

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 505070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF RICHLAND		STREET ADDRESS, CITY, STATE, ZIP 44 GOETHALS DRIVE RICHLAND, WA 99352	
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 0676 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interviews, and record review, the facility failed to ensure that restorative nursing services were implemented in a timely manner for one of three residents (#1) reviewed for restorative services. This failure placed the resident at risk for decline in mobility, and a diminished quality of life. Findings included: Resident #1. Review of the resident's medical record showed she was admitted to the facility on [DATE] with multiple [DIAGNOSES REDACTED]. Review of the resident's comprehensive assessment, dated 12/09/19, showed she had no cognitive impairments; extensive assistance with one staff for turning in bed, transfers, dressing, toilet use, and personal hygiene; limited assistance of one staff for locomotion; supervision with setup help for eating; and was continent of bowel and bladder. Review of Physical Therapy Treatment Encounter Notes, dated 02/12/2020, showed the resident had walked 105 feet with a wheeled walker. The resident had constant pain in both knees during the therapy session. Documentation showed the resident had regained much of her strength and should be ready to end therapy soon. Review of a Restorative Nursing Program Plan, dated 02/12/2020 and documented by Staff A, Occupational Therapist (OT), showed the resident was referred to a restorative program which consisted of multiple exercises including walking with a wheeled walker for 50 feet. The form was signed by Staff B, Licensed Practical Nurse/Resident Care Manager. Despite the resident's restorative program to be initiated on 02/12/2020, review of the restorative program report showed the program was not started until 02/25/2020 (12 days later). On that day documentation showed the resident walked 120 feet with a wheeled walker and gait belt assisted by Staff C. Restorative Aide (RA). The resident stated during an interview on 03/04/2020 at 11:30 AM, that there was a big delay in getting restorative services started - about two weeks. She stated during the time between therapy being discontinued (02/12/2020) and the start of the restorative program she just sat in her wheelchair. No one was walking me. I threatened to walk by myself, and was told I could not do that. The resident stated that she was planning on returning home in a week and had to be able to walk without her walker as the hallway leading to her bedroom and bathroom was too narrow for a walker. She stated she had asked several staff about when she was going to start walking and they replied, we'll look into it. She stated Staff D, Registered Nurse, had told her that whoever was supposed to enter the necessary information regarding her restorative program into the computer had either left or was on vacation, and the program could not start until that was done. She was observed at that time lying in bed with her legs elevated on pillows. Her legs were significantly swollen and she complained of arthritic pain in both knees. Staff A stated on 03/04/2020 at 11:25 AM, that she had completed the referral form for the resident's restorative program on 02/12/2020 and gave the form to Staff C, and made copies for nursing, binder in the therapy gym, and the resident's medical record. Staff B stated during a telephone interview on 03/05/2020 at 8:32 AM, that on 02/12/2020 she was working the floor that afternoon when Staff A asked her to sign the referral form for the resident's restorative program. She then gave the referral form back to Staff A. On 03/05/2020 at 8:14 AM, Staff D, stated during a telephone interview, that she was aware the resident had completed specialized therapy services and a referral was being done to initiate a restorative program. The resident had informed her, the week after the referral form was written, about not yet receiving restorative services. Staff D stated she then checked with Staff C who had a copy of the referral form, however the resident's information had not yet been put into the computer. Staff D stated she then put the information into the computer on 02/23/2020. Staff C stated on 03/04/2020 at 11:15 AM, that when she received the resident's referral for restorative services on 02/14/2020 she had asked Staff D who was going to be enter the resident's information into the computer. She was told restorative programs could not be started until residents' information was put into the computer. Reference (WAC) 388-97-1060(2)(a)(ii)</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.