

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Panorama City Conv & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 Sleater Kinney Road SE Lacey, WA 98503	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40914</p> <p>Based on interview and record review, the facility failed to ensure resident assessments accurately reflected their health status and/or care needs for 1 of 7 sampled residents (Residents 1) whose Minimum Data Sets (MDS, an assessment tool) were reviewed. The failure to accurately assess residents with a pressure ulcer (PU, a wound which develops due to prolonged pressure to the body) placed residents at risk for pain and discomfort, diminished quality of life and unidentified and/or unmet care needs.</p> <p>Findings included .</p> <p>Resident 1 admitted to the facility on [DATE] with a left hip fracture. The Admission MDS, dated [DATE], showed Resident 1 was admitted without a PU.</p> <p>Hospital Discharge notes, dated 09/19/2024, documented Resident 1 sustained a PU to the hip from a wrap dressing applied to the resident's hips while hospitalized .</p> <p>Skin Evaluation form, dated 09/19/2024, documented Resident 1 had a PU to the hip.</p> <p>On 01/17/2025 at 3:31 PM, Staff C, licensed practical nurse and MDS coordinator, said Resident 1 was admitted with a PU. Staff C said this was coded incorrectly on the MDS and would require a correction of the coding. Staff C said she was unsure why this was missed since it was clearly documented the resident had a PU.</p> <p>At 3:44 PM, Staff B, Registered Nurse and Director of Nursing, said the MDS should reflect the resident's status.</p> <p>Reference WAC 388-97-1000 (1)(b)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40914</p> <p>Based on interview and record review, the facility failed to review, revise and implement a comprehensive plan of care to include resident specific information for 1 of 7 sampled residents (Residents 1) reviewed for care plans. The failure to establish care plans that were individualized, accurately reflected assessed care needs and provided direction to staff, placed residents at risk to receive inappropriate and inadequate care to meet their individualized needs.</p> <p>Findings included .</p> <p>Resident 1 admitted to the facility on [DATE] with a left hip fracture. The admission Minimum Data Set (MDS, an assessment tool), dated 09/25/2024, showed Resident 1 was dependent on staff with some activities of daily living.</p> <p>Skin Evaluation form, dated 09/19/2024, documented an assessment of Resident 1's skin, identifying the resident with a pressure ulcer (PU) to the hip.</p> <p>According to Skin Evaluation Forms on 09/24/2024 and 10/03/2024, Resident 1 continued to have a PU to the hip.</p> <p>The care plan, dated 09/19/2024, document Resident 1 had fragile skin with redness to the hip and no open areas. The care plan showed staff would apply barrier cream with each incontinent episode. No revisions to the care plan were made to reflect a PU during the resident's stay.</p> <p>At 3:44 PM, Staff B, Registered Nurse and Director of Nursing, said Resident 1 had a PU. Staff B said there were some interventions implemented to help prevent the skin breakdown, but these interventions were not specific to residents with PUs. Staff B said the care plan did not reflect the status of Resident 1's skin. Staff B said appropriate interventions related to a PU should have been included on the care plan.</p> <p>Reference WAC 388-97-1020(1), (2)(a)(b)</p>		