

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>505463</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNRISE VIEW CONVALESCENT CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2520 MADISON EVERETT, WA 98203</b>	
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 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to timely report a fall with significant injury, to the State Survey Agency, as required, for one of three residents sampled (Resident #3). Failure to complete required reporting of incidents did not ensure interventions were in place to protect the residents and/or prevent future occurrences. Findings included . RESIDENT #3 Resident #3 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #3 was readmitted to the facility on [DATE], following an unwitnessed fall with laceration to his forehead. Review of facility medical records showed Resident #3 readmitted from the hospital on [DATE], and resided in the facility for long term care. Resident #3 had [DIAGNOSES REDACTED]. Review of the Significant Change Minimum Data Set (MDS), dated [DATE], showed Resident #3 was severely cognitively impaired. He required 2 person, extensive assistance with bed mobility and transfers, and extensive 1 person assist with mobility in a wheelchair. Review of the facility incident reporting log for March 2020 and April 2020, showed that Resident #3 sustained a fall with a laceration to his forehead on 03/31/2020. The log also confirmed that this incident was not called into the State Hotline. Review of the current Care Plan printed on 04/15/2020 showed: Focus: Resident is potential for injury (Initiated on 05/29/2014, Last revised on 02/05/2019): A. History of falls/impaired mobility/generalized weakness/unsteady balance. B. Dementia with poor safety awareness. C. Impaired vision, history of falls, poor sitting balance Interventions include- 1. Bed in lowest position while in bed (Created on 10/26/2018) 2. Do not leave alone on toilet, commode or shower chair (Created on 11/15/2018). 3. Dycem to seat of wheelchair to prevent sliding out (Created on 10/26/2018) 4. Ensure feet are flat on the floor when sitting at edge of the bed during care (10/26/2018) 5. Monitor for unsafe practices (Created on 10/26/2018) 6. Resident may be left alone in room (when up in w/c) to watch TV or nap (Revision last made on 11/26/2018) 7. The resident uses pad alarm on wheelchair and bed check with each care episode to ensure working (Revision last made on 10/26/2018). 8. Wandering in wheelchair in hall looking irritated/ or complain of belly ache, toilet for bowel elimination. Can't always state need, but feels uncomfortable (Created on 10/26/2018). Review of this care plan showed the facility did not update Resident #3's care plan following a fall with significant injury. During an interview/record review on 04/20/2020 at 12:30 PM, the Director of Nursing (DNS), stated I am not really sure why this incident was not called in. She confirmed that the resident did go to the hospital on [DATE], after the fall and required stitches for the laceration on his forehead. She stated that normally any incident with a significant injury like this would have been called into the state hotline. Further stating things were just moving so fast in the facility we didn't get to it. During a joint observation/interview on 04/20/2020 at 1:10 PM, Resident #3 was observed sitting in his room in his wheelchair, watching TV. Resident #3 was unable to recall his fall on 03/31/2020. He was unable to describe the incident or the extent of his injury when asked about it. Reference: (WAC) 388-97-0640 (4) (6)(a)(b)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.