11:13 a.m. and 11:28 a.m., Staff I was observed to wash his hands at this sink. At 11:25 a.m., another staff member, Staff J, was also observed to use the designated food preparation sink to wash his hands.

On 12/12/13 at 2:00 p.m., Staff I was observed to use the hand washing sink to wash out the bowl of food processing equipment. Staff I said he used that sink because staff were using the sink designated for dish washing. Staff G, the food service manager, who also observed this, reiterated the need for staff to separate functions of the sinks and not wash hands or equipment where food was washed or prepared. In a concluding conversation, Staff I said staff would be inserviced about this practice.

F 371

F371 – Food Procure, Store / Prepare / Serve - Sanitary

- I. Staff person "H", staff person "J" and staff person "I" were all inserviced on the proper procedure in washing your hands, storing chemicals and washing equipment in the food prep area.
- II. We will inservice the dietary staff on the proper procedure in washing your hands, storing chemicals and washing equipment in the food prep area.
- III. During orientation and annually, we will inservice all dietary staff on the proper procedure for washing your hands, storing chemicals and washing equipment in the food prep area.
- IV. This will be reviewed during our quarterly CQI for 12 months to evaluate its effectiveness.
- V. The Dietary Manager will monitor and Environmental Supervisor will assure compliance.

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F 371	Continued From page 3	F 371		
F 431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>	F 431		

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F 431	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to discard medications as indicated in one of four medication carts and one of two medication rooms. This failure placed residents at risk to receive medications that lacked potency due to being expired and/or refrigerated.</p> <p>Findings include:</p> <p>Obsevation of the first floor unit medication room on 12/09/13 at 10:30 a.m., revealed the following: One vial of [REDACTED] expired 12/01/12 in the refrigerator; and, One 10cc vial of Normal [REDACTED] expired on 01/08. Medications found in the refrigerator which were not to be refrigerated revealed the following: [REDACTED] eye drops and eight [REDACTED] 25 mg suppositories.</p> <p>Observation of the medication cart on the Birch Hall on 12/09/13 at 10:30 a.m., revealed the following: House stock [REDACTED] 400mg expired on 09/13; bubble pack of [REDACTED] expired 08/10/13 for Resident #19; [REDACTED] 625mg expired on 10/09/13 for Resident #118; [REDACTED] bubble pack of 30 pills 150mg expired 09/18/13; and [REDACTED] 0.5mg expired on 12/04/13 for Resident #29.</p>	F 431	<p>F431 - Drug Records, Label / Store Drugs & Biologicals</p> <p>I. The expired vial of [REDACTED], Normal [REDACTED], house stock of [REDACTED], [REDACTED] pack of [REDACTED], [REDACTED] bubble pack of [REDACTED] and [REDACTED] were all destroyed and the [REDACTED] eye drops and [REDACTED] suppositories were removed from the refrigerator and destroyed.</p> <p>II. We will check both the medication (med) rooms and all med carts for compliance. We will also inservice all the licensed nurses on the procedure for discarding medications when expired and not storing [REDACTED] eye drops and [REDACTED] suppositories in the refrigerator. During the Pharmacist's monthly rounds they will spot check the med carts and the med rooms for compliance.</p> <p>III. During orientation and annually we will inservice all licensed nurses on the procedure for discarding medications when expired and not storing [REDACTED] eye drops and [REDACTED] suppositories in the refrigerator.</p> <p>IV. This will be reviewed during our quarterly CQI for 12 months to evaluate its effectiveness.</p> <p>V. The RCM's, Pharmacist and SDC will monitor and the DNS will assure compliance.</p> <p style="text-align: right;"><i>JL</i> 3/27/14</p>	1/17/2014

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