Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505513	A. Building B. Wing	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Puget Sound Transitional Care	2800 South 224th Street, Des Moines, WA 98198

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 47836 Based on observation, interview, and record review, the facility failed to develop comprehensive Care Plans (CP) for 2 of 17 residents (Residents 37 & 65) whose comprehensive CPs were reviewed. Failure to develop and implement a CP to address a resident's pain (Resident 37), provided care instructions regarding leg immobilizer device use (Resident 65), and establish individualized CPs with identified goals that accurately reflected the resident's condition placed residents at risk for unmet care needs. Findings included . <Facility Policy> The facility's Care and Treatment - Comprehensive Person-Centered Care Planning policy, revised August 2017, showed the interdisciplinary team would develop a comprehensive person-centered CP for each resident that included measurable objectives and timeframe's to meet a resident's medical and nursing needs. <Resident 37> According to a 06/10/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 37 received scheduled pain medication during the assessment period and required additional pain medications for breakthrough pain. The assessment showed Resident 37 stated their pain would affect their sleep, interfere with therapy activities and their day to day activities. The MDS showed Resident 37 had a fall acquiring a right hip fracture which required surgical repair. The assessment showed Resident 37 reported they experienced 5/10 pain levels. Review of the revised 05/28/2024 CP showed Resident 37 did not have a pain CP addressing the management of their pain status post fall with right hip fracture which required surgical repair. During an observation and interview on 06/07/2024 at 9:07 AM Resident 37 stated they were having right hip pain and had just received their scheduled pain medication which would help. Resident 37 stated they experienced pain daily to their right hip and leg. (continued on next page)

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: 505513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Puget Sound Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 South 224th Street, Des Moines, WA 98198	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 6/11/2024 at 10:11 AM Staff B (Director of Nursing) stated Resident 37 did have pain and they should have a pain management CP in place to ensure they were managing the resident's pain well, but they did not. 46471 <Resident 65> According to the 05/16/2024 Admission MDS, Resident 65 had medical conditions including a left Below the Knee Amputation (BKA - the loss or removal of a part of the leg). The MDS showed Resident 65 suffered an injury fall resulting in a left leg fracture and underwent surgical repair. Observation on 06/05/2024 at 10:00 AM showed Resident 65 was sitting on the wheelchair inside their room. The remaining part of Resident 65's left leg was secured with a long leg immobilizer/brace and their leg was elevated on the wheelchair's footrest padding. Review of Resident 65's revised 06/02/2024 fall CP showed the resident was at risk for falls because of their impaired mobility and left BKA status. The CP did not identify Resident 65's use of an immobilizer or provided instructions for the nursing staff on how and when to put the immobilizer on or when to remove it. There was no CP developed or implemented for Resident 65 that directed staff to check the skin that was directly in contact with the immobilizer and/or monitor for potential skin breakdown. Review of the June 2023 Medication Administration Record (MAR) and Treatment Administration Record (TAR) did not show any order or instruction for staff regarding Resident 65's immobilizer use. Review of Resident 65's 05/10/2024 hospital notes from the vascular physician (a medical provider managing issues with blood flow) showed the plan was to keep the immobilizer on at all times except when the resident was working with therapy or when a staff was performing range of motion exercises on Resident 65's knee. In an interview on 06/07/2024 at 11:39 AM, Staff U (Licensed Practical Nurse) confirmed there was no order or care instructions in the TAR regarding Resident 65's immobilizer use. Staff U stated there should be written instructions for staff to follow, either in the TAR, CP, or Kardex (an individualized facility's visual bedside report that listed directions for staff on how to provide care), but there was none. In an interview on 06/07/2024 at 11:54 AM, Staff K (Resident Care Manager) stated it was important for the CP to be accurate because it served as the staff's guide in providing for resident care needs. Staff K stated development of the CP was an interdisciplinary collaboration between departments, .it's a group effort . for accountability and continuity of care. Staff K stated it was important to capture Resident 65's immobilizer use after having a left BKA and surgical repair of their fracture for proper wound healing and safety. REFERENCE: WAC 388-97-1020(1), (2)(a)(b).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Puget Sound Transitional Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 South 224th Street, Des Moines, WA 98198	

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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 47836 Based on observation, interview, and record review the facility failed to ensure fall prevention interventions were in place for 1 of 4 sampled residents (Resident 37) reviewed for falls. This failure placed residents at risk for potential injuries that could affect the resident's quality of life and safety. Findings included . <Facility Policy> Review of the facility policy titled, Fall Best Practice Guidelines, dated 03/2016, showed the facility would implement interventions to minimize the potential for injury. This policy showed prevention protocol would be initiated based on each category and individualized plan of care. The policy showed nursing would conduct shift to shift reports with walking safety rounds following report checking on high fall risk residents. <Resident 37> According to a 06/10/2024 Admission Minimum Data Set (MDS - an assessment tool), Resident 37 had a history of falls in the last month. The MDS showed Resident 37 had a fall with right hip fracture that required surgical repair. The MDS showed Resident 37 had moderate memory impairment and diagnoses of, but not limited to, heart failure, hip fracture, stroke with one side of body paralysis, depression, unsteadiness on feet, need for assistance with personal care, and epilepsy. Review of a revised 05/28/2024 Care Plan (CP) showed Resident 37 would have their bed in lowest position and have bilateral floor mats by the bed. Observations on 06/04/2024 at 11:17 AM, 06/05/2024 at 9:08 AM, 06/062024 at 9:37 AM and 12:16 PM, 06/07/2024 at 10:32 AM, 06/10/2024 at 6:33 AM, and 06/11/2024 at 10:08 AM showed Resident 37's bed not in the lowest position and no floor mats on the floor by their bed. In an observation and interview on 06/11/2024 at 9:34 AM Staff AA (Registered Nurse) stated Resident 37 should have their bed in the lowest position and bilateral floor mats next to bed but they must have been packed up when the resident went to the hospital after their fall with fracture and the mats were never replaced when the resident returned from the hospital. In an interview on 06/11/2024 at 10:08 AM Staff B (Director of Nursing) stated Resident 37 had fall interventions such as bilateral floor mats next to bed and bed in lowest position while in bed put in place after their fall with fracture. Staff B stated they expected nurses to follow resident 37's CP and have interventions in place. Staff B stated the interventions were important to decrease the risk of injury if Resident 37 had another fall. REFERENCE: WAC 388-97-1060 (3)(g).