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

PRINTED: 05/06/2014
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
	505516		C 04/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON SOLDIERS HOME	1305 ORTING - KAPOWSIN HIGHWAY ORTING, WA 98360

(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 unannounced Abbreviated Standard Survey conducted onsite at Washington Soldier's Home on 4/30/14. The sample included 10 residents out of a census of 94. The sample included 10 current residents. The following are complaints investigated as part of this survey: #2994562 #2999000 #2990624 #2999413 #3002917 The survey was conducted by: Donna J. DeVore, RN, MSN The surveyor is from: Department of Social and Health Services Aging and Long-Term Support Administration Division of Residential Care Services District 3, Unit B PO Box 45819, MS: N27-24 Olympia, WA 98504-5819 Telephone: (253) 983-3800 Fax: (253) 589-7240 Dhongun Chimes 5/7/14 Residential Care Services Date	F 000	Preparation and/or execution of this plan of correction does not constitute the provider's admission of or agreement with the facts alleged or conclusion set-forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

[signature] SUPERINTENDENT 5.22.14

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=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure it had a consistent system in place to ensure 2 of 6 residents (#'s 6 & 7) with a pacemaker had ongoing monitoring of the device to ensure it was functioning properly. This failure placed the residents at risk for potential undetected malfunction. Findings include: All interviews took place on 4/30/2014. Record review revealed Resident #7 was admitted during [redacted] with multiple medical diagnoses including [redacted] Review of the facility's flow sheet for recording dates of pacemaker tests did not show the resident had a function test since admission to the facility. Review of Resident #6's record revealed the resident admitted during [redacted] Review of the admission skin assessment dated [redacted] revealed the resident had a pacemaker when admitted to the facility. Further record review revealed the facility's flow sheet for Resident #6's	F 309	All residents with pacemakers will have semiannual testing of their pacemakers at the Seattle Veterans Administration Medical Center. Resident #6 was tested on 13-May-2014. Resident #7 will be tested on 20-May-2014 A new pacemaker and internal cardiac defibrillators policy has been written and licensed nurses will have additional in-service training within 30 days on the new policy. Intake admission forms have been changed to include the specific practice for pacemaker scheduling. The new policy indicates when and how testing will be accomplished, the specific title of the person scheduling the testing appointment and who will follow up on the semiannual testing. All nursing staff and transportation staff have been educated as it pertains to the new policy. The Quality Assurance Nurse will monitor the actions of this POC for 90 days. The Director of Nursing or designee will assure compliance.	6-10-14

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F 309	Continued From page 2 pacemaker function tests was blank; there was no documented evidence of a test since admission. Interview with Staff C (licensed nurse) at 11:25 a.m. revealed she was aware scheduling for function tests was done by the facility's appointment scheduler for either an in-house phone check or for testing outside of the facility. Staff C indicated the results should then be recorded on the flow sheet in the resident's record. Interview with Staff D (licensed nurse) at 12:45 p.m. revealed she was aware that transportation staff scheduled residents for their function tests which were documented on the transportation clipboard in the nurses' station. Staff D did not have any other knowledge about the system. At 1:00 p.m., interview with Staff A (QA Nurse) confirmed one of the appointment schedulers made the arrangements for function tests; however, she was not sure of the specific procedure. During interview at 3:00 p.m., Staff B (Medical driver/scheduler) stated she scheduled routine pacemaker function tests every 6 months at the Veteran's hospital. She stated there was no specific system for this; usually the admission nurse notified her when a resident with a pacemaker admitted to the facility. Staff B then started scheduling the resident for every six month testing. Staff B stated she was not aware Residents #6 and #7 had a pacemaker; therefore, they had not been scheduled for function tests since admission.	F 309		