

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2020
NAME OF PROVIDER OF SUPPLIER PARK WEST CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1703 CALIFORNIA AVENUE SOUTHWEST SEATTLE, WA 98116	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure thorough investigations were completed for two of two residents (#1 and #2) who had allegations of mistreatment. These failures placed the residents at risk for harm due to abuse/neglect. Findings included . RESIDENT #1 A 05/04/2020 Admission MDS (Minimum Data Set-an assessment tool) showed Resident #1 was admitted on [DATE] with multiple complex medical and cognitive conditions, including a fracture. The MDS showed the resident required extensive assistance of one person for transfers and bed mobility. A discharge MDS dated [DATE] showed Resident #1 was discharged on [DATE]. On 05/27/2020, review of Resident #1's Baseline Care Plan (BCP) dated 04/29/2020 showed the resident had range-of-motion limitations for transferring, and staff were to assist her with activities of daily living (ADLs) according to her individualized needs. The BCP did not specify how the resident was to be transferred. In addition, review of an IDT (Interdisciplinary Team) Person Centered Care Conference Record and Baseline Care Plan Summary dated 05/05/2020 also did not show how the resident was to be transferred. On 05/19/2020 at 10:03 AM, Resident #1 said she sustained a bruise on her arm during a transfer by staff. A Complaint/Grievance Incident Report Form dated 05/07/2020 showed Resident #1 stated she had been dropped, and motioned this was several inches, after which the resident stated that she had hip pain. Review of an Incident Report for Resident #1, also dated 05/07/2020, showed that on 05/06/2020 the resident was being assisted by two staff, whom she could not identify. The resident reported one of the staff members was rough with her and caused bruising due to the way staff held her during a transfer to her bed. The incident report said the left forearm bruise identified by the resident as having been caused by a staff member, measured 4 cm (centimeters) by one cm. The report also showed the CNAs (Certified Nursing Assistants) who had been present for the transfer at the time the resident alleged rough transfer, Staff C and Staff D, were interviewed. The report said that Staff C and Staff D had not held Resident #1's hands at any time during the transfer. Whether or not the resident's forearm had been held by staff was not in the report. The above incident report and documented investigation did not address the resident's allegation of having been dropped several inches or specify if Staff C and Staff D were asked if either held on to the resident's forearm, where the bruise was observed and where resident alleged the injury occurred. The report also did not identify that the resident did not have individualized transfer instructions on her BCP. On 05/28/2020 at 12:31 PM, Staff B acknowledged these findings and responded that further staff training was needed. RESIDENT #2 Resident #2's admission MDS dated [DATE] showed the resident was admitted on [DATE] with multiple complex medical and cognitive conditions. An incident report dated 05/07/2020 for Resident #2 showed the resident reported an identified staff member, Staff E, was disrespectful to her on the night of 05/06/2020. The Report Confirmation form associated with the allegation, dated 05/06/2020, listed two staff members who were involved in the allegation, Staff E and Person F. Person F was identified on the form as facility staff and was not mentioned in the allegation. On 05/22/2020 at 10:36 AM, Staff A, Administrator, said the above reference to Person F was a typo, and no one by that name worked at the facility or was involved in the allegation. On 05/28/2020 at 12:31 PM, Staff B also acknowledged the inaccurate perpetrator on Resident #2's investigation. Reference WAC 388-97-0640(6)(a) .</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.