

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>505418</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PROVIDENCE MARIANWOOD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3725 PROVIDENCE POINT DRIVE SOUTHEAST ISSAQUAH, WA 98029</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 0610  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Respond appropriately to all alleged violations.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure a thorough investigation for one (Resident #1) of one residents reviewed for elopement. This failure placed this resident at risk for accidents and elopement and or related injuries. Findings included . RESIDENT #1 Review of the resident's Minimum Data Set (a assessment tool) showed Resident #1 admitted to the facility on [DATE] for multiple care needs. The resident was assessed to need extensive assistance of one person for bed mobility and limited assistance of one person for dressing and transferring into and out of the wheelchair. She was wheelchair dependent and was cognitively impaired. Review of the facility's Incident Log showed the resident eloped on 07/13/2020 at 1:50-2:00 AM. Review of the facility's Event and Occurrence Conclusion Sheet, dated 07/20/2020, showed the resident was last seen in bed at approximately midnight. At this time the resident was noted to be in her bed, soundly sleeping. The above form states the resident was found outside the facility near unit A exit in her wheelchair at approximately 1:50-2:00 AM fully dressed, wearing proper shoes, socks, pants, shirt and sweater. The above document showed when the resident was asked by the nurse what she was doing when found outside, the resident stated, I am going home. The investigation included a statement by the licensed nurse who found the resident outside the facility, but did not include statements from any other staff who were working at the time of the incident. In an interview with Staff A, facility Administrator on 08/18/2020 at 12:20 PM, she was asked who else was working at the time of the incident. Staff A replied there were two CNAs (certified nursing assistants) on that side of the building as well. When asked if the other staff members should have written statements about their knowledge of this incident stated yes. The facility's root cause analysis for the elopement, stated it was related to the the resident's cognitive impairment and memory loss and the residents extended hospitalization prior to her arrival at (the facility) leading to her desire to return home. Their summary did not address the resident's limited mobility or the level of assistance the resident needed for bed mobility, transfers or dressing and how the resident would have been able to get out of bed, get dressed and transfer into a wheelchair. Review of the resident's progress notes showed that Resident #1 had a room move on 07/12/2020. The summary did not include enough information to support the documented conclusion or rule out abuse or neglect. The investigation did not address or draw a conclusion to how the resident was able to exit the building or how she was able to get herself fully dressed and outside in 50 minutes considering she needed extensive assistance with bed mobility. In an interview on 08/19/2020 at 12:20 PM, Staff A acknowledged the Event and Occurrence Conclusion Sheet did not include the above information, and that the investigation was not thorough. Reference WAC 388-97-0640(5)</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.