

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S Orchard Street Tacoma, WA 98409	

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 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** 46472</p> <p>Based on observation, interview, and record review the facility failed to provide necessary care and services to prevent the occurrence of an avoidable pressure ulcer/pressure injury (PU/PI) for 1 of 3 sampled Residents (Resident 1) reviewed for PU/PI. The failure to implement physician ordered (PO) weekly skin observations and adequately evaluate, document, and monitor a newly identified PU/PI placed residents at risk for worsening skin conditions, unmet care needs, and diminished quality of care/quality of life.</p> <p>Findings included</p> <p>Review of the facility's Pressure Injury Prevention and Management policy, revised 05/22/2023, showed the licensed nurses would conduct weekly skin observations and the findings would be documented in the residents medical record. Observations of newly identified PU/PI would be reported to the physician for evaluation/treatment and referred to the designated wound nurse. The evaluation of the PU/PI would include description of the PU/PI including staging of the wound. The effectiveness of the PU/PI treatment would be evaluated weekly during the weekly wound assessment. If there was no improvement within two weeks, the physician would be notified for re-evaluation.</p> <p><Resident 1></p> <p>Review of the 08/14/2023 Admission Minimum Data Set (MDS-assessment tool) showed Resident 1 admitted to the facility on [DATE], had some problems with cognition, incontinence, and was dependent on staff assistance for toileting and mobility. Resident 1 was assessed to be at risk for the development of PU/PI but did not have any PU/PI's during the observation period.</p> <p>Review of the skin integrity care plan (CP), dated 08/14/2023, directed staff to apply barrier ointment when needed, keep the bed linen clean/dry/wrinkle free, use a drawsheet to lift Resident 1 during positioning in bed, and use a pressure reduction mattress and wheelchair cushion to help prevent skin problems.</p> <p>Review of the August 2023 Treatment Administration Record (TAR) showed a physician order (PO), dated 08/14/2023, for weekly skin observations every monday evening and to complete the Skin Observation Weekly evaluations ([NAME]) in the PointClickCare (PCC-electronic charting system) under the Assessments tab. The TAR showed on 08/21/2023 and 08/28/2023, the [NAME] were not initialed as completed and there were no [NAME] under the Assessments tab.</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
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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>Review of [NAME] record in PCC only showed two SOWs were completed, one was on 08/08/2023 and the other was on 09/04/2023. The 09/04/2023 [NAME] showed Resident 1 developed a new open area on the intergluteal cleft (tailbone area) that measured 1.5 centimeters (cm) by 1.0 cm (no depth was measured). The [NAME] did not provide any further description of the wound including a depth (if any), condition of the skin around the wound, or staging of the wound if it was pressure-related.</p> <p>Review of the September 2023 TAR showed the 09/11/2023 and 09/18/2023 weekly skin observations signed off as completed but there were no SOWs under the Assessment tab that included the characteristics or status of the wound.</p> <p>Review of the clinical record did not provide documentation to show the facility evaluated the wound or monitored the wounds progress with the treatment ordered by the physician after 09/04/2023. The record showed Resident 1 discharged [DATE].</p> <p>Review of a facility Grievance/Suggestion Communication Form and investigation summary, dated 11/17/2023, showed Resident 1's Collateral Contact #1 (CC1) reported their concern that Resident 1 was discharged on [DATE] to an Adult Family Home (AFH) with a deep wound on the buttocks and the discharge instructions provided to the AFH did not include wound care directions.</p> <p>In an interview on 05/01/2024 at 4:56 PM, Staff B, Director of Nursing, stated they contacted Collateral Contact #2, CC2-AFH care staff, who said they observed a small opening in the skin on the tailbone on the evening of 09/20/2023, they were notified of the wound on report and they observed the wound to be very small, about the size of the end of a fingertip. CC2 told Staff B they would need nursing service orders for home health and that Resident 1 sat up in the wheelchair for an extended period of time prior to their observation of the wound but it appeared almost healed. Staff B stated the wound was related to Moisture Associated Skin Damage (MASD-breakdown of skin caused by excess moisture) and the treatment the provider ordered was routine barrier ointment with zinc oxide (not a specialized treatment), and the orders were on the medication list provided to the facility.</p> <p>In an interview on 05/03/2024 at 11:00 AM, CC2 stated Resident 1 arrived to the AFH at approximately 12:00 PM on 09/20/2023 with a family member who stayed with Resident 1 until around 5:00 PM. Resident 1 was not provided toileting assistance until after dinner (more than five hours later), which was the first observation of the wound. CC2 did not measure the wound but described it as very small. CC2 stated they requested home health nursing services for wound care management.</p> <p>In an interview on 05/01/2024 at 5:01 PM, Staff B, stated they reviewed Resident 1's records and found the facility did not follow their process for PU/PI management and weekly skin monitoring. Staff B stated the facility licensed nurses should have conducted weekly skin observations that included wound evaluations, the findings should have been documented on the SOWs, and the clinical record should have included an evaluation of the cause of the wound and a care plan update for the new interventions when the wound developed but did not. The facility did not conduct a complete skin evaluation on the day of discharge but should have.</p> <p>REFERENCE: WAC 388-97-1060(3)(b).</p>