

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

PRINTED: 05/23/2013
FORM APPROVED
OMB NO. 0938-0391

★ 8847

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/02/2013
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NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE STATE HIGHWAY 902 & SALNAVE ROAD MEDICAL LAKE, WA 99022
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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 Abbreviated Survey conducted at Lakeland Village Nursing Facility on 5/2/13. A sample of 4 residents was selected from a census of 86. The sample included 3 current residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2785835 #2800456</p> <p>The survey was conducted by: [REDACTED] R.N., B.S.N.</p> <p>The survey team is from: Department of Social & Health Services Residential Care Services 316 West Boone Avenue, Suite 170 Spokane, Washington 99201 Telephone: (509) 323-7303 Fax: (509) 329-3993</p> <p><i>Kate Hinder</i> 5/23/13 Residential Care Services Date</p>	F 000	<p style="text-align: center;">RECEIVED MAY 3 2013 DSHS RESIDENTIAL CARE SERVICES SPOKANE WA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE
Diane Kibbee *Acting Supt* *5/30/2013*

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 323 SS=G	<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 interview and record review, the facility failed to ensure 1 of 4 residents (#3) was free from accident hazards when allowed to use a seatbelt in a rocking chair without an assessment with minimal staff supervision. As a result Resident #3 sustained a fall with injury. Findings include:</p> <p>Resident #3, per record review, was profoundly developmentally delayed. She used a seat belt when she was in a recliner and wheel chair for positioning. She was not able to self release the seat belt.</p> <p>Per the care plan, staff were directed to utilize the seat belt while she was in the wheel chair and recliner. They also needed to reposition her every 2 hours as needed.</p> <p>During interview on 5/2/13 with Staff #B and #C, Resident #3 normally used a recliner or wheelchair with an attached seat belt. Recently a caregiver who worked with the resident in another facility was aware the resident enjoyed sitting in a rocking chair. A rocking chair was donated by another resident which was then used for Resident #3. The rocking chair was located in</p>	F 323	<p>POC for G level citation of F 323 dated 05/23/2013.</p> <p>1-The Lakeland Village Nursing Facility will correct the deficiency by removing the rocking chair from the room of resident #3 on 04/26/2013 until it could be appropriately evaluated and modified. It was decided on 05/29/2013 to remove the rocking chair from the Laurel cottage entirely.</p> <p>2-The Nursing Facility will protect residents in a similar situation by ensuring that staff assigned to the Laurel cottage will be in-serviced on the Lakeland Village procedure 7.8 Requested Evaluation Services with special focus on evaluation of furniture modified for safety purposes and proper supervision while being utilized.</p> <p>3-The Nursing Facility will ensure that any residents who has an order for a piece of furniture modified for safety purposes approved for their use will have these guidelines documented in their plan of care in order to prevent a similar occurrence in the future. As mentioned in #2 this included in-servicing staff on the Requested Evaluation Services process as a means to notify the Case Manager Registered Nurse (CMRN) of the need to implement changes to the plans of care.</p>	
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F 323	<p>Continued From page 2</p> <p>the resident's room down the hall from the nurses station and not easily viewable by staff. A seatbelt was attached to the rocking chair and staff had placed the resident in the rocking chair with the seat belt. Staff had placed a mat in front of her. The resident was found on the floor with the rocker tipped over.</p> <p>Per the investigation dated 4/26/13, the resident's rocking caused the chair to move forward and she slip under the seat belt. When she landed on the floor the chair tipped forward. She sustained superficial abrasions and welting on her abdomen.</p> <p>On 5/3/13 at 10:55 a.m., Staff #A reported he was not aware the rocking chair was in place and the facility never assessed the use of the rocking chair until after surveyor visit on 5/2/13.</p> <p>On 5/7/13 at 2:56 p.m., Staff #A said nobody was aware of the use of the rocking chair. He reported normally the managers of the cottages knew not to implement medical devices until they were assessed, but this cottage manager's last day was 4/26/13 and it got over looked.</p> <p>The facility failed to ensure this resident was assessed to safely use this equipment and was provided the proper supervision during its use.</p>	F 323	<p>4-The Nursing Facility will review a random sample of plans of care for residents with furniture modified for safety purposes and the details of this citation as an agenda item for Quality Assurance Committee meetings on at least a quarterly basis for the next six months.</p> <p>5-Corrective action will be completed by no later than 05/29/2013.</p> <p>6-The Nursing Home Administrator and Director of Nursing will ensure compliance.</p>		