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

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PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505182		C 09/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE MOUNT ST VINCENT	4831 35TH AVENUE SOUTHWEST SEATTLE, WA 98126

(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	INITIAL COMMENTS This report is the result of an unnanounced Abbreviated Survey conducted at Providence Mount Saint Vincent on 08/23/2013 and 09/05/2013. A sample of 10 residents were selected from a census of 191. The following complaints were investigated as part of this survey: 2861100 2853005 2853952 2847536 2853798 2853432 2834612 2852891 2852608 2852468 The investigation was conducted by: [redacted], RN, BSN Department of Social and Health Services Aging and Disability Services Administration Residential Care Services 20425 72nd. Ave. S, Suite 400 Kent, Wa. 98032-2388 Phone: (253) 234-6083 Fax: (253) 395-5070 [redacted] 9/12/2013 Residential Care Services Date	F 000	RECEIVED SEP 19 2013 DSHS/ADSA/RCS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: Administrator (X6) DATE: 09/17/13

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 000	Continued From page 1	F 000		
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that staff followed the care plan for one (Resident #1) of 10 sampled residents, resulting in an injury to the resident. Failure to follow the established plan of care has the potential to result in harm to the resident, increased pain and discomfort, and overall decreased quality of life. Findings include: Resident #1 was admitted to the facility with [redacted] and a history of [redacted]. His mental status was assessed to be [redacted] [redacted]. He was unable to [redacted]. The facility assessed the Resident to be high risk for falls and he had a fall prevention plan in place. The Resident was also	F 282	**1. How the nursing home will correct the deficiency as it relates to the resident.** Staff involved in Resident #1's care received coaching and disciplinary action for not following the resident's care plan. **2. How the nursing home will act to protect residents in similar situations.** Communication with reminders to know and follow each resident's care plan was sent to all nursing assistant staff on 8/22/2013 via electronic messaging. **3. Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur.** Annual training for every employee, including nursing assistants, emphasizes education on abuse and neglect, and the importance of knowing and following the care plan.	

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F 282	Continued From page 2 assessed to require two people or use of a lift device for transfers because he could not stand. On 08/10/2013 at 10:30 AM, Staff A, CNA (certified nursing assistant) was attempting to transfer the Resident to his wheelchair. She was attempting to perform the transfer alone without assistance or use of a lift. During the transfer, the Residents leg hit the metal base of the footrest on the wheelchair and he sustained a 12 cm (centimeter) laceration to his leg. The incident investigation showed the CNA did not realize he was hurt until she saw blood on his leg. The investigation showed the CNA thought the Resident was a 1-2 person assist which was inconsistent with the established plan of care. She later stated she had glanced at the care plan prior to providing care and misread the plan. The care plan was up to date and the care directive for the CNA staff was up to date regarding the Residents transfer needs. In an interview with the Neighborhood Coordinator Staff B on 09/05/2013, she verified the CNA failed to follow the care plan which resulted in an injury to the Resident.	F 282	Additional content on resident safety is an important part of annual training classes, and attendees receive written materials on resident safety and the importance of following the care plan. The Resident Information sheet (in-room care plan) will be reviewed by the housewide interdisciplinary (nursing and Resident Assistant) council at its October meeting. 4. **How the nursing home plans to monitor its performance to make sure that solutions are sustained.** Neighborhood Coordinators will monitor that care is provided in accordance with individualized care plans during monthly care plan reviews. 5. **Dates when corrective action will be completed.** October 31, 2013 6. **Title of the person responsible to ensure correction.** [redacted], Director of Clinical Services and [redacted] Administrator	

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