

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/26/2012
NAME OF PROVIDER OR SUPPLIER TACOMA LUTHERAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N HIGHLANDS PARKWAY TACOMA, WA 98406	
(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>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Tacoma Lutheran Home on November 26, 2012. A sample of 4 current residents and 1 former resident was selected from a census of 149.</p> <p>The following complaints were investigated.</p> <p>2701990</p> <p>The survey was conducted by:</p> <p>Catherine Litsiba, R.N., B.S.N., Complaint Investigator</p> <p>The Complaint Investigator was from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 3, Unit C 6639 Capitol Blvd SW Tumwater, WA 98501 Telephone: 360-664-8432 Fax: 360-664-8451</p> <p><i>[Signature]</i> Date: 12-4-12 Residential Care Services</p>	F 000	<p>RECEIVED</p> <p>DEC 05 REC'D</p> <p>DSHS - ADSA RCS - REGION 5</p> <p>RECEIVED</p> <p>DEC 14 REC'D</p> <p>DSHS - ADSA RCS - REGION 5</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *[Signature]* (X6) DATE 12/14/12

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.

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

PRINTED: 12/06/2012
FORM APPROVED
OMB NO. 0938-0391

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F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to assess the use of over bed trapeze for 2 of 5 (#'s 2 & 4) residents reviewed safety related to medical devices prior to their implementation. This failure led to a non injury fall for Resident #2 and placed Resident #4 at risk for accident or injury.</p> <p>Findings include:</p> <p>Interviews took place 11/26/2012</p> <p>1) Resident #2 was admitted to the facility [redacted] around 5:30p.m. He had diagnoses to include [redacted] According to the Minimum Data Set (MDS) used by the facility, Resident #2 was alert and oriented. He had been assessed by the facility as a fall risk.</p> <p>On 10/26/2012 at 8:20p.m., Resident #2 was found on the floor in his room. According to the facility resident incident report, the resident pulled on the trapeze which caused the head of the bed to break and he fell. Resident #2 was assessed for injury and none was found. After the fall, the</p>	F 323	<p>F-323, SS=D, FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p><i>How will the nursing home correct the deficiency as it relates to the resident?</i> The bed headboard involved with the incident involving Resident #2 was immediately replaced and the over the bed trapeze was removed from the room. The resident continued with care and has since discharged our facility.</p> <p>The trapeze for Resident #4 has been removed and the resident continues to reside on our campus.</p> <p><i>How the nursing home will act to protect residents in similar situations?</i> The investigation nurse, the Unit Manager, and MDS Coordinators were all given coaching regarding the importance of checking for the completion of the evaluation form used for the assessment of an over bed trapeze. Each Unit Manager assessed each resident's room to ensure that all over bed trapezes were appropriately assessed and if deemed safe, that each residents' chart contained this assessment, along with a physician order and its use is included in the comprehensive care plan.</p>	

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F 323	<p>Continued From page 2</p> <p>facility changed out the bed with the trapeze with a bed without a trapeze and this was given to Resident #2. The investigation did not address the fact the resident had a trapeze without an order and there was no explanation as to why the bed had a trapeze.</p> <p>Document review indicated there was no assessment of need for a trapeze and there was no physician order found.</p> <p>2) Resident #4 was admitted to the facility on [REDACTED] after sustaining a fall at home. During rounds it was noted Resident #4 had an over bed trapeze.</p> <p>Resident #4 according to the MDS was alert and oriented with some memory problems. Resident #4 was assessed as a fall risk. When asked why she had a trapeze, Resident #4 stated she did not know why it was there and she never used it.</p> <p>Review of Resident #4's medical record indicated there was no assessment of need or physician's order for the trapeze.</p> <p>Licensed Nurse (LN) A was asked why Resident #4 had a trapeze. LN A said she did not have one. When it was pointed out there was one on the bed she stated, "Oh they must have forgotten to take it off." LN A went on to state a physician's order and an assessment was required before a trapeze could be used. LN A had the trapeze removed from Resident #4's bed.</p> <p>In separate interviews with LNs B, C, and D they all stated residents were not placed in beds with trapeze or other devices without assessments</p>	F 323	<p><i>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur.</i></p> <p>The triangle of the trapeze will only be added after the assessment form, which documents consent, the physician's order, the care plan and resident care guidelines update, has been completed. A visual cue will be added to the discharge checklist to ensure that once a resident has discharged, the triangle is removed from the room.</p> <p><i>How the nursing home plans to monitor its performance to make sure that solutions are sustained.</i></p> <p>Unit Managers will continue to ensure each resident's room is checked during their weekly rounds for the presence of assistive devices without the appropriate, assessment, consent, physician order, and care planning and take corrective action required. The MDS Coordinators will also continue to audit each resident's chart quarterly or in the event of a change of condition for completion of this process to ensure compliance.</p> <p>After each assessment continued use and consents are reviewed with residents/surrogates during care conferences. Nursing Administration will ensure that a copy of the completed assessment form is attached to any</p>

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F 323	Continued From page 3 and physician orders.	F 323	incident report involving an assistive device, and also audit the physician orders, care plan, and care guidelines to ensure that documentation is completely done as part of the investigative process. Education, corrected practice, and initiation of monitoring process will be completed on or before 1/10/13.		