

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>505355</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ADVANCED POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>414 - 17TH SOUTHEAST AUBURN, WA 98002</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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 one (#1) of four resident's environment was supervised and free of accident hazards. As a result of this failure the Named Resident was at risk for life-threatening side effects of eating with an impaired esophagus. Findings included. Resident #1 was admitted to the facility on [DATE] following a lengthy hospitalization for surgical repair of a torn esophagus and complications associated with this condition according to 02/28/2020 hospital discharge documents. According to the 02/28/2020 physician orders [REDACTED]. The physician's orders [REDACTED]. The order specifically read, no tray from kitchen. According to a collateral interview on 3/5/2020 at 4:15 PM, the facility provided Resident #1 with a regular tray containing meat and other foods on 03/01/2020. Staff C said, in an interview on 03/06/2020 at 5:30 PM, the dietary manager, Staff D, reactivated the facility computer after Resident #1 readmitted to the facility causing the kitchen staff to revert back to Resident #1's previous physician orders [REDACTED]. Resident #1's diet order at the 2019 admission consisted of regular diet thin liquids. Unlike the current admission that required Resident #1 to receive nothing by mouth except the 1000cc of thin liquids in 24 hours. Staff C said, direct-care staff provided the tray the kitchen delivered to Resident #1 and assisted in feeding Resident #1. Only after Resident #1 ate 20% of the provided meal did supervisory staff intervene. Subsequent to the error staff identified Resident #1 with an elevated temperature possibly related to ingestion of the food provided in error. Resident #1 was sent to a local hospital for assessment and treatment. Reference (WAC) 388-97-1060(3)(g)		
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.