STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505326	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heartwood Extended Healthcare	1649 East 72nd 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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46472 Based on interview and record review, the facility failed to timely refund charges paid (less what was owed to the facility) for 1 of 3 residents (Resident 2) reviewed for misappropriation and personal funds. This failed practice placed the prior resident at risk of financial instability with their current housing placement and diminished quality of life. Findings included . <Resident 2> Review of Resident 2's electronic health record census showed they admitted to the facility on [DATE]. Resident 2 discharged to an Adult Family Home in the community on 11/22/2023. Review of Resident 2's Credit Statement, dated 11/01/2024, showed Resident 2 was due a credit in the amount of $4,363.44 on 11/05/2024, 11 months after they discharged (and still not issued). In an interview on 10/29/2024 at 12:09 PM, Staff E, Business Office Manager, stated Resident 2 discharged from the facility on 11/22/2023 with a zero balance but over-payments were made after Resident 2 discharged . Staff E was unable to locate documentation to explain why the payments were collected. In an interview on 10/29/2024 at 12:15 PM, Staff F, Regional Office Manager, stated Resident 2's account showed their payments were consistent with the amount the Department of Social and Health Services (DSHS) Award Letter of Participation determined was Resident 2's share of the cost for room and board. Those funds were collected by automatic withdrawals from Resident 2's bank account. Staff F stated the facility practice was to obtain the residents signature on an authorization form to access the finances from their bank. Staff F was unable to locate that authorization form signed by Resident 2. In an interview on 10/29/2024 at 12:18 PM, Staff E confirmed Resident 2 should have been reimbursed the total amount of their over-payment within 30 days of discharge (or identification of overpayment) but was not. Reference: WAC 388-97-0340 (5).

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46472 Based on observation, interview, and record review the facility failed to ensure 1 of 3 sampled residents (Residents 6) with urinary catheters (a flexible tube inserted into the bladder to drain urine) and bowel incontinence received care and services consistent with professional standards of care. The failure to obtain physician orders for the use of a catheter, develop/implement a care plan (CP) for catheter care/monitoring and a personalized bowel program, placed the residents at risk for infections, skin breakdown, constipation, and diminished quality of care. Findings included . <Facility Policy> Review of the facility's Bowel (Lower Gastrointestinal Tract) Disorders-Clinical Protocol, revised September 2017, showed staff would assess residents with previously identified bowel disorders which should include reviewing documentation from any recent hospitalization s and/or diagnostic studies. Risk factors related to bowel dysfunction would be identified and monitored. Review of the facility's Catheter Care, Urinary policy, revised August 2022, showed the purpose for catheter care was to prevent urinary catheter-associated complications, including urinary infections. The policy directed staff to review the resident's CP to assess for any special needs of the resident, empty the collection bag at least every eight hours, and ensure the catheter was secured with a securement device to reduce friction and movement at the insertion site. Staff would provide catheter cleaning care at least daily and ensure the drainage bag was always positioned lower than the bladder to prevent urine from flowing back into the urinary bladder. <Resident 6> Review of the Admission Minimum Data Set (MDS-assessment tool) dated 08/29/2024 showed Resident 6 admitted to the facility on [DATE]. Resident 6 diagnoses included a traumatic spinal cord problem (that effected their arms, legs, bowel, and bladder), peripheral vascular disease, diabetes. Resident 6 had a chronic indwelling foley catheter, was incontinent of bowel, and was dependent on staff for assistance with all activities of daily living. Review of Resident 6's CP initiated on 08/23/2024 did not show a focus problem for the use of an indwelling catheter. The CP showed a focus problem, dated 08/28/2024, for toileting/retraining program with a goal to increase incontinence episodes. The interventions included: encourage the resident to communicate the need for toileting, incontinence care as needed, and wearing adult incontinence products for dignity. The CP did not specify a personalized bowel program. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Heartwood Extended Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE: 1649 East 72nd 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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 10/08/2024 at 11:50 AM, Resident 6's Collateral Contact (R6-CC) stated Resident 6's catheter was not taken care of properly and during one visit they observed Resident 6 lying on the bed with a leg drainage bag strapped to their leg. The urine leg bag was so full of urine it looked like it was about to burst, and urine was sitting in the tubing between the bag and the resident, not draining. R6-CC stated they were also supposed to have a special bowel program to manage their neurological bowel incontinence problem. R6-CC stated the facility did not continue Resident 6's bowel program they were on at the hospital. Review of the hospital Discharge Summary, dated 08/23/2024, showed Resident 6 bowel program was a daily high fiber-bulk forming laxative twice daily and a bowel stimulant suppository every night, and be upright on a commode during the bowel movement. The documentation showed Resident 6 was previously on a morning bowel program which was not successful and was changed to a night bowel program. Review of a Physician Order, dated 08/23/2024, directed staff to administer the bowel stimulant suppository every morning at 8:00 AM, not at night according to his already established bowel program. Review of Resident 6's Physician Orders did not show an order for the use of an indwelling foley catheter, including catheter care, maintenance, and monitoring. In an interview on 10/29/2024 at 2:24 PM, Staff B, Director of Nursing, stated Resident 6 should have had physician orders and a CP for the use of the catheter that included the supporting diagnosis, catheter care, and monitoring but did not. Staff B confirmed the CP interventions for toileting/retraining did not include a personalized bowel program, and the facility should have continued Resident 6's already established bowel program but did not. REFERENCE: WAC 388-97-1060 (3)(c).