

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/26/2024
NAME OF PROVIDER OR SUPPLIER  Alderwood Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  3600 East Hartson Avenue Spokane, WA 99202	
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)		
F 0689  Level of Harm - Actual harm  Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>27590</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 3 residents (Resident 1), reviewed for accidents, was transferred as directed by the care plan. Resident 1 experienced harm when they were found to have a fractured arm and clavicle the next shift after being assisted to the floor when the wrong transfer method was used. This failure placed the residents at risk for falls and serious injury.</p> <p>Findings included .</p> <p>Review of the facility assessment, dated 05/02/2024, showed Resident 1 had diagnoses to include a stroke which affected their right side, and had difficulty with speech. The resident was alert and oriented. Resident 1 required substantial/maximal assist with transfers.</p> <p>The residents care plan, dated 12/09/2019 and revision date 07/05/2024, showed the resident required two staff to stand and pivot the resident with a gait belt, and/or use a sit to stand lift (designed to assist patients who have some mobility but need help to rise from a sitting position).</p> <p>In an interview and Observation on 07/18/2024 at 10:37 AM, Resident 1 was seated in a wheelchair in their room. The resident had a brace on their right arm. The resident was asked if they fell and they stated yes. When asked about the incident, the resident was not able to explain what happened.</p> <p>Review of the facility investigation, dated 07/03/2024, showed Staff A explained the resident asked to be transferred from their bed to the wheelchair. Staff A placed a gait belt around the resident and started to lift them. The resident's legs gave out and Staff A stated they assisted them to the floor. Staff A was questioned further during the investigation and stated the resident's wheelchair brake had been on but during the transfer, the brake extender was pushed while the resident was assisted to the floor, the wheelchair slid back, and the resident landed on the floor. At the time of the incident, the resident had no pain or abnormalities. Later in the day, the resident complained of pain and an x-ray showed a fractured right arm and clavicle.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 505257
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/18/2024 at 12:45 PM, Staff B, Registered Nurse (RN), stated they had been told by Staff A that Resident 1 was assisted to the floor during a transfer. Staff B stated they completed an assessment on Resident 1 and they had no complaints of pain or signs of injury. On the following shift, the resident started to complain of pain and an x-ray showed a fractured arm and clavicle. Staff B stated they asked Staff A if they had reviewed the resident's Kardex ( informational filing system that is used as a quick reference for nurses and nursing assistants ) ,which showed the resident transferred with two staff, and Staff A stated they hadn't.</p> <p>During an interview on 07/18/2024 at 1:35 PM, Staff C, Director of Nursing, acknowledged Staff A had not followed Resident 1's care plan and the resident had sustained a fractured arm and clavicle.</p> <p>Reference: WAC 388-97-1060(3)(g)</p>		