

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Avamere Heritage Rehabilitation of Tacoma		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 Pacific Avenue Tacoma, WA 98408	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>46067</p> <p>Based on observation and interview, the facility failed to ensure residents had a dignified dining experience by failing to provide non-disposable cups with meals for 4 or 4 sampled halls (100, 200, 300, and 400-halls) when reviewed for dining. This failure placed residents at risk for feelings of a worthlessness and a diminished quality of life.</p> <p>Findings included .</p> <p>Observation on 09/30/2024 at 12:35 PM showed staff on the 100-hall pouring juice and milk into plastic cups for all residents on the hall who received beverages.</p> <p>Observation on 10/08/2024 at 8:06 AM showed staff on the 400-hall pouring juice and milk into plastic cups for all residents on the hall who received beverages.</p> <p>Observation on 10/08/2024 8:08 AM showed staff on the 300-hall pouring juice and milk into plastic cups for all residents on the hall who received beverages.</p> <p>Observation on 10/08/2024 at 8:16 AM showed staff on the 200-hall pouring juice and milk into plastic cups for all residents on the hall who received beverages.</p> <p>During an interview on 10/08/2024 at 8:09 AM, Staff O, Certified Nursing Assistant (CNA), stated they used plastic cups because they did not have enough non-disposable cups.</p> <p>During an interview on 10/08/2024 at 8:16 AM, Staff N, CNA, stated We use disposable cups when we don't have enough regular cups. I don't go to the kitchen anymore to check and see if we have more regular cups.</p> <p>During an interview on 10/08/2024 at 8:18 AM, Staff M, CNA, stated they were hired a month ago and trained by other CNAs to use plastic cups.</p> <p>During an interview on 10/08/2024 at 12:16 PM, Staff B, Regional Nurse Consultant, stated the Dietary Manager had recently ordered more cups but floor staff had not been notified. Staff B stated the expectation was that residents were provided non-disposable dishware for meals.</p> <p>Reference WAC 388-97-0180(1-4)</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46148</p> <p>Based on interview and record review, the facility failed to honor a resident's right to choose the level of life saving interventions for 1 of 3 sampled residents (Resident 39) when reviewed for choices. This failure placed residents at risk for not being able to choose lifesaving treatment options, decreased autonomy, and death.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 39 admitted to the facility on [DATE] with diagnoses of pulmonary emboli (blood clots in the lung), schizophrenia (a chronic mental illness that affects a person's thoughts, feelings, and behaviors) and anxiety.</p> <p>Review of a provider note, dated [DATE], showed Due to the fact that [the resident] is unable to make complex decisions for [themselves] a discussion was had with a antiques community and given the lack of ability to make a decision about their care with regards to CPR and intubation and refusing treatment and recommendation was made to transition [them] to a DNR/DNI [do not resuscitate/do not intubate].</p> <p>Review of Resident 39's EHR showed the resident was listed as a DNR with limited interventions. No POLST form (a form detailing the residents wishes for life saving measures) was in the EHR.</p> <p>Review of Resident 39's care plan showed an intervention, dated [DATE], Do Not Resuscitate (DNR) to Review with patient/family quarterly and as needed with any change in condition.</p> <p>During an interview on [DATE] at 9:20 AM, Staff C, Social Services Director, stated during the admission assessment on [DATE] Resident 39 was deemed able to make decisions and a POLST form should have been reviewed and completed with the resident at that time but was not. Staff C stated the POLST form should have been reviewed quarterly.</p> <p>During an interview on [DATE] at 2:02 PM, Staff B, Regional Nurse Consultant, stated the POLST form should be reviewed on admission to make sure the resident agrees. In the event a resident was unable to make a decision and had no decision-maker, the facility would default to full code (all available life sustaining interventions). Staff B stated Resident 39 not having a POLST completed and being listed as DNR/selective treatment did not meet their expectations.</p> <p>Reference WAC [DATE](1)-(4)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>46067</p> <p>Based on interview and record review, the facility failed to follow-up on concerns of the resident council related to resident care for 1 of 2 resident council meeting minutes (September 2024) when reviewed for resident council. This failure placed residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the resident council minutes dated September 18, 2024, showed concerns voiced by members regarding missing items related to laundry, loud talking during sleep hours, long call light wait times and staff entering resident rooms and turning off the call light without assisting the resident.</p> <p>Review of the Grievance Log dated 03/2024 through 09/2024, showed no grievances that corresponded with the concerns verbalized at resident council meetings.</p> <p>During an interview on 03/13/2024 at 1:18 PM, Staff P, Recreation Assistant, stated when residents voiced a concern it was documented on a grievance form and given to the Administrator to follow-up. Staff P stated they did not know what happened after the grievance was given to the Administrator but stated they did not usually discuss grievances at the following months meeting.</p> <p>Reference WAC 388-97-0920</p>

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview and record review, the facility failed to provide residents with access to their funds on the weekends for 1 of 1 sampled resident (Resident 10) reviewed for personal funds. This failure placed the residents at risk for unmet financial needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 10 was admitted to the facility on [DATE]. Review of the electronic health record showed that the resident was rarely understood.</p> <p>During an interview on 09/30/2024 at 11:51 AM, Collateral Contact 1, stated the facility held Resident 10's money in a trust.</p> <p>During an interview on 10/07/2024 at 10:11 AM, Staff Q, Business Office Manager, confirmed Resident 10 had funds held by the facility and stated residents currently had access to funds between 8:00 AM and 4:30 PM Monday through Friday. Observation of general environment did not show information was posted informing residents that money was available after business hours.</p> <p>Reference WAC 388-97-0340 (1)(2)(3)</p>

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to ensure quarterly personal fund statements were provided to residents with personal fund accounts for 1 of 1 sampled resident (Residents 10) reviewed for personal funds. This failure placed residents at risk of not having an accurate accounting of their personal funds held in a trust account by the facility.</p> <p>Findings included .</p> <p>Resident 10 was admitted to the facility on [DATE]. Review of the electronic health record showed that the resident was rarely understood.</p> <p>During an interview on 09/30/2024 at 11:51 AM, Collateral Contact 1, stated the facility held Resident 10's money in a trust; however, they did not know how much money they had because they never received statements.</p> <p>During an interview on 10/07/2024 at 10:11 AM, Staff Q, Business Office Manager, stated they were supposed to provide residents with personal fund statements at the beginning of the month. Staff Q stated they could not recall when statements were last provided as they were new and just learning the process. Staff Q stated residents should have received a statement in September but did not.</p> <p>Reference WAC 388-97-0340(3)(a)(b)(c)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on observation, interview and record review, the facility failed to maintain the plumbing system, provide a clean and sanitary environment and provide adequate housekeeping for 4 of 4 halls (100, 200, 300, and 400-hall) reviewed for physical environment. This failure allowed residents to live in unsanitary conditions and placed residents at risk of infection and an undignified existence.</p> <p>Findings included .</p> <p><Bathrooms (BR)></p> <p>Observation on 09/30/2024 at 9:51 AM, showed room [ROOM NUMBER]/409's BR's toilet had a ring of brown matter stained around the toilet bowl and an empty urine collection cup was on the floor. [NAME] matter was observed to be located on the edge of the toilet seat cover. At 12:54 PM, room [ROOM NUMBER]/409's BR was observed to be cleaned; however, there was broken tile to the right of the toilet where the handrail connected to the floor and there continued to be a urine collection cup on the floor.</p> <p>Observation on 09/30/2024 at 11:45 AM, showed room [ROOM NUMBER] had broken and missing tile around the toilet with brown stains around the toilet on the floor.</p> <p>Observation on 09/30/2024 at 11:59 AM showed room [ROOM NUMBER]'s BR had a toilet with a brown stain.</p> <p>During an interview on 09/30/2024 at 12:43 PM, Resident 55 stated the BR toilet in room [ROOM NUMBER] was plugged and staff were aware. Resident 55 stated they had to use the toilet in the shower room down the hall.</p> <p>Observation and interview on 09/30/2024 at 2:47 PM, showed room [ROOM NUMBER]'s BR had cracked and chipped tile around the toilet and there were brown stains around the toilet. The toilet bowl had gray and brown stains at the bottom of the inside of the toilet bowl. Resident 209 stated that they used the BR. Resident 209 stated since they had been at the facility, the stains and cracked/missing tiles had been that way in the BR. Resident 209 stated, They were in the BR this morning to clean it but I don't know why the toilet bowl still looks dirty.</p> <p>During an interview and observation on 10/01/2024 at 9:07 AM, Resident 359 stated the BR floor in room [ROOM NUMBER] needed to be fixed. Observation showed the BR floor had missing linoleum/flooring around the toilet and looked brownish black in color.</p> <p>During an interview on 10/02/2024 at 9:40 AM, Staff Z, Plant Operations, stated that room [ROOM NUMBER]/409's BR toilet was backed up.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 10/03/2024 at 11:00 AM, showed room [ROOM NUMBER]/206's BR's toilet had been removed, a strong urine odor was present, and the flooring was coming up. Extensive brown/black staining was on the floor. Multiple blankets were observed under the fall mat next to Resident 11 across from the BR door. At 11:09 AM the used and stained toilet was observed in room [ROOM NUMBER] next to the sink. Resident 17 stated the staff emptied his urinal in the BR and his roommate, Resident 1 used it.</p> <p>During an interview on 10/03/2024 at 12:32 PM, Staff AA, Housekeeping, stated the 205/206 BR had been flooding/clogged since the end of July/August. Staff AA stated Resident 1 kept using the toilet even though it did not work. Staff AA stated, I feel bad for him. Staff AA stated the certified nursing assistant (CNA) tried to take him to use other bathrooms. Staff AA stated the BR in room [ROOM NUMBER]/206 flooded twice last week. Staff AA stated the facility leadership knew about it and we told them.</p> <p>During an interview on 10/03/2024 at 12:20 PM, Staff N, CNA, stated they reported a clogged toilet the other day in the BR for rooms 207/208. Staff N stated the towels under 205 B's fall mat were because the toilet flooded overnight, and they were used to mop up the water/waste.</p> <p><Housekeeping></p> <p>During an interview on 09/30/2024 at 9:51 AM, Resident 24 stated there was not enough housekeeping and that their room (room [ROOM NUMBER]) did not get cleaned every day. The room was observed to have wads of tissue and paper on the floor with other debris and did not appear to have been mopped or swept.</p> <p>Observation on 09/30/2024 at 11:45 AM showed room [ROOM NUMBER]'s, the floor was stained with orange stains that appeared like spilled dried fluid under the overbed table and there were several condiment packets on the floor. room [ROOM NUMBER]'s BR toilet had splattered brown matter in the toilet bowl.</p> <p>During an interview on 09/30/2024 at 12:18 PM, Resident 30 stated that room [ROOM NUMBER] was not routinely cleaned and it may get cleaned once a week. The room was observed to have missing floor baseboards by the head of the bed and there were three plastic bags filled with unopened cookies, chips, and crackers on the floor by the foot of the bed. Two empty plastic bags were under the bed.</p> <p>During an interview on 10/03/2024 at 12:20 PM, Staff N, CNA, stated the housekeeping was not enough in room [ROOM NUMBER]/206's BR. Staff N stated if the housekeeper was off then there was no coverage on weekends and not even laundry on weekends. Staff N stated housekeeping staff skipped around and did not do all the things they should. Staff N stated she had to wipe the tables and pick up the trash. Staff N stated the carpet had not been cleaned since the new company came.</p> <p>During an interview on 10/03/2024 at 12:32 PM, Staff AA, Housekeeping, stated there was not enough staff to keep the facility clean. Staff AA stated there used to be three housekeepers but now there was just them and a supervisor who did not do full time housekeeping services. Staff AA stated the carpets had not been cleaned since the new company came and there used to be a staff that used to do it every week. Staff AA stated the building did not stink when it was the former company. Staff AA stated they thought it smelt from the carpet.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/01/2024 at 2:14 PM, Staff R, Housekeeping Manager, stated the facility had one housekeeper for one shift Sunday-Thursday. Staff R stated the facility was short staffed two housekeepers and had been since August 1st. Staff R stated vacuuming had not been done and that did not meet her expectation. Staff R stated the condition of the BR sink in room [ROOM NUMBER] did not meet her expectations.</p> <p><General environment></p> <p>Observation on 09/30/2024 at 2:07 PM, showed room [ROOM NUMBER]'s floor had debris, the bedside table was dirty, and the BR toilet and wall appeared soiled. There was a strong odor. Flies were observed at the end of the hall.</p> <p>Observation on 09/30/2024 at 2:33 PM showed room [ROOM NUMBER]'s bathroom floor was rotten by the toilet. Soiled briefs were in the garbage with a strong odor.</p> <p>During an interview on 10/03/2024 at 10:53 AM, the Resident 33 stated they and the other ladies next door used BR in room [ROOM NUMBER]. Resident 33 stated It's kind of gross sometimes. Resident 33 was concerned about screws for the hand bar were coming out of the wall when she used it. The hand bar was observed to be loose when pressure applied. Resident 33 stated, I'm afraid it will fall [when using it] and Yes, its wobbly.</p> <p>Observation on 10/01/2024 at 9:07 AM showed the floor in room [ROOM NUMBER] had several round dents [anywhere from one to three inches in diameter] in the flooring with blackened/grayish color in the middle of the dented circles.</p> <p>Observation on 10/02/2024 at 8:38 AM showed a swarm of flies present at the end of 200 hall near room [ROOM NUMBER].</p> <p>During an interview on 10/03/2024 at 11:29 AM, Staff T, Licensed Practical Nurse, stated they would tell the maintenance man if a resident complained of broken items or lights that did not work.</p> <p>During an interview on 10/03/2024 at 11:32 AM, Staff B, Regional Nurse Consultant, stated the building did not have a permanent maintenance person and a corporate maintenance staff was covering.</p> <p>During an interview on 10/03/2024 at 12:20 PM, Staff N stated the process if staff noticed something that needed fixing in the building like holes or leaky plumbing was the computer maintenance system TELS. Staff N stated there were flies in the facility all summer because the door was kept open in the back area. Staff N stated they mentioned it last week. During the interview, more than six flies were observed swarming in the 200-hallway.</p> <p><Hot Pipe></p> <p>Observation on 10/03/2024 at 11:00 AM, in the main dining room showed a pipe with a black foam cover falling off. The pipe was hot enough the surveyor could not hold a hand on it. The pipe was at ankle height, at a table seating space, curving around a corner.</p> <p>During an interview on 10/03/2024 at 11:34 AM, Staff H, Interim Administrator, stated the facility used hot water circulating in pipes for heating. Staff H stated the pipes should be covered.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 10/03/2024 at 11:45 AM, of the boiler room showed the circulating water temperature was set at approximately 200 degrees Fahrenheit. Staff BB, Records/Former Plant Operations, stated the pipes should be covered and there was an area in the dining room corner that they had problems keeping covered because a resident kept backing their wheel chair into it; the foam pipe cover was coming off.</p> <p>During an interview on 10/03/2024 at 1:02 PM, Staff CC, Director Plant Operations, stated the process for staff to notify maintenance when something needed fixed was the TELS system. Staff CC stated, if it was not an emergency or safety issue, staff used use TELS to report maintenance issues. For an emergency, staff should notify the maintenance director and the administrator. Staff CC stated flooding/clogged toilets was an immediate response, same day in an hour or so. Staff CC stated they were not aware of the observed maintenance issues prior to 09/30/2024. Staff CC stated the flies should have been reported and addressed.</p> <p>Reference WAC 388-97-0880</p>

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to initiate and resolve a grievance for 1 of 4 sampled residents (Resident 46) reviewed for personal property. This failure placed the resident at risk for feelings of frustration and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record showed Resident 46 admitted to the facility on [DATE] with a diagnosis of osteomyelitis (a bone infection) and diabetes. Resident 46 was able to make needs known.</p> <p>During an interview on 10/01/2024 at 9:23 AM, Resident 46 stated their black pajama bottoms had been missing for approximately three weeks. Resident 46 stated they had informed Staff R, Housekeeping Manager, but had never received any follow-up.</p> <p>Review of the document titled Grievance Log dated 03/2024 through 09/2024 showed no grievance related to Resident 46's missing property.</p> <p>During an interview on 10/02/2024 at 11:11 AM, Staff R, Housekeeping Manager, stated they informed Resident 46 that the pajama bottoms may have been in the washer or soiled laundry pile; however, they had been unable to check and forgot to follow-up. Staff R stated they did not initiate a grievance as they were not aware they were allowed to.</p> <p>During an interview on 10/08/2024 at 12:33 PM, Staff S, Interim Director of Nursing Services, stated the expectation was if an issue could not be resolved immediately a grievance should have been initiated, documented and resolved in a timely manner.</p> <p>Reference WAC 388-97-0460(2)</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to provide written notification of the reason for transfer to the hospital to a resident or responsible party for 1 of 4 sampled residents (Resident 17) reviewed for hospitalization . This failure placed the resident at risk for not knowing rights regarding transfer and discharge from the facility and diminished protection from been inappropriately discharged .</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 17 admitted to the facility on [DATE] with diagnoses that included hypertension (high blood pressure) and chronic embolism (a condition in which a blood clot is over one to two months old and has scarred the vein effecting blood flow). Resident 17 was able to make needs known.</p> <p>Review of Resident 17's EHR showed a discharge with anticipated return on 08/16/2024, and readmission to the facility on [DATE]. There was no documentation showing the resident was provided a written notice for reason of transfer.</p> <p>During an interview on 10/07/2024 at 10:29 AM, Staff C, Social Services Director, stated they did not consistently provide residents with written notice for reason of transfer to the hospital.</p> <p>Reference WAC 388-91-0120(2) (a-d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Avamere Heritage Rehabilitation of Tacoma		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 Pacific Avenue Tacoma, WA 98408	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to provide a bed hold notice at the time of transfer to the hospital for 2 of 4 sampled residents (Residents 17 and 109) reviewed for hospitalization . This failure placed the residents at risk for lacking knowledge regarding their right to hold their bed while in the hospital and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 17</p> <p>Review of the electronic health record (EHR) showed Resident 17 admitted to the facility on [DATE] with diagnoses that included hypertension (high blood pressure) and chronic embolism (condition in which a blood clot is over one to two months old and has scarred the vein effecting blood flow. Resident 17 was able to make needs known.</p> <p>Review of Resident 17's EHR showed a hospitalization on [DATE], and readmission to the facility on [DATE]. There was no documentation related to the resident being offered a bed hold.</p> <p>During an interview on 10/07/2024 at 10:29 AM, Staff C, Social Services Director, stated when a resident was transferred to the hospital they were offered a bed hold. Staff C stated after reviewing the EHR they did not see documentation that a bed hold was offered but it should have been.</p> <p>46148</p> <p>Resident 109</p> <p>Review of the EHR showed Resident 109 admitted to the facility on [DATE] with a diagnosis of Crohn's disease (a chronic inflammatory bowel disease that causes inflammation in the digestive tract). The resident had a complication and was sent to the hospital on 09/17/2024. The resident remained at the hospital until readmitted to the facility on [DATE].</p> <p>Review of the EHR showed no documentation that a bed hold was offered to Resident 109.</p> <p>During an interview on 10/03/2024 at 12:30 PM, Staff C, Social Services Director, stated they had not offered a bed hold to Resident 109 and should have.</p> <p>During an interview on 10/03/2024 at 12:51 PM, Staff H, Interim Administrator, stated it was their expectation that a bed hold be offered to Resident 109 when they were admitted to the hospital.</p> <p>Reference WAC 388-97-0120 (4)</p>		

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<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** 38344</p> <p>Based on observation, interview, and record review, the facility failed to accurately assess 1 of 3 sampled residents (Residents 55) when reviewed for accidents. Failure to ensure an assessment accurately reflected Resident 55's smoking status placed the resident at risk for having inaccurate data in their medical records, unmet needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 55 admitted to the facility on [DATE] with diagnoses that included stroke, heart failure, respiratory failure, and was able to make needs known. The admission minimum data set assessment (MDS), dated [DATE], showed that Resident 55 received oxygen therapy and had no current tobacco use.</p> <p>During an interview on 09/30/2024 at 10:45 AM, Resident 55 stated they smoked outside in the smoking area at designated times while staff supervised.</p> <p>Observation on 10/02/2024 at 9:02 AM showed Resident 55 sat outside in the courtyard smoking while being supervised by a staff member.</p> <p>During an interview on 10/03/2024 at 2:40 PM, Staff Y, Clinical Reimbursement/MDS Nurse, stated Resident 55's admission MDS dated [DATE] was not coded correctly for tobacco use and should have been coded yes for tobacco use.</p> <p>During an interview on 10/03/2024 at 2:49 PM, Staff B, Regional Nurse Consultant, stated Resident 55 smoked and their MDS should have been coded yes for smoking. Staff B stated Resident 55's MDS needed to be corrected/modified.</p> <p>Reference WAC 388-97-1000 (1)(b)</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46148</p> <p>Based on interview and record review, the facility failed to obtain an updated preadmission screening and resident review (PASRR, a mental health screening tool) when a new diagnosis of significant mental illness was identified for 1 of 2 residents (Resident 16) reviewed for PASRR. This failure placed the resident at risk for unmet care needs and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 16 admitted to the facility on [DATE] with a diagnosis of chronic obstructive pulmonary disease (a disease of the lungs that makes it difficult to breath).</p> <p>Review of the admission level one PASRR, dated 10/20/2022, showed no significant mental illness (SMI) and the resident did not require further assessment.</p> <p>Review of Resident 16's most recent PASRR, dated 10/18/2023, showed no SMI and the resident did not require further assessment. No other PASRR forms were in the medical record.</p> <p>Review of the EHR showed Resident 16 received a new diagnosis of major depressive disorder on 11/20/2023 and a diagnosis of psychotic disorder with hallucinations on 04/24/2024.</p> <p>During an interview on 10/02/2024 at 9:20 AM, Staff C, Social Services Director, stated it was the policy of the facility to review PASRRs on admission and quarterly for accuracy and submit a new one if needed. Staff C stated they should have completed a new PASRR when Resident 16 received the new diagnosis of SMI but had not.</p> <p>Reference WAC 388-97-1915 (4)</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to ensure Pre-Admission Screening and Resident Review (PASRR, a mental health support screening tool) assessments were accurately completed for 2 of 5 sampled residents (Residents 46 and 39) reviewed for PASRRs. This failure placed the residents at risk for unidentified mental health care needs and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 46</p> <p>Review of the electronic health record (EHR) showed Resident 46 admitted to the facility on [DATE] with diagnoses of osteomyelitis (a bone infection) and anxiety. Resident 46 was able to make needs known.</p> <p>Review of the PASSAR dated 07/22/2024 showed no serious mental illness indicators checked.</p> <p>During an interview on 10/02/2024 at 9:20 AM, Staff C, Social Services Director (SSD), stated it was the policy of the facility to review PASRRs on admission and quarterly for accuracy. Staff C stated Resident 46's PASRR should have been reviewed, corrected, signed, and dated.</p> <p>46148</p> <p>Resident 39</p> <p>Review of the EHR showed Resident 39 admitted to the facility on [DATE] with diagnoses of schizophrenia (a chronic mental illness that affects a person's thoughts, feelings, and behaviors) and anxiety.</p> <p>Review of Resident 39's most recent PASRR showed it was not signed or dated.</p> <p>During an interview on 10/02/2024 at 9:20 AM, Staff C, SSD, stated Resident 39's PASRR should have been reviewed, signed and dated.</p> <p>Reference WAC 388-97-1915 (1)(2)(a-c)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 46067</p> <p>Based on observation, interview, and record review, the facility failed to develop and/or implement a comprehensive and person-centered care plans for 3 of 17 sampled residents (Residents 309, 20 and 39) reviewed for care plans. This failure placed residents at risk for unmet needs, inadequate care and a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 309</p> <p>Review of the electronic health record (EHR) showed Resident 309 admitted to the facility on [DATE] with diagnoses to include fracture of left femur (thigh bone), diabetes, and muscle weakness. Resident 309 required substantial/maximal assistance with lower body dressing.</p> <p>Review of the care plan, dated 09/12/2024, showed Resident 309 had potential for impairment to skin integrity related to fragile skin, impaired mobility, incontinence, and malnutrition. An intervention showed, Heel Protector Boots, the resident needs assistance to apply protective garments bunny boots.</p> <p>Observations throughout the day on 10/01/2024, 10/02/2024, 10/07/2024 and 10/08/2024 showed Resident 309 lying in bed on their back. The resident was not wearing any heel protectors nor were their heels floated (offloaded for pressure).</p> <p>During an interview on 10/02/2024 at 9:31 AM, Staff T, Licensed Practical Nurse (LPN), stated the resident was not wearing the boots because they were not able to locate the boots. Staff T stated they were informed by management to use a pillow until the facility obtained an order.</p> <p>During an interview on 10/08/2024 at 12:24 PM, Staff S, Interim Director of Nursing Services, stated the expectation was that the care plan was followed and refusals documented.</p> <p>46148</p> <p>Resident 20</p> <p>Review of the EHR showed Resident 20 admitted to the facility on [DATE] with diagnoses of obstructive uropathy (blockage of urine) and urinary tract infection. The resident had an indwelling urinary catheter placed on 09/19/2023.</p> <p>Observation and interview on 09/30/2024 at 12:32 PM, showed Resident 20 laid in bed and there was a bag attached to the resident's leg (leg bag) for collecting urine. Resident 20 stated they cared for the catheter themselves and had put on the leg bag yesterday.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the EHR showed a care plan for the catheter, initiated on 08/13/2024, with interventions for staff to provide care every shift. The care plan did not include care and maintenance of the leg bag.</p> <p>Observation on 10/01/2024 at 10:22 AM showed Resident 20 laid in bed with a leg bag attached to their calf. The bag appeared discolored and contained dark colored urine and was resting above the level on the resident's bladder.</p> <p>During an interview on 10/07/2024 at 9:10 AM, Staff G, Certified Nursing Assistant (CNA), stated they did not have any residents in the facility at this time who used a leg bag.</p> <p>During an interview on 10/07/2024 at 9:17 AM, Staff F, Licensed Practical Nurse (LPN), stated Resident 20 preferred the leg bag and Staff F had to make sure Resident 20 did not sleep with it attached to the leg.</p> <p>During an interview on 10/07/2024 at 12:19 PM, Staff B, Regional Nurse Consultant, stated it was their expectation that Resident 20 had a care plan in place for the use, care and maintenance of the leg bag.</p> <p>Resident 39</p> <p>Review of the EHR showed Resident 39 admitted to the facility on [DATE] with diagnoses of schizophrenia (a chronic mental illness that affects a person's thoughts, feelings, and behaviors) and anxiety.</p> <p>Observation on 09/30/2024 at 3:15 PM, showed Resident 39 walked down the hallway with a walker. The resident's hair appeared oily, and their fingernails had brown material under them.</p> <p>Review of the EHR on 10/01/2024 showed Resident 39 required supervision/oversight/verbal cues during bathing. There was no documentation found related to the type of bathing/the ability to bathe and no documentation was found related to the resident refusing showers in the prior 30 days.</p> <p>During an interview on 10/03/2024 at 9:00 AM, Staff D, Interim Unit Manager, stated residents were scheduled to receive showers twice a week and it was documented in the tasks. Staff D stated if a resident refused, the staff should document it, and if they frequently refused, it should be included in the care plan.</p> <p>During an interview on 10/03/2024 at 9:30 AM, Staff B, Regional Nurse Consultant, stated Resident 39 frequently refused showers, should have documented attempts at providing showers in the EHR and interventions in the care plan for frequent refusals.</p> <p>Reference WAC 388-97-1020(1), (2)(a)(b)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to revise and update the care plan for 2 of 17 sampled residents (Resident 1 and 30) reviewed for care plans and conduct a care conference for 1 of 3 sampled residents (Resident 209) reviewed for care planning. These failures placed the residents at risk for injury, medical complications, unmet care needs and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 1</p> <p>Review of the electronic health record (EHR) showed Resident 1 admitted to the facility on [DATE] with diagnoses to include vascular dementia (problems with reasoning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain) and absence of larynx (voice box). Resident 1 was able to make needs known.</p> <p>Review of Resident 1's care plan, initiated 07/23/2024, showed a goal The resident will not sustain injury from falls. Interventions included Review and update fall risk assessment quarterly, post any fall and as needed.</p> <p>Review of the September 2024 document titled Incident Log showed Resident 1 had a fall on 09/06/2024.</p> <p>Review of the EHR showed no fall risk assessment was completed for the 09/06/2024 fall nor was the care plan updated.</p> <p>During an interview on 10/08/2024 at 12:37 PM, Staff S, Interim Director of Nursing Services, stated the expectation was that when a resident had a fall the care plan was updated to reflect the new intervention.</p> <p>38344</p> <p>Resident 30</p> <p>Review of the EHR showed Resident 30 readmitted to the facility on [DATE] with diagnoses that included anemia (lack of healthy red blood cells to carry oxygen throughout the body), anxiety disorder, and was able to make needs known. The annual minimal data set assessment (MDS), dated [DATE], showed that Resident 30 had no dental issues and ate independently.</p> <p>During an interview on 09/30/2024 at 12:23 PM, Resident 30 stated that they had requested to see a dentist because the filling fell out of their bottom right tooth, and they had to chew food on the left side of their mouth. Resident 30 stated a nurse told them that they had put in for a doctor's referral to see a dentist.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 30's provider progress note dated 09/23/2024 showed, Loss of filling from access hole of tooth Patient to follow-up with a dentist soon as an appointment can be made. In the meantime, we will monitor for signs of dental issues including infections.</p> <p>Review of Resident 30's current care plan on 10/02/2024 showed no documentation of the resident's dental issues or to monitor for signs of infection.</p> <p>During an interview on 10/08/2024 at 10:35 AM, Staff B, Regional Nurse Consultant, stated the care plan should have been revised for Resident 30.</p> <p>40817</p> <p>Resident 209</p> <p>Review of the EHR showed Resident 209 admitted to the facility on [DATE] with diagnoses to include acute (severe and sudden onset) respiratory failure with hypoxia (an absence of enough oxygen), chronic (persistent/long lasting) kidney disease, diabetes (a condition resulting in high blood sugar levels) and was able to make needs known.</p> <p>During an interview on 09/30/2024, Resident 209 stated they did not remember ever going to a care conference.</p> <p>Review of the EHR on 10/04/2024 showed no documentation of Resident 209 being offered a care conference or of the resident refusing to go to a care conference.</p> <p>During an interview on 10/02/2024 at 9:03 AM, Staff C, Social Services Director, stated Resident 209 had not had a care conference and should have had one held within 72 hours of admission.</p> <p>During an interview on 10/09/2024 at 10:38 AM, Staff B, Regional Nurse Consultant, stated the expectation was for care conferences to be conducted within the first three days of admission and then quarterly; however, this did not happen for Resident 209.</p> <p>Reference WAC 388-97-1020 2(c)(d), 4(b),</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary assistance for activities of daily living (ADL) for dependent residents related to dressing and nail care for 2 of 4 sampled residents (Residents 309 and 39) reviews for ADLs. This failure placed the residents at risk for poor hygiene, decreased self-esteem, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility policy titled Activities of Daily Living (ADLs)/Maintain Abilities, dated 11/2017, showed A resident is given appropriate treatment and services to maintain or improve his/her ability to carry out the activities of daily living, including- Hygiene - bathing, grooming, dressing and oral care. It further showed The decision to refuse care and treatment is documented in the medical record. Documentation includes interventions identified on the care plan and in place to minimize or decrease functional loss that were refused by the resident or resident representative. Documentation includes any interventions that were substituted, with the consent of the resident or resident representative, to minimize further decline. In the case of a resident with cognitive impairment who refuses care, the facility staff are responsible to attempt to identify the underlying cause of the refusal/declination of care.</p> <p>Resident 309</p> <p>Review of the electronic health record (EHR) showed Resident 309 admitted to the facility on [DATE] with diagnoses to include fracture of left femur (thigh bone), diabetes and muscle weakness. Resident 309 required substantial/maximal assistance with lower body dressing.</p> <p>During an interview on 09/30/2024 at 10:03 AM, Resident 309 stated, I want to get up and get dressed, but no one gets me out of bed, and I can't do it by myself and My TV doesn't work so I can't watch TV.</p> <p>Observations throughout the day on 10/01/2024, 10/02/2024, 10/07/2024 and 10/08/2024 showed Resident 309 laid in bed wearing a facility issued night gown. Resident 309 was looking up at the ceiling or eyes closed.</p> <p>During an interview on 10/02/2024 at 1:54 PM, Staff W, Certified Nursing Assistant (CNA), stated they had not seen Resident 309 dressed or out of bed on their workdays. Staff W stated, We don't normally ask the resident if they want to get dressed.</p> <p>During an interview on 10/08/2024 at 10:21 AM, Staff M, CNA, stated Resident 309 was not dressed because they did not have any clothes.</p> <p>During an interview on 10/08/2024 at 12:24 PM, Staff S, Interim Director of Nursing Services, stated the expectation was that staff should have been offering residents the option to get dressed and out of bed. Staff S stated residents should have been offered at minimum three times and if they continued to refuse it should have been documented and provider contacted.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>46148</p> <p>Resident 39</p> <p>Review of the EHR showed Resident 39 admitted to the facility on [DATE] with diagnoses of schizophrenia (a chronic mental illness that affects a person's thoughts, feelings, and behaviors) and anxiety.</p> <p>Observation on 09/30/2024 at 3:15 PM, showed Resident 39 walked down the hallway with a walker. The resident's hair appeared oily, and fingernails had brown material under them.</p> <p>Review of the EHR showed Resident 39 required supervision/oversight/verbal cues during bathing. There was no documentation found related to if the type of bathing/the ability to bathe and no documentation was found related to the resident refusing showers in the prior 30 days.</p> <p>During an interview on 10/03/2024 at 9:00 AM, Staff D, Interim Unit Manager, stated residents were scheduled to receive showers twice a week and it was documented in the tasks. If a resident refused, the staff should document it, and if they frequently refuse it should be included in the care plan.</p> <p>During an interview on 10/03/2024 at 9:30 AM, Staff B, Regional Nurse Consultant, stated Resident 39 frequently refused showers, staff should have documented attempts at providing showers in the EHR and developed interventions in the Kardex for frequent refusals.</p> <p>Reference WAC 388-97-1060 (2)(c)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview and record review, the facility failed to implement individualized activities for 1 of 1 sampled resident (Residents 309) reviewed for activities. The failure to implement an activity plan of care that incorporated resident's stated interests, hobbies and preferences, placed the residents at risk for boredom, isolation, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record showed Resident 309 admitted to the facility on [DATE] with diagnoses to include fracture of left femur (thigh bone), diabetes and muscle weakness. Resident 309 was able to make needs known.</p> <p>During an interview on 09/30/2024 at 10:03 AM, Resident 309 stated, I want to get up and get dressed, but no one gets me out of bed, and I can't do it by myself and My TV doesn't work so I can't watch TV.</p> <p>Observations throughout the day on 10/01/2024, 10/02/2024, 10/07/2024 and 10/08/2024 showed Resident 309 laid in bed wearing a facility issued night gown. Resident 309 was looking up at the ceiling or eyes closed.</p> <p>Review of Resident 309's current activities care plan showed, The resident prefers the following TV channels of their choice, may enjoy the animal channel.</p> <p>Review of the September and October 2024 activity flowsheets showed no group, one on one or independent activities documented for Resident 309.</p> <p>During an interview on 10/02/2024 at 1:54 PM, Staff W, Certified Nursing Assistant (CNA), stated they were not sure if Resident 309's television worked.</p> <p>During an interview on 10/08/2024 at 10:21 AM, Staff M, CNA, stated they had never seen Resident 309's television on and was unable to locate the remote control for the television.</p> <p>During an interview on 10/08/2024 at 9:38 AM, Staff P, Recreation Assistant, stated they had never interacted with Resident 309 nor been in their room. Staff P stated they were new to the position and was unaware of their responsibility to document resident's activities. Staff P stated residents had access to independent activities such as books if they asked.</p> <p>Reference WAC 388-97-0940 (1)</p>

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NAME OF PROVIDER OR SUPPLIER Avamere Heritage Rehabilitation of Tacoma		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 Pacific Avenue Tacoma, WA 98408	
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on observation, interview and record review, the facility failed to accurately assess, monitor, document, care plan, and provide the necessary care and services regarding skin issues for 1 of 3 sampled residents (Resident 209) reviewed for skin conditions, non-pressure. The facility failed to document and monitor for adverse side effects related to anticoagulant therapy (medication used to thin blood) for 1 of 6 sampled residents (Resident 21) reviewed for anticoagulant use. The facility failed to consistently monitor and document bowel movements and implement the bowel program when needed for 2 of 2 sampled residents (Residents 31 and 44) reviewed for bowel protocol. These failures placed the residents at risk for unmet needs, worsening condition, discomfort, and a decreased quality of life.</p> <p>Findings included .</p> <p><Skin conditions, Non-pressure></p> <p>Review of the admission evaluation dated 09/24/2024 showed that Resident 209 admitted to the facility on [DATE] with diagnoses that included diabetes (a condition resulting in high blood sugar levels), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), and was able to make needs known. It showed skin observations included hemodialysis (HD, the process to filter waste and water from the blood) fistula (a surgically created connection between an artery and a vein) in the right antecubital (triangular shaped depression on the front of the right elbow joint), moisture associated skin damage (MASD) redness in the groin (the area where the upper thigh meets the lower stomach area), fragile macerated (softening and breaking down of the skin), skin intact scab in the front right lower leg, dry crusted peeling skin on both right and left heels, and all toes were amputated (surgically removed) on the right foot. There were no measurements documented for these skin issues.</p> <p>During an interview on 09/30/2024 at 3:02 PM, Resident 209 stated they had all toes amputated on their right foot and that staff looked at and wrapped the right foot every night.</p> <p>Observation and interview on 10/01/2024 at 1:14 PM showed Resident 209 sat up in their wheelchair eating lunch. Resident 209 stated their foot had been bleeding. Resident 209's right foot was wrapped with gauze and no bleeding was noted.</p> <p>Review of Resident 209's electronic health record (EHR) showed a provider order dated 09/24/2024 for triple antibiotic external ointment to be applied to the right lower extremity (leg/foot) wound topically in the evening for skin care. Another provider order dated 09/30/2024 showed, Skin prep [used to form a barrier between the skin and adhesives to help preserve the skin] to buttock, cover with 2x2 gauze to prevent breakdown, every Monday, Wednesday, and Friday evening for incontinence (inability to control the flow of urine) related to pressure ulcer (PU, skin injury resulting from prolonged pressure on the skin) of the sacral region (portion of the spine between the lower back and tailbone), PU of the left and right buttock and PU of an unspecified site-unspecified stage. This order indicated that it was to prevent skin break down. There were no orders to wrap the right foot, to monitor the HD fistula, or that addressed MASD.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 209's care plan dated 09/24/2024 showed there was no interventions which included to monitor or assess an HD fistula to right antecubital, or wrapping or treating the right foot related to bleeding.</p> <p>During an interview on 10/09/2024 at 11:52 AM, Staff B, Regional Nurse Consultant, stated the order for triple antibiotic external ointment did not show exact location or indication for use and it should have. Staff B stated the order dated 09/30/2024, ordered six days after admission, for skin prep and gauze to the buttock was unclear why it was ordered and according to the documentation in Resident 209's September and October 2024 MAR, it showed the treatment was not provided per the order. Staff B stated Resident 209's care plan should have addressed if the HD fistula was functional or non-functional and monitored as needed. Staff B stated that for all skin areas mentioned in Resident 209's admission evaluation dated 09/24/2024, they did not do a thorough admission assessment and Resident 209 needed a more comprehensive assessment of existing wounds. Staff B stated if Resident 209's foot was bleeding the nurse should not have put a dressing on without an order or covered and then made notifications. Staff B stated that Resident 209's skin care did not meet expectations.</p> <p>46148</p> <p><Anticoagulant Monitoring></p> <p>Review of the EHR showed Resident 21 admitted to the facility on [DATE] with diagnoses of heart failure, diabetes and venous hypertension (a condition where blood pressure in the veins of the legs is too high causing swelling and pain). The resident was able to make needs known.</p> <p>During an interview on 09/30/2024 at 11:54 AM, Resident 21 stated they received blood thinning medications and stated that they bruised easily.</p> <p>Review of the EHR showed a provider order for a blood thinning medication daily with a start date of 05/17/2024. An order for staff to monitor for adverse side effects was entered into the resident's EHR on 09/24/2024. There was no documentation showing that staff had monitored for adverse side effects for the prior 30 days.</p> <p>During an interview on 10/03/2024 at 9:06 AM, Staff D, Interim Unit Manager, stated residents receiving blood thinning medications should be monitored for adverse side effects and Resident 21's lack of documentation related to monitoring did not meet expectations.</p> <p>During an interview on 10/03/2024 at 9:31 AM, Staff B, Regional Nurse Consultant, stated Resident 21 not having documented monitoring for adverse side effects of blood thinning medications did not meet their expectations.</p> <p><Bowel Management></p> <p>Resident 31</p> <p>Review of the EHR showed Resident 31 admitted to the facility on [DATE] with diagnoses of epileptic syndrome (a chronic brain disorder that causes seizures) and dementia and was dependent on staff. The resident was able to make needs known.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the EHR showed Resident 31 was prescribed three medications to be used as needed when constipated with a start date of 08/31/2023.</p> <p>Review of the EHR showed Resident 31 had no documented bowel movement (BM) from 09/22/2024 through 09/25/2024. The medication administration record showed no as needed medications were provided for constipation.</p> <p>During an interview on 10/03/2024 at 8:53 AM, Staff D, Interim Unit Manager, stated facility staff should have documented BMs and if no BM in 72 hours they should have administered an as needed medication for constipation.</p> <p>During an interview on 10/03/2024 at 9:27 AM, Staff B, Regional Nurse Consultant, stated it was their expectation that staff followed provider's orders for residents with no BM for three or more days. Staff B stated Resident 31 should have had an as needed constipation medication on the 24th/25th of September.</p> <p>49926</p> <p>Resident 44</p> <p>Review of the EHR showed Resident 44 admitted to the facility on [DATE] with diagnoses that included diabetes, depression, cocaine dependency and was able to make needs known.</p> <p>During an interview on 09/30/2024 at 11:32 AM, Resident 44 stated they were taking medications that caused constipation.</p> <p>Review of Resident 44's EHR showed no bowel movements documented for the dates: 09/15/2024, 09/16/2024, 09/17/2024, 09/21/2024, 09/22/2024, 09/23/2024, 09/24/2024, 09/29/2024, 09/30/2024, 10/01/2024, 10/02/2024, and 10/03/2024.</p> <p>Review of the medication administration record (MAR) showed no administration of as needed laxatives for the month of September 2024 until October 04, 2024.</p> <p>During an interview on 10/07/2024 at 9:20 AM, Staff F, Licensed Practical Nurse, stated when a resident did not have a bowel movement for three days, the system would notify the nurses to initiate bowel protocol for constipation.</p> <p>During an interview on 10/08/2024 at 10:30 AM, Staff B, Regional Nurse Consultant, stated the expectation was for the nurses to follow the bowel protocol and Resident 44's lack of bowel protocol did not meet expectation.</p> <p>Reference WAC 388-97-1060(1)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on interview and record review, the facility failed to thoroughly assess, document, care plan necessary interventions, and monitor pressure ulcers for 1 of 1 sampled resident (Resident 209) reviewed for pressure ulcers. These failures placed the resident at risk for unmet needed treatment and services.</p> <p>Findings included .</p> <p>Review of the admission evaluation dated 09/24/2024 showed that Resident 209 admitted to the facility on [DATE] with diagnoses that included diabetes (a condition resulting in high blood sugar levels), peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs), pressure ulcer (PU, skin injury resulting from prolonged pressure on the skin) of the sacral region (portion of the spine between the lower back and tailbone), and pressure ulcer of the right and left buttock, and was able to make needs known. It showed skin observations included a deep tissue injury (DTI), dark blue-purple non-blanching, to the sacrum (lower back/tailbone area). There were no measurements documented for skin issues.</p> <p>Review of Resident 209's electronic health record (EHR) showed a provider order dated 09/30/2024 showed, Skin prep [used to form a barrier between the skin and adhesives to help preserve the skin] to buttock, cover with 2x2 gauze to prevent breakdown, every Monday, Wednesday, and Friday evening for incontinence (inability to control the flow of urine) related to pressure ulcer of the sacral region, PU of the left and right buttock and PU of an unspecified site-unspecified stage. This order indicated that it was to prevent skin break down. There was no specific provider order for treatment or to monitor the DTI to the sacrum and/or for any other PU.</p> <p>Review of Resident 209's care plan dated 09/24/2024 for potential for impairment to skin integrity, related to sacral DTI (did not show Resident 44 had current skin impairments or indicate other PU locations) and there were no interventions that specifically addressed Resident 209's DTI to the sacral area.</p> <p>During an interview on 10/09/2024 at 11:52 AM, Staff B, Regional Nurse Consultant, stated the order dated 09/30/2024, ordered six days after admission, for skin prep and gauze to the buttock was unclear why it was ordered and according to the documentation in Resident 209's September and October 2024 MAR, it showed the treatment was not provided per the order. Staff B stated measurements should have been obtained and documented for Resident 209's DTI to the sacral area. Staff B stated for all skin areas mentioned in Resident 209's admission evaluation dated 09/24/2024, they did not do a thorough admission assessment and Resident 209 needed a more comprehensive assessment of existing wounds. Staff B stated Resident 209's skin care did not meet expectations.</p> <p>Reference WAC 388-97-1060 (3)(b)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49926</p> <p>Based on observation, interview and record review, the facility failed to ensure care and services were provided for 2 of 3 sampled residents (Resident 27 and 30) when reviewed for range of motion (ROM)/mobility. This failure placed the residents at risk for worsening mobility, developing of contractures (permanent tightening of muscle, tendons and skin, leading to deformity), and diminished quality of life.</p> <p>Findings included .</p> <p>Resident 27</p> <p>Review of Resident 27's quarterly minimum data set assessment (MDS) dated [DATE], showed the resident admitted to the facility on [DATE] with diagnoses to include anxiety, depression, spinal cord injury with paralysis (the loss of the ability to move some or all the body) to all four extremities (legs/feet and arms/hands). Resident 27 was able to make needs known and was dependent on staff for mobility and care needs.</p> <p>During an interview on 10/09/2024 at 10:45 AM, Resident 27 stated they used to get some restorative passive range of motion (PROM, external force/moving a joint for a person who doesn't use their muscles) to hands and fingers but had stopped about three months ago. Resident 27 stated my fingers are bent more and pointed towards their hands and fingers that were bent towards the palm of their hands.</p> <p>Review of Resident 27's electronic health record (EHR) showed a care plan initiated on 04/12/2023 for PROM to all extremities for 10 repetitions two times, offer program five to seven times a week.</p> <p>During an interview on 10/09/2024 at 11:05 AM, Staff L, Certified Nursing Assistant (CNA), stated nursing assistants would document ROM programs in the EHR; however, they were unable to locate documentation for Resident 27.</p> <p>During an interview on 10/09/2024 at 12:05 PM, Staff B, Regional Nurse Consultant, stated the documentation was not there for Resident 27's PROM program.</p> <p>Resident 30</p> <p>Review of Resident 30's annual MDS, dated [DATE], showed the resident readmitted to the facility on [DATE] with diagnoses to include anxiety, depression, and incomplete paraplegia (partial loss of function in lower body). Resident 30 was able to make needs known and was dependent on staff for some mobility.</p> <p>During an interview on 09/30/2024 at 12:31 PM Resident 30 stated they stopped going to therapy and had requested to be on restorative program about month or two ago, and nothing had been provided.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the EHR showed Resident 30 was discharged from physical therapy on 03/11/2024 with recommendations for restorative ROM program to maintain functions.</p> <p>During an interview on 10/09/2024 at 11:05 AM, Staff L, CNA, stated nursing assistants would document ROM programs in the EHR; however, Resident 30's ROM program was set up for as needed and showed no documentation.</p> <p>During an interview on 10/09/2024 at 12:05 PM, Staff B, Regional Nurse Consultant, stated Resident 30's documentation was not there and the facility was working on setting up the program.</p> <p>Reference WAC 388-97-1060(3)(d)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on observation, interview and record review, the facility failed to implement an identified intervention related to falls for 1 of 3 sampled residents (Resident 1) reviewed for accidents. This failure placed the resident at risk for major injury and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 1 admitted to the facility on [DATE] with diagnoses to include vascular dementia (problems with reasoning, judgment, memory and other thought processes caused by brain damage from impaired blood flow to your brain) and absence of larynx (voice box). Resident 1 was able to make needs known.</p> <p>Review of the care plan initiated 07/23/2024 showed a goal The resident will not sustain injury from falls with an intervention Review and update fall risk assessment quarterly, post any fall and as needed.</p> <p>Review of the September 2024 document titled Incident Log showed Resident 1 had a fall on 09/06/2024.</p> <p>Review of the incident report dated 09/03/2024 identified the root cause of the fall as failed independent transfer; resident self-transfers and has vision deficits. Plan- Will identify best wheelchair position for transfers and mark a parking spot on the floor for optimal transfers.</p> <p>Review of the EHR showed no fall risk assessment was completed for the 09/06/2024 fall nor was the care plan updated.</p> <p>Observation of Resident 1's room showed no parking spot on the floor to assist with best position for transfers.</p> <p>Review of a progress note dated 10/05/2024 showed Resident 1 was on alert for an unwitnessed fall.</p> <p>During an interview on 10/08/2024 at 12:37 PM, Staff S, Interim Director of Nursing Services, stated the expectation was that when a resident had a fall the intervention should have been implemented and the care plan updated. Staff S stated the fall risk assessment should have been completed and that expectations was not met.</p> <p>Reference WAC 388-97-1060 (3)(g)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on observation, interview, and record review, the facility failed to implement fluid restrictions (limits the amount of fluids a person can consume through food and drink), accurately monitor and document weights, and obtain ordered labs for 1 of 3 sampled residents (Resident 209) reviewed for nutrition. These failures placed the resident at risk for medical complications, unmet needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the Electronic Health Record (EHR) showed Resident 209 admitted to the facility on [DATE] with diagnoses to include diabetes (a condition resulting in high blood sugar levels), dysphagia (difficulty swallowing), hyperkalemia (a condition where there is too much potassium, a mineral/electrolyte that helps muscles and nerves function, in the blood), and chronic (persistent/long lasting) kidney disease. Resident 209 was able to make needs known.</p> <p>During an interview and observation on 09/30/2024 at 2:57 PM, Resident 209 stated they thought they were on a diabetic diet. Resident 209 stated they did not know if they were on fluid restrictions, but they received thickened fluids. There were no fluids located in the room at the time.</p> <p>Review of Resident 209's hospital post-acute and transition of care orders dated 09/24/2024 showed that the diet was to include Fluid 2000 ml [milliliters].</p> <p>Review of Resident 209's admission evaluation dated 09/24/2024 showed in section J Additional Comments, that Resident 209 was to be provided a high protein dysphagia diet with nectar thick liquids and a 2000 ml fluid restriction.</p> <p>Review of the order dated 09/24/2024 showed Resident 209 was prescribed a regular limit CHO [carbohydrate, sugar molecules/nutrient] diet; soft bite sized texture; nectar/mildly thick consistency; high protein; restricted 2 gm sodium (salt/mineral) diet related to diabetes with hyperglycemia (high blood sugar), chronic kidney disease and dysphagia. This order did not include for the resident to be on fluid restrictions.</p> <p>Review of the EHR showed a focused care plan for [Resident 209] has nutritional problem or potential nutritional problem, dated 09/24/2024 and showed no intervention for fluid restrictions. The focused care plan for [Resident 209] is on anticoagulant (blood thinner) therapy, related to atrial fibrillation (irregular heart rate) dated 09/24/2024 showed an intervention for labs to be obtained as ordered and to report abnormal lab results to the provider.</p> <p>Review of the provider order dated 09/24/2024 showed, Admission Labs were to be obtained for complete blood count (measures the number and types of cells in the blood), basic metabolic panel (measures substances in the blood to assess metabolism, fluid balance, and kidney function), hemoglobin A1C (measure average blood sugar levels over the past two to three months), and Lipid Panel (check levels of cholesterol and other fats in the blood).</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 209's EHR on 10/01/2024 showed no documented lab results. It further showed weights as followed: 09/24/2024 = 121.0 lbs. (dry weight), 09/25/2024 = 120.0 lbs. (wheelchair), 09/27/2024 = 144.0 lbs. (wheelchair), and 10/01/2024 = 183.0 lbs. (wheelchair).</p> <p>Review of Resident 209's nutritional evaluation dated 10/01/2024 showed that weights reviewed were noted with discrepancies since admission and further weight collection pending to establish a weight baseline. Body mass index/weight status noted to be obese currently, although suspect lower due to recent incorrect weight. Medications reviewed and included diuretics (medication used to increase urine production and helps the body to get rid of extra salt and fluid), anticipate weight fluctuations. It showed, Labs pending and that Resident 209 was at nutritional risk related to advanced age, therapeutic diet (meal plan tailored to nutritional needs to help treat medical condition), altered textures, wounds, diuretic use, current diagnoses and past medical history.</p> <p>During an interview on 10/09/2024 at 10:42 AM, Staff B, Regional Nurse Consultant, stated failed practice was identified with fluid restrictions. Staff B stated the lab orders for Resident 209 did not auto-populate and there was not a good system for labs at that time. After reviewing Resident 209's EHR, Staff B stated that Resident 209's nutritional services did not meet expectations.</p> <p>Reference WAC 388-97-1060 (3)(h)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on observation, interview and record review, the facility failed to provide respiratory care consistent with professional standards of practice for 2 of 4 sampled residents (Residents 209 and 55) reviewed for respiratory care. Failure to obtain and/or follow provider's orders, accurately document oxygen (O2) therapy, and care plan for O2 therapy placed residents at risk for unmet needs and potential negative outcomes.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 209 admitted to the facility on [DATE] with diagnoses to include acute (severe and sudden onset) respiratory failure with hypoxia (an absence of enough oxygen), chronic (persistent/long lasting) kidney disease, diabetes (a condition resulting in high blood sugar levels), and was able to make needs known.</p> <p>Observation on 09/30/2024 at 9:41 AM, showed Resident 209 was receiving O2 set to two liters (L) per minute via a nasal canula (device to deliver O2 through a tube into the nose) that was connected to an O2 concentrator (a device used to deliver O2 therapy) in place.</p> <p>Observation and interview on 09/30/2024 at 3:05 PM, showed Resident 209 with no O2 in place. Resident 209 stated that they used O2 when in bed but breathed okay without it while sitting up in their wheelchair.</p> <p>Review of the provider order dated 09/24/2024 showed to check oxygen saturation (sats, a measurement of how much O2 is in the blood) as needed for dyspnea (difficulty breathing)/cyanosis (bluish color of skin).</p> <p>Review of the September 2024 treatment administration record (TAR) showed no documentation that oxygen saturations were checked for Resident 209.</p> <p>Review of Resident 209's EHR showed a focused care plan for shortness of breath, initiated on 09/24/2024, that documented Resident 209 was O2 dependent. A focused care plan for altered cardiovascular (heart and blood vessels) status, dated 09/24/2024, showed an intervention for Oxygen settings: O2 via nasal cannula.</p> <p>Review of a provider note dated 09/26/2024 showed Resident 209 was observed with O2 via nasal canula being delivered at two liters per minute, with O2 saturation at 96%. It showed that Resident 209's plan was to monitor continuous pulse oximetry (device to measure O2 saturation) to ensure oxygenation. Target O2 saturation levels of greater than 90% unless otherwise specified. To monitor for tachypnea (rapid shallow breathing), dyspnea, or signs of respiratory distress.</p> <p>During an interview on 10/09/2024 at 11:35 AM, Staff B, Regional Nurse Consultant, stated Resident 209 had orders to check O2 saturation as needed; however, they was unable to locate orders for O2 therapy. Staff B stated that the provider's note/plan regarding O2 dated 09/26/2024 was documented but staff were not notified, and this did not meet expectations.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 55</p> <p>Review of the EHR showed Resident 55 admitted to the facility on [DATE] with diagnoses to include stroke, heart failure, acute respiratory failure with hypoxia, and was able to make needs known. The admission minimum data set assessment (MDS) dated [DATE] showed Resident 55 received O2 therapy.</p> <p>Multiple observations on 09/30/2024 at 10:48 AM, 10/02/2024 at 9:02 AM, 10/03/2024 at 1:20 PM, showed Resident 55 without O2 therapy in place.</p> <p>Review of Resident 55's provider order, dated 09/06/2024, showed to administer O2 at two liters per minute via nasal cannula continuously.</p> <p>Review of the care plan, dated 09/06/2024, for altered cardiovascular status showed an intervention for oxygen settings: O2 via nasal cannula at two liters per minute.</p> <p>During an interview on 10/08/2024, Staff B, Regional Nurse Consultant, stated the October 2024 medication administration record (MAR) showed documentation that Resident 55 was receiving O2; however, they were not. Staff B stated Resident 55's care plan did not reflect the resident's current use of O2, and this did not meet expectations.</p> <p>Reference WAC 388-97-1060 (3)(j)(vi)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40817</p> <p>Based on interview and record review, the facility failed to act on the consultant pharmacist's medication regimen review (MRR) recommendations in a timely manner for 1 of 5 sampled residents (Resident 24) reviewed for unnecessary medication use. Failure to act timely on the pharmacist's recommendations placed the resident at risk for experiencing adverse side effects, medical complications, and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of Resident 24's electronic health record (EHR) showed the resident admitted to the facility on [DATE] with diagnoses that included chronic obstructive pulmonary disease (blocks airflow making it difficult to breathe), high blood pressure, intervertebral disc degeneration (a condition that occurs when the discs between the bones in the spine wear down) of the lumbar region (lower back), and was able to make needs known.</p> <p>Review of Resident 24's MRR dated 09/18/2024 showed that the following irregularity was noted on Resident 24's electronic medication administration record (MAR)/prescriber order sheets had Salon pas lidocaine patch (used to relieve minor pain and itching) was missing a space on the MAR for the nurse to record patch removal. Handwritten on the form was the word Done, with initials and a date of 9/25.</p> <p>Review of Resident 24's September 2024 MAR showed that the order for Salon pas lidocaine patch was missing space on the MAR for nurse to record patch removal.</p> <p>Review of October 2024 MAR showed that the order for Salon pas lidocaine patch was missing space on the MAR for nurse to record patch removal until 10/04/2024 [17 days after the pharmacist recommendation].</p> <p>During an interview on 10/09/2024 at 11:24 AM, Staff B, Regional Nurse Consultant, stated there were some recommendations that could be corrected by nursing and others to the provider and triage for the provider. Staff B stated Resident 24's recommendation to record the patch removal got missed to be corrected in a timely manner and this did not meet expectations.</p> <p>Reference WAC 388-97-1300(4)(c)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to provide non-pharmacological interventions (health interventions/approaches used instead of medication) for 3 of 5 sampled residents (Residents 17, 24 and 46) and conduct laboratory testing for seizure medication for 1 of 5 sampled residents (Resident 31) reviewed for unnecessary medications. This failure placed the resident at risk for receiving unnecessary medications and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 17</p> <p>Review of the electronic health record (EHR) showed Resident 17 admitted to the facility on [DATE] with diagnoses that included hypertension (high blood pressure) and chronic embolism (condition in which a blood clot is over one to two months old and has scarred the vein effecting blood flow). Resident 17 was able to make needs known.</p> <p>Review of the medication administration record (MAR) dated October 2024 showed Resident 17 had an active order for tramadol (medication used to pain) every six hours as needed for pain. This MAR further showed that Resident 17 received the medication with no non-pharmacological interventions documented.</p> <p>Continued review of this MAR showed Resident 17 had an active order for, Non-Pharmacological Interventions with PRN [as needed] Pain medications. There was no documentation to show that any non-pharmacological interventions were provided (it was blank).</p> <p>During an interview on 10/08/2024 at 12:28 PM, Staff S, Interim Director of Nursing Services, stated non-pharmacological interventions were to be offered/provided prior to residents being given as needed pain medications.</p> <p>38344</p> <p>Resident 24</p> <p>Review of the EHR showed Resident 24 admitted to the facility on [DATE] with diagnoses that included high blood pressure, intervertebral disc degeneration (a condition that occurs when the discs between the bones in the spine wear down) of the lumbar region (lower back), and was able to make needs known.</p> <p>Review of Resident 24's provider's orders showed an order dated 07/15/2024 for oxycodone (used to treat moderate to severe pain) give 10 milligrams (mg) every eight hours as needed for pain level of 7-10 (0 = no pain and 10 = worst pain felt). It further showed to provide non-pharmacological interventions prior to administration of the medication.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of September 2024 MAR showed Resident 24 received oxycodone 10 mg for a pain level of 5 (outside of the ordered pain level parameters) on 09/16/2024 and 09/27/2024. It showed Resident 24 received oxycodone 10 mg for pain on 09/26/2024 and 09/27/2024; however, NA (not applicable) was documented for non-pharmacological interventions.</p> <p>Review of October 2024 MAR showed Resident 24 received oxycodone 10 mg for a pain level of 3 (outside of the ordered pain level parameters) on 10/01/2024 and NA was documented for non-pharmacological interventions.</p> <p>During an interview on 10/02/2024 at 2:03 PM, Staff D, Interim Unit Manager, stated Resident 24's September and October 2024 MARs showed that oxycodone was provided outside of pain level parameters, non-pharmacological interventions were not documented prior to the pain medication being provided, and this did not meet expectations.</p> <p>During an interview on 10/03/2024 at 11:51 AM, Staff B, Regional Nurse Consultant, stated the September and October 2024 MARs did not show consistent documentation for the as needed oxycodone pain medication that was administered to Resident 24.</p> <p>40817</p> <p>Resident 46</p> <p>Review of the EHR showed Resident 46 admitted to the facility on [DATE] with diagnoses to include infection of the skin, diabetes, and opioid use.</p> <p>Review of Resident 46's provider's orders showed an order for a narcotic pain medication to be provided as needed and nonpharmacological interventions should be provided prior to use.</p> <p>Review of August 2024 MAR showed Resident 46 received as needed narcotic pain medication 57 times and nonpharmacological interventions were listed as NA on 28 occasions.</p> <p>Review of September 2024 MAR showed Resident 46 received as needed narcotic pain medication 37 times and nonpharmacological interventions were listed as NA on 12 occasions.</p> <p>46148</p> <p>Resident 31</p> <p>Review of the EHR showed Resident 31 admitted to the facility on [DATE] with a diagnosis of epileptic syndrome and was prescribed the medication Keppra for seizures twice a day.</p> <p>Review of the EHR showed no laboratory tests had been done since admission to check Resident 31's Keppra blood levels.</p> <p>During an interview on 10/03/2024 at 11:08 AM, Staff J, Advanced Registered Nurse Practitioner (ARNP), stated if a resident receiving Keppra was stable and not symptomatic a blood test should be done every six to 12 months. Staff J stated Resident 31 should have had a lab test to check the resident's baseline Keppra level on admission.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/03/2024 at 11:36 AM, Staff B, Regional Nurse Consultant, stated they would test Kepra levels/labs if the pharmacy informed them they should.</p> <p>Reference WAC 388-97-1060 (3)(k)(i)</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46067</p> <p>Based on interview and record review, the facility failed to conduct abnormal involuntary movement scale (AIMS, an assessment with a rating scale to measure involuntary movements) related to antipsychotic medication for 1 of 5 sampled residents (Resident 17) reviewed for unnecessary medication. This failure placed the resident at risk for adverse side effects, medical complications, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the electronic health record (EHR) showed Resident 17 admitted to the facility on [DATE] with diagnoses that included hypertension (high blood pressure) and chronic embolism (condition in which a blood clot is over one to two months old and has scarred the vein effecting blood flow). Resident 17 was able to make needs known.</p> <p>Review of the EHR showed an order for Seroquel (an antipsychotic) to be given 25 milligrams by mouth one time a day at bedtime.</p> <p>Review of the August 2024 and September 2024 medication administration record (MAR) showed Resident 17 received the Seroquel 25 milligrams during both months.</p> <p>Review of the EHR showed a provider note requested the AIMS test be completed 08/27/2024.</p> <p>Review of a pharmacy consultation dated September 18, 2024 to September 19, 2024 showed AIMS or other appropriate testing was not documented in the medical record within the last 6 months.</p> <p>During an interview on 10/08/2024 at 12:27 PM, Staff S, Interim Director of Nursing Services, stated the expectation was that AIMS testing was completed every 6 months. Staff S stated the AIMS was not done timely and did not meet expectations.</p> <p>Reference WAC 388-97-1060(3)(k)(i)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49926</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper storage and labeling of medications in 1 of 2 medication carts (100 hall) when reviewed for medication storage. This failure placed residents at risk for receiving expired medications, ineffective treatment, and diminished quality of life.</p> <p>Findings included .</p> <p>Observation of 100-hall medication cart on 10/08/2024 at 9:56 AM with Staff K, Licensed Practical Nurse (LPN), showed artificial tears eye drops without expiration date, Vitamin D3 125 mcg expired on 9/2024, glargine insulin with open date of 08/29/2024 (expired), Lispro insulin without open date, and aspirin 81mg expired on 8/2024.</p> <p>During an interview on 10/08/2024 at 10:00 AM, Staff K, LPN, stated the medications should be dated when opened and should be monitored for expiration dates and discarded.</p> <p>During an interview on 10/08/2024 at 10:32 AM, Staff B, Regional Nurse Consultant, stated the medication storage in the 100-hall medication cart did not meet expectations.</p> <p>Reference WAC 388-97-1300(2)</p>

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49926</p> <p>Based on interview and record review, the facility failed to assist with scheduling a dental appointment and address dental needs for 1 of 3 sampled residents (Resident 30) reviewed for dental services. This failure placed the resident at risk for continued dental problems, unmet needs, and diminished quality of life.</p> <p>Findings Included .</p> <p>Review of Resident 30's annual minimum data set assessment (MDS) dated [DATE] showed the resident readmitted to the facility on [DATE] with diagnoses to include anxiety, depression, and incomplete paraplegia (partial loss of function in lower body). Resident 30 was able to make needs known.</p> <p>During an interview on 09/30/2024 at 12:23 PM, Resident 30 stated they had requested to see a dentist because the filling fell out of their bottom right tooth, and they had to chew food on the left side of their mouth. Resident 30 stated that a nurse told them that they had put in for a doctor's referral to see a dentist.</p> <p>Review of Resident 30's electronic health record (EHR) showed no care plan updates about dental needs.</p> <p>Review of Resident 30's provider progress note dated 09/23/2024 showed, Loss of filling from access hole of tooth Patient to follow-up with a dentist soon as an appointment can be made. In the meantime, we will monitor for signs of dental issues including infections.</p> <p>During an interview on 10/08/2024 at 10:35 AM Staff B, Regional Nurse Consultant, stated the process was for residents to be monitored when they had dental problems, care plan updated, and to be referred to a dentist; however, these expectations were not met for Resident 30.</p> <p>Reference WAC 388-97-1060(1)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>46067</p> <p>Based on observation, interview and record review, the facility failed to provide food at appetizing temperatures when reviewed for kitchen services. This failure placed residents at risk of lowered nutritional intake, potential weight loss, and a diminished quality of life.</p> <p>Findings included .</p> <p>During an interview on 09/30/2024 at 11:49 AM, Resident 44 expressed dissatisfaction with the facility food temperatures stating they had received cold eggs.</p> <p>During an interview on 09/30/2024 at 9:57 AM, Resident 35 stated hot items were not hot enough a couple of times a week and foods that were supposed to be cold came at room temperature.</p> <p>Observation of the lunch tray preparation service on 10/07/2024 between 10:56 AM and 1:04 PM showed Staff U, Cook, taking the temperature of all prepared foods while on the steam table. All foods on the steam table were covered with foil, Staff U poked a hole through the foil of each entree and side dish and documented the temperatures.</p> <p>Observation on 10/07/2024 at 11:34 AM showed Staff X, Dietary Aide, cutting and scooping watermelon into individual cups. The cups were covered with plastic wrap and set aside on the food preparation table. Observation showed the watermelon sat out for the duration of meal service which ended at 1:04 PM.</p> <p>During an interview on 10/08/2024 at 8:32 AM, Staff V, Dietary Manager, stated the expectation was for staff to take the temperatures without foil and through the thickest part of the meat to get an accurate temperature. Staff V stated not refrigerating the watermelon until lunch service started did not meet expectations.</p> <p>Reference WAC 388-97-1100(1)(2)</p>

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<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>46067</p> <p>Based on observation, interview and record review, the facility failed to prepare/provide the menu items included in regular or therapeutic diets for all facility residents provided meal service to meet the required nutritive value for each meal. This failure placed residents at risk for medical complications or nutritional deficits.</p> <p>Findings included .</p> <p>Review of lunch menu for 10/07/2024 showed the residents on Regular diets were to receive 3 ounces (oz) of glazed baked ham, 1/2 cup of maple roasted sweet potatoes, 1/2 cup of spinach, 1 white roll and 1 slice of chocolate chess pie. The alternative lunch menu included a buffalo chicken sandwich, macaroni and cheese, green beans, a white roll and a slice of chocolate chess pie.</p> <p>Review of the lunch extension menu showed Controlled Carbohydrate diets and Soft and Bite Sized and Puree diets were to receive 4 oz of glazed baked ham, 1/2 cup of glazed baby carrots, 1/2 cup of spinach and 1 slice of chocolate chess pie.</p> <p>Observation on 10/07/2024 at 12:00 PM showed no white rolls or glazed baby carrots were prepared for meal service.</p> <p>Observation of the lunch tray preparation service on 10/07/2024 between 10:56 AM and 1:04 PM showed Staff U, Cook, serving all residents the regular diet and same portion sizes.</p> <p>During an interview on 10/07/2024 at 11:49 AM, Staff U, Cook, stated they did not have any glazed carrots, and they were not providing white rolls with the meal.</p> <p>Observation on 10/07/2024 at 12:49 PM showed Staff U, Cook, provided green beans to residents receiving the regular diet. Staff U stated they had run out of spinach and the remaining residents on the last hall would be served green beans.</p> <p>During an interview on 10/08/2024 at 8:32 AM, Staff V, Dietary Manager, stated the expectation was that therapeutic diets and resident preferences were followed according to the tray card. Staff V stated all menu items should have been prepared or, if items were unavailable, the information was communicated so that adjustments could be made.</p> <p>Reference (WAC) 388-97-1200(1)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46148</p> <p>Based on interview and record review, the facility failed to implement an effective Antibiotic Stewardship Program to promote appropriate use of antibiotics, reduce the risk of unnecessary antibiotic use and decrease the development of adverse side effects and antibiotic resistance for 1 of 2 residents (Residents 20) and the facility failed to complete tracking and trending and report to the Quality Assurance and Performance Improvement program (QAPI) for 3 of 3 months (June, July, and August 2024) when reviewed for antibiotic stewardship. This failure placed residents at risk for potential adverse outcomes associated with the inappropriate and/or unnecessary use of antibiotics.</p> <p>Findings included .</p> <p>Review of the facility policy titled Infection Prevention and Control, Antibiotic Stewardship revised 03/2019 showed If antibiotic therapy is initiated prior to diagnostic testing, the prescriber will be notified when the result of the diagnostic testing is received. If needed, adjustments to the ordered antibiotic can be made at that time. And Infections, antibiotic usage, sensitivity and resistance patterns will be tracked and reported to QAPI on a monthly basis.</p> <p>Review of the facility provided infection control line listing and tracking documentation for the months of June, July and August 2024 showed no tracking and trending was completed and reported to QAPI for those months.</p> <p>Resident 20</p> <p>Review of the electronic health record (EHR) showed Resident 20 admitted to the facility on [DATE] with diagnoses of obstructive uropathy (blockage of urine) and urinary tract infection and was prescribed ceftriaxone sodium (an antibiotic) injected into a muscle every 24 hours for three days with a start date on 08/25/2024.</p> <p>Review of the laboratory results completed 08/24/2024 showed Resident 20 had an infection with a bacterium that was resistant to ceftriaxone. No documentation that the provider was notified of the laboratory results was found in the EHR.</p> <p>During an interview on 10/07/2024 at 12:10 PM, Staff B, Regional Nurse Consultant, stated they were unable to provide documentation for tracking/trending being brought to QAPI for the months of June, July and August 2024. Staff B stated if a resident was prescribed an antibiotic and the culture came back that the organism was resistive to it, staff should notify the provider and change the antibiotic to one which was effective.</p> <p>No Associated WAC</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Avamere Heritage Rehabilitation of Tacoma		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 Pacific Avenue Tacoma, WA 98408	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46148</p> <p>Based on interview and record review, the facility failed to offer, educate, and obtain consent for influenza and/or pneumococcal vaccines for 2 of 5 sampled residents (Residents 18 and 50) reviewed for influenza and pneumococcal immunizations. These failures denied residents the opportunity to make an informed decision regarding receiving immunizations and/or placed the residents at risk for communicable diseases, complications of other medical conditions, and a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 18</p> <p>Review of the electronic health record showed Resident 18 admitted to the facility on [DATE] with diagnoses of heart failure, kidney disease and diabetes. The resident was able to make needs known.</p> <p>Review of the immunization record showed the resident refused the influenza and pneumococcal vaccinations. Further review showed no documentation that the resident was educated on the risks and benefits of the vaccines prior to offering them.</p> <p>Resident 50</p> <p>Review of the EHR showed Resident 50 admitted to the facility on [DATE] with diagnosis of acute kidney failure and morbid obesity. The resident was able to make needs known.</p> <p>Review of the EHR on 10/03/2024 showed no documentation that the resident was educated on the risks and benefits of and was offered the influenza vaccination.</p> <p>During an interview on 10/07/2024 at 12:10 PM, Staff A, Administrator, stated it was their expectation that residents were educated on the risks and benefits of available vaccines prior to offering them.</p> <p>Reference WAC 388-97-1340 (1), (2), (3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Avamere Heritage Rehabilitation of Tacoma		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 Pacific Avenue Tacoma, WA 98408	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46148</p> <p>Based on interview and record review, the facility failed to offer, educate, and obtain consent for Covid-19 vaccines for 2 of 5 sampled residents (Residents 18 and 50) reviewed for immunizations. This failure denied the residents the opportunity to make an informed decision regarding receiving immunizations and/or placed the residents at risk for communicable diseases, complications and a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 18</p> <p>Review of the electronic health record (EHR) showed Resident 18 admitted to the facility on [DATE] with diagnosis of heart failure, kidney disease and diabetes. The resident was able to make needs known.</p> <p>Review of the immunization record showed the resident refused the COVID vaccination. Further review showed no documentation that the resident was provided education on the risks and benefits of the vaccine prior to offering them.</p> <p>Resident 50</p> <p>Review of the EHR showed Resident 50 admitted to the facility on [DATE] with diagnoses of acute kidney failure and morbid obesity. The resident was able to make needs known.</p> <p>Review of the EHR on 10/03/2024 showed no documentation that the resident was provided education on the risks and benefits or was offered the COVID vaccination.</p> <p>During an interview on 10/07/2024 at 3:45 PM, Staff B, Regional Nurse Consultant, stated they were unable to locate documentation of the residents being educated on the risks and benefits of the COVID vaccine in Resident 18 and 50's EHR.</p> <p>No Reference WAC</p>		