

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Avamere at Pacific Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 East B Street Tacoma, WA 98404	

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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>29644</p> <p>Based on observation, interview and record review, the facility failed to ensure enteral nutrition (the delivery of nutrients through a tube feeding [TF] directly into the stomach or small intestine) was administered in accordance with physician's orders and professional standards of practice for 4 of 4 residents (Resident 1, 2, 3, & 4), reviewed for TF management. Resident 1 experienced harm when they were found positioned in bed at a 10 degree angle while actively receiving TF in respiratory distress and had tube feeding formula coming from their mouth requiring transfer to the hospital where they were diagnosed with aspiration pneumonia (a lung infection that occurs when you inhale liquid into your lungs). Failure of the facility to have a system in place which ensured the amount of enteral formula (liquid food products) a resident received was reconciled with the amount they were ordered to receive, accurately record the amount of enteral formula and water flushes administered, label/date and discard tube feeding syringes, and position residents correctly in bed when receiving TF placed residents that require enteral nutrition at risk for inadequate nutrition, dehydration, infection and other adverse outcomes.</p> <p>Findings included .</p> <p>Review of the facility November 2018, Enteral Tube Feeding via Continuous Pump policy and procedure, showed directives to review the resident's care plan and provide for any special needs of the residents: Position the head of the bed at 30 degrees - 45 degrees (semi-Fowler's position [elevated head of bed]) for feeding, unless medically contraindicated, and on the formula label document initials, date and time the formula was hung/administered.</p> <p><RESIDENT 1></p> <p>According to the 11/25/2024 Quarterly Minimum Data Set (MDS - an assessment tool), Resident 1 was dependent on staff for bed mobility, had diagnoses included dysphagia (swallowing disorder) following a cerebral infarction (stroke), and received more than 51% of their nutrition by a feeding tube.</p> <p>Review of Resident 1's Care Plan (CP), revised 10/23/2024, showed the resident was dependent on one staff for repositioning and turning in bed, received no fluids or nutrition by mouth (NPO), had a GJ tube (a feeding tube that has a gastric tube that goes into the stomach and a jejunal tube that goes into the small intestine). The CP did not direct staff to elevate the head of bed during feedings.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Avamere at Pacific Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 East B Street Tacoma, WA 98404	
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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the January 2025 Treatment Administration Record (TAR) showed 10/23/2024 enteral feeding orders to run Fibersource HN (TF formula with fiber) via pump at 95 milliter (ml)/hour (hr) x 18 hours (from 3:00 PM to 9:00 AM) for a total volume to be delivered of 1710 ml. Staff were directed to document ml administered via pump at 9:00 AM when pump turned off.</p> <p>Review of a Nursing Care Note, dated 01/06/2025 at 7:04 AM, showed Resident 1's roommate turned on their call light at 6:20 AM, an Aide answered and the roommate reported that Resident 1 was struggling breathing. The Aide called the nurse into the room where Resident 1 was found positioned in bed at around a 10 degree angle, in respiratory distress, and had a moderate amount of tube feeding coming from their mouth and on their chest. Resident 1 was put on oxygen, suctioned and 911 was called and resident was transported to the hospital.</p> <p>During an interview on 01/14/2025 at 1:20 PM, Resident 1's roommate stated that it didn't sound like Resident 1 could breath, they were congested with a lot of phlegm, so I called. Resident 1's roommate stated staff came right away.</p> <p>Review of the Nursing Home to Hospital Transfer Form, dated 01/06/2025, showed the reason for the transfer was listed as, Possible aspiration.</p> <p>Review of hospital records showed on 01/06/2025 Resident 1 had acute respiratory failure with hypoxia (insufficient oxygen) related to aspiration related tube feeds; Reported that they were given 500 ml more formula then they were supposed to get and had been coughing up what looks like tube feeds. Resident was admitted to the hospital on 01/06/2025 and treated for aspiration pneumonia and discharged on hospice on 01/09/2025.</p> <p>During an interview on 01/14/2025 at 3:20 PM, Staff D, Corporate Nurse, stated during the investigation staff stated Resident 1 had a tendency to slide down in bed and the staff would reposition them. Staff D stated review of the care plan showed no identified interventions to address Resident 1's sliding.</p> <p>During an interview on 01/13/2025 at 4:49 PM, Collateral Contact for Resident 1 stated Resident 1 was discharged from the hospital to hospice. According to the collateral contact they were told the facility staff reported to the hospital that they had done an overfeed, and had administered an extra 500 ml of formula.</p> <p>Further review of documentation on the January 2025 TAR showed staff documented 55 ml were administered in total (rather than the 1710 ml ordered) when turned off at 9:00 AM on 01/01/2025, 01/02/2025, 01/04/2025 and 01/05/2025. No amount was documented on 01/06/2025 as staff documented resident was out of the facility.</p> <p>Further review of the January 2025 TAR showed no documentation of the Gastric Residual Volume (GRV), the amount of liquid in Resident 1's stomach following administration of enteral feed daily from 01/01/2025-01/06/2025.</p> <p>During an interview on 01/14/2025 at 2:01 PM, Staff B, Director of Nursing, stated staff did not document the correct amount of formula infused and should have documented the GRV as well.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Avamere at Pacific Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 East B Street Tacoma, WA 98404	
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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility incident investigation, dated 01/16/2025, showed that the primary nurse stated upon arrival to Resident 1's room, the resident was found at a 10 degree angle.</p> <p>During an interview on 01/17/2025 at 11:55 AM, Staff B stated that on 01/06/2025, at 4:30 AM, prior to the incident, staff stated the head of the bed was elevated and the resident was fine. Staff B stated none of the staff that were on duty will admit to seeing the head of the bed down at any point in time prior to the nurse finding the resident at 10 degrees (almost flat).</p> <p><RESIDENT 2></p> <p>According to the 11/12/2024 Quarterly MDS Resident 2 was assessed as alert, oriented and cognitively intact. Resident 2 was dependent on staff for eating and bed mobility. The resident received nutrition by a feeding tube and a mechanically altered diet.</p> <p>Review of Resident 2's CP showed directives revised 08/20/2024 for Certified Nursing Assistant (CNA)/Nursing to offer oral fluids from bedside every two hours from 10:00 AM to 8:00 PM or whenever Resident 2 is up in wheelchair, in addition to meals. The diet as ordered was revised 06/17/2024 as regular diet, pureed texture, IDDSI Extremely Thick (cannot be sucked through a straw) consistency (diet noted to be recreational).</p> <p>Review of the January 2025 TAR showed 10/14/2022 orders for tube feeding syringes to be thoroughly rinsed after each use and replace every 24 hours, which was documented as completed daily as ordered. In addition, a 11/01/2023 order directed staff to offer oral fluids every two hours six times a day, Resident 2 wanted fluids offered every two hours; ensure cold water or fluids at bedside at all times, which was also documented as done.</p> <p>On 01/14/2025 at 11:23 AM, Resident 2's room was observed with a posted sign notifying staff of enteral feeding and that the head of the bed should be elevated to 30-45 degrees at all times. In addition, aspiration precautions signage was posted for pureed diet and extremely thick fluids information. Two syringes were observed, one dated 01/05/2025 and the other dated 01/09/2025. Resident 2 was not in the room.</p> <p>On 01/17/2025 at 9:27 AM, Resident 2 was observed in bed. The head of the bed was elevated as directed, but the resident had slid down in the bed, and was laying flat in a fetal position. The TF was observed running at 75 ml/hr, the water flush at 55 ml every 4 hours, with a total of 1160 ml fed. Neither the feeding tube formula label or the water bag label were documented with initials, date and time the formula was hung/administered as directed in policy.</p> <p>On 01/17/2025 at 9:27 AM, three open syringes were observed in the room; one undated, one dated 01/02/2025, and another dated 01/12/2025. On 01/17/2025 at 9:40 AM, Staff E Licensed Practical Nurse (LPN), was observed to flush Resident 2's feeding tube using the undated syringe.</p> <p>On 01/17/2025 at 9:37 AM, Staff E, entered the room, stated to Resident 2, You're sliding all the way down here, and assisted the resident up in the bed. Staff E was observed to give Resident 2 a sip of thin water through a straw.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Avamere at Pacific Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 East B Street Tacoma, WA 98404	
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 0693</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/17/2025 at 9:40 AM, the posted aspiration precautions sign was dated 10/23/2024, with directives that residents prescribed thick liquids will have no thin liquids or a bedside water pitcher. A plastic glass with thin water and a straw was observed at Resident 2's bedside.</p> <p>In an interview on 01/17/2025 at 9:40 AM, Resident 2 stated they slid down and ended up being down in the bed, which was not good for their back, and it hurt. Resident 2 stated yes they received a sip of thin liquids, just a sip, it was not constant, it was because they had a dry mouth.</p> <p>In an interview on 01/17/2025 at 9:57 AM, Staff E stated that Resident 2 slides down in the bed and staff reposition frequently. Staff E stated the night shift staff were supposed to discard the old syringes when they put new ones in the room. Staff E stated they gave Resident 2 a sip of water because the resident's mouth gets dry and they can't talk so they give them just a little bit of water. Staff E stated there were orders for water every two hours throughout the day.</p> <p>During an interview on 01/17/2025 at 10:29 AM, Staff C, Resident Care Manager, stated that Resident 2 wanted fluids cold, with water at bedside at all times. Staff C stated there was a physician's order to offer fluids every two hours. Staff C stated Resident 2 was on thickened liquids and although the resident was fed a pureed diet for lunch and dinner, there were not orders for thin liquids.</p> <p>During an interview on 01/17/2025 at 11:55 AM, Staff B stated the staff should raise the foot of Resident 2's bed so they do not slide down. Staff B stated they were not aware Resident 2 was receiving thin liquids. Staff B said prior to receiving thin liquids they would expect physician notification, resident education, and staff to follow a process, which did not appear to have occurred.</p> <p><RESIDENT 3></p> <p>According to the 01/03/2025 Quarterly MDS, Resident 3 was dependent on staff for bed mobility, and received more than 51% of their nutrition by a feeding tube.</p> <p>Review of the Tube Feeding CP, initiated 02/17/2022, showed Head of Bed (HOB) positioning to be elevated to at least 30 degrees when in bed and receiving tube feeding.</p> <p>Review of the January 2025 TAR showed a 10/15/2024 order to change feeding administration set with each new bottle/bag. Label and date one time a day, which was scheduled for midnight, and documented as done.</p> <p>On 01/14/2025 at 3:04 PM, no enteral feeding sign was observed posted directing staff to keep HOB elevated. In an interview on 01/14/2025 at 3:10 PM Staff E stated there should be a sign on the wall.</p> <p>On 01/17/2025 at 9:33 AM, Resident 3 was observed in bed with TF running and the head of the bed elevated. There was no sign posted directing staff to elevate the HOB during feedings. The open syringe was dated 01/14/2025.</p> <p><RESIDENT 4></p> <p>According to the 01/15/2025 Discharge return anticipated MDS Resident 4 was independent with bed mobility, received nutrition by a Mechanically altered, therapeutic diet and a feeding tube.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Avamere at Pacific Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 3625 East B Street Tacoma, WA 98404	
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 0693 Level of Harm - Actual harm Residents Affected - Few	<p>Review of the Feeding Tube Care Plan initiated on 11/02/2023 listed the intervention Elevate HOB 30-40 degrees during and one hour after feeding.</p> <p>Review of the January 2025 TAR showed 01/06/2025 orders to change feeding administration set with each new bottle/bag and scheduled for 9:00 PM. Label and date one time a day. Staff documented this was completed each evening 01/06/2025 through 01/14/2025. On 01/15/2025 staff documented that it was not completed as the resident was hospitalized .</p> <p>Further review of the January TAR showed 01/08/2025 orders for the feeding tube formula to run for 11 hours, from 8:00 PM to 7:00 AM, with a total volume delivered of 1100 ml. Staff documented the TF was started on 01/14/2025 at 8:00 PM, and ended on 01/15/2025 at 7:00 AM after 1100 ml had been infused.</p> <p>On 01/14/2025 at 11:18 AM, a tube feeding pump, but no TF or water bags were observed in the resident's room. In an interview at that time, Resident 4 stated the received tube feedings from 8:00 PM until 6:00 AM.</p> <p>On 01/17/2025 at 9:34 AM, Resident 4 was not in the room. There was a bag of TF and a bag of water both dated as hung 01/14/2025 at 8:00 PM. Resident 4's roommate stated at that time that Resident 4 went out for dialysis and didn't come back.</p> <p>There was a sign with posted aspiration precautions, but no enteral feeding sign posted directing staff to elevate the HOB during feedings.</p> <p>During an interview on 01/17/2025 at 10:03 AM, when asked how staff knew Resident 4 was on TF and what to do, Staff C stated the directives were in the care plan. Staff C stated the HOB should be elevated when the TF was running. Staff C stated the facility did not post signs to elevate the HOB.</p> <p>Reference WAC 388-97-1060 (3)(f)</p>		