

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

PRINTED: 01/31/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505405</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/29/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARM BEACH HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>20420 MARINE DRIVE NORTHWEST STANWOOD, WA 98292</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Warm Beach Health Care Center on 1/21/14, 1/22/14, 1/23/14, 1/24/14, 1/28/14 and 1/29/14. A sample of 28 residents was selected from a census of 56. The sample included 23 current residents and the records of 5 former and/or discharged residents.</p> <p>The survey was conducted by: Leslie Martin, BSHS Joy kerns, RN, BSN Rick Woodrum, RN, BSN</p> <p>The survey team is from: Department of Social &amp; Health Services Aging &amp; Disability Services Administration Residential Care Services, District 2, Unit B 3906 172nd Street NE, Suite 100 Arlington, Washington 98223-4740</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>Robert Crawford</i> 2/3/14 Residential Care Services Date</p>	F 000		<p>RECEIVED FEB 13 2014 ADSA/RCS Smokey Point</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE	
<i>[Signature]</i>			NHA	2/13/2014	

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 SS=D	<p><b>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</b></p> <p>The facility must promote care for residents in a 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 observation, interview, and record review, the facility failed to promote the dignity for 4 of 17 residents (Residents 5, 16, 58, and 72) reviewed for dignity. By posting signs, visible from public hallways, on the outside of closet doors, entry doors, or above the bed containing confidential information related to care had the potential to lessen the resident's quality of life.</p> <p>Findings include:</p> <p><b>RESIDENT 5</b> Multiple observations during the survey revealed the resident to be in bed. Above the head of the bed were hand written signs indicating the resident was to be up for Bible study, to raise the head of the bed, to turn the resident, not to send a hand splint to the laundry, and to keep a brace on at all times. Additionally, a picture was drawn to show how the resident was to be positioned while in bed. The resident was not interviewable.</p> <p><b>RESIDENT 16</b> Multiple observations during the survey revealed a hand written sign on the outside of the resident's closet informing the reader to place pillows under the feet of the resident at all times when in bed. The resident was not interviewable.</p>	F 241	<p><b>F 241 Dignity</b> <b>Correction Date 2/21/2014</b></p> <p>We have corrected the deficiency as it relates to the survey by: All resident care signs are placed in closet or out of sight from the hallway.</p> <ol style="list-style-type: none"> <li>DNS/Staff Development RN will in-service all staff (Nursing-Dietary-Therapy-Activities) re; signs in closet only</li> </ol> <p>The Director of Nursing Services and/or the Staff Development RN will oversee the above tasks. The Quality Assurance committee will monitor for ongoing compliance.</p>	

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F 241	<p>Continued From page 2</p> <p><b>RESIDENT 58</b> Observations on 1/21/14 at 10:00 a.m. revealed a large sign on the outside of the resident's doorway informing the reader a resident had a latex allergy. The same sign was observed during multiple observations on 1/22/14.</p> <p>On 1/23/14, the sign was removed from the doorway and was posted along a wall in the room shared by two residents . It did not indicate which resident it pertained to. Additionally, a sign related to the allergy was observed above the resident's bed.</p> <p><b>RESIDENT 71</b> During all days of observations, a sign was noted to be on the outside of the closet, indicating when a compression glove was to be worn and when to be removed. The resident was not interviewable.</p> <p>The four resident's records were reviewed on 1/24/14 at 9:30 a.m. There was no documentation to indicate why pertinent information was displayed.</p> <p>Observations of 15 random resident rooms on 1/24/14 revealed information that was vital for the care and well-being of the residents was located behind closed, closet doors. This included information for care givers and nurses.</p> <p>During an interview on 1/22/14 at 9:10 a.m. Staff A indicated it was the policy for all information related to resident's care to be protected and not displayed in public view.</p>	F 241		

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F 323 F 323 SS=D	<p>Continued From page 3</p> <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 safely secure two canisters of compressed gas located in the kitchen. This failure had the potential to expose residents and staff to the danger of an exploding canister or a canister moving at high velocity if knocked over.</p> <p>Findings include:</p> <p>During observations on 1/21/14 at 8:40 a.m., two canisters were noted in the rear of the kitchen in the dry goods storage area. Both canisters were labeled CO 2, which is a gas used to provide carbonation in soft drinks. The canisters were standing upright, one with a small chain draped across it's top. The second canister was standing upright, without any support or chain to keep it from being moved. Both had a label indicating they were unused and full of compressed gasses. Observations at 10:00 a.m., and 12:25 p.m. on the same day, revealed the canisters to be in the same position and not secured. At 3:30 p.m., the canisters were observed to be chained together.</p>	F 323 F 323	<p><b>F 323 POC Correction Date</b> <b>2/21/14</b></p> <p>We have corrected the deficiency as it relates to the survey by immediately securing the two CO2 tanks with a chain to the shelving in dry storage. Additionally a sign has been attached to the chain and tanks saying that the CO2 tanks are to remained chained to the shelf at all times. The Chef Manager, General Manager or Warm Beach Dietary department safety representative will check daily and sign off on a CO2 Safety Log.</p> <p>The Director of Dietary Services will oversee the above tasks. The Safety committee will monitor for ongoing compliance.</p>	

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F 323	Continued From page 4 At 3:30 p.m., Staff B was interviewed. He stated it was the policy for the canisters to be secured at all times. He was informed of the previous observations and stated he would try to find a better way to secure the canisters. He showed the surveyor a policy indicating all canisters were to be secured at all times, either full or empty.	F 323		
F 371 SS=E	<b>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</b>  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  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain a clean, sanitary environment in the kitchen. These failures had the potential to allow growth of bacteria and to sicken residents.  Findings include:  A continuous observation was conducted in the kitchen on 1/24/14 from 10:50 a.m. until 11:40 a.m. At 11:06 a.m., Staff F was observed placing	F 371	<b>F 371 POC Correction Date 2/21/14</b>  Staff F was counseled regarding the proper cleaning and sanitizing of the Robocoupe. Additionally a Dietary All Staff in service has been scheduled for 2/12/14 to refresh all staff on proper hand washing and washing, sanitizing and storage of all kitchen equipment and utensils.  All equipment has been cleaned and sanitized. The floor mixer has been cleaned and sanitized and covered with a bun rack cover and a cleaning list has been posted near the mixer and will be monitored on an ongoing basis by Chef and General Manager through proper sanitation logs.  A hole has been drilled in the bottom of the ice scoop bucket to allow for proper drainage of water.  The drainage "moat" under the door of the walk in freezer has been vacuumed by a dietary staff member and will be cleaned once a week or as necessary.	

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F 371	<p>Continued From page 5</p> <p>bread into a large blender and adding a liquid to make a pureed meal. After pouring the pureed contents into another container, she proceeded to wash the blender in a nearby sink that contained dirty items. She rinsed the blender bowl and placed it back onto the motor base. Without washing her hands, she repeated the same process of pureeing the bread, touching it at times with her unwashed, ungloved hands.</p> <p>A large stand mixer with a cover guard located atop of the mixer paddle was observed on 1/21/14 at 9:00 a.m. The safety guard had a large amount of dried substance on the underside which had the potential to provided a medium for bacteria to grow and drop into food. Observations on 1/21, 1/22, and 1/23 revealed the cover guard in the same condition.</p> <p>During multiple observations on 1/21, 1/22, 1/23, and 1/24, a freestanding ice machine was used by kitchen staff. A plastic container located on a counter top beside the ice machine contained an ice scoop. Whenever the scoop was used to obtain ice, it was placed back inside the plastic container. The container had no drain holes to allow accumulated water to drain away. When asked on 1/23/14 at 10:18 a.m., an unidentified dietary aide stated the container was washed once a week.</p> <p>The kitchen contained a large walk in freezer and walk in refrigerator located in the middle of the kitchen. A moat-like area measuring approximately 3 inches wide by 3 inches deep surrounded once side of the units. Inside the moat were dried debris consisting of food, straws, dirt, and paper.</p>	F 371	<p>The dietary staffing scheduled has been modified to ensure that a dietary staff member has sufficient time to ensure that all freight is properly stored on shelves and off the floors in the walk in freezer immediately upon receipt.</p> <p>The Director of Dietary Services will oversee the above tasks. The Quality Assurance committee will monitor for ongoing compliance.</p>		

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F 371	Continued From page 6 An initial observation of the walk in freezer on 1/21/14 at 9:00 a.m. revealed six boxes of food stacked on the floor. When asked, an unidified dietary aide stated she wasn't sure how long they had been there. During another observation on the same day at 3:00 p.m., the boxes were stored on milk crates.  On 1/24/14 at 2:45 p.m., Staff C was interviewed. She stated the boxes on the freezer floor had been delivered on 1/20/14 and it was the policy to not store any food items on the floor.	F 371	<b>F 441 Infection Control</b>  We have corrected the deficiency as it relates to the survey by: All Laundry/Housekeeping staff has been trained on PPE use in hallway & hand washing. All Nursing staff has been trained on infection control practice with linens  The Director of Environmental Services, Director of Nursing Services and/or the Staff Development RN will oversee the above tasks. The Quality Assurance committee will monitor for ongoing compliance.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program	F 441			

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F 441	<p>Continued From page 7</p> <p>determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to follow its infection control protocol. By allowing continued usage of gloves and handling linen incorrectly, a potential to introduce disease to the residents was present.</p> <p>Findings include:</p> <p>During an observation on 1/24/14 at 2:02 p.m., Staff D was observed to retrieve linen from a closet and walk down a hallway to a resident's room. The staff member held the linen tightly against her body.</p> <p>Observations on 1/28/14 from 1:15 p.m. until 1:40 p.m. revealed Staff E wearing gloves and pushing a barrel with a lid. He started at one end of a hallway, stopping at each soiled linen barrel.</p>	F 441		

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F 441	<p>Continued From page 8</p> <p>Sometime he would remove a bag of soiled linen if the barrel was full. He continued onto another hallway, conducting the same task.</p> <p>After completing the retrieval of soiled linen, the employee, while wearing the same contaminated gloves, opened several small closets located in two hallways. Additionally, the staff member was observed to knock, and open several resident doors. At 1:40 p.m., Staff E was observed to remove the gloves, but handwashing was not observed.</p> <p>When asked at 2:00 p.m., Staff A stated Staff E should have removed the gloves sooner and washed his hands.</p>	F 441			