

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/11/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G007	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/04/2016
NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE S 2320 SALNAVE RD, PO BOX 200 MEDICAL LAKE, WA 99022		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS This report is the result of a Recertification Survey conducted at Lakeland Village between 2/29/16 through 3/4/2016. Failed provider practice was identified and the citation resulted in a finding of an Immediate Jeopardy. The survey was conducted by: Shana Privett Jim Tarr Justin Smith Olivia St. Claire Sarah Tunnell Gerald Heilinger The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, ICF/IID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504 Telephone: (360) 725-3215	W 000			
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure their operating policy and system for off-campus trips included safeguards to ensure the safety of the clients. The facility's off-campus trips were not being approved for	W 104			

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.

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W 104	<p>Continued From page 1</p> <p>appropriateness and were not monitored accordingly. These failures led to Client #15 receiving the wrong diet texture during an outing in the community, and potentially put all Clients at risk of harm.</p> <p>Findings include:</p> <p>Review on 2/29/15 of a facility incident report, dated 2/10/16, and the facility investigation of the incident, dated 2/21/16, revealed Client #15 went on an off-campus trip to a dance in the community. While at the dance, Staff Z gave Client #15 a cookie and some juice. Client #15 's diet texture is to have pureed food and thickened liquids.</p> <p>Interview on 2/29/16 at 1:45 PM with Staff N revealed Staff AA was listed as the Trip Leader for the trip on 2/10/16 involving Client #15. Staff N said Staff AA did not attend the trip on 2/10/16 but that Staff Z went and was responsible for Client #15. Staff N revealed she had sent an e-mail to Staff Z regarding the incorrect diets approximately 3 hours before the trip was to occur. Staff N verified Client #15 's diet texture had changed at least a month prior to the trip and that it was correctly listed in the facility 's data base, which is accessible to all staff working at the facility. Staff N verified the diet order was incorrectly stated on the form for Client #15 and several other Clients for the trip on 2/10/16.</p> <p>Review on 2/29/16 of the Recreation Activity Request/Confirmation (RAC/C) form for the trip on 2/10/16 revealed Client #15 's Diet was listed as " Gen " and liquids was listed as " Thin ". The trip leader was listed as Staff AA.</p>	W 104		

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W 104	<p>Continued From page 2</p> <p>Interview on 2/29/16 at 1:45 PM with Staff N revealed the facility process for arranging an off-campus trip involved staff filling out the RAR/C form and then routing it electronically to the following staff: Attendant Counselor Manager (ACM), Residential Services Coordinator (RSC), Registered Nurse 4 (RN4), and Recreation (REC). The form is to be filled out in advance of the trip.</p> <p>Review on 2/29/16 of the facility Work Procedure: LV 2.3 - Recreation Outings/Community Integration, updated 2/4/15, revealed the procedure did not require approvals on the RAR/C form. It called for electronic routing. The only time approval was needed was for overnight trips, and the approval was required by the " PAT Director " and the " physician/ARNP ". The form revealed the RSC was to be notified of any changes before leaving campus.</p> <p>Interview on 2/29/16 at 2:20 PM with Staff I revealed the ACM, RSC, RN4 and REC do not typically initial and date the form as it is all routed electronically. She revealed staff are supposed to make a telephone call to the RSC when they are ready to leave on the trip to report who is going on the trip (both staff and Clients), and they make a telephone call to the RSC when they return. She revealed, if changes are made regarding staff and Clients who actually go on the trip, those changes are handwritten onto the form. She revealed the completed form is routed to the Recreation Leader at the end of the trip.</p> <p>Interview on 2/29/16 at 2:35 PM with Staff BB revealed she writes the information from staff, who call as they are leaving on the trip, on a piece of scratch paper which she throws away</p>	W 104		

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W 104	<p>Continued From page 3</p> <p>once the trip is completed. She revealed staff may leave a message, to report who is going on the trip, if she is not there to take the call.</p> <p>Interview on 3/1/16 at 11:00 AM with Staff CC revealed at Evergreen House the RAR/C form does not always get filled out in advance of the trip, but sometimes it is filled out upon completion of the trip and then routed.</p> <p>Review on 3/1/16 of seven RAR/C forms for trips that had occurred between 2/10/16 and 3/1/16 revealed none had documentation related to the ACM, RSC, RN4, or REC having reviewed the form. Two of the forms did not list names of the staff who would be going on the trip.</p> <p>Interview on 3/1/16 at 9:50 AM with Staff K and Staff DD verified the facility 's Work Procedure: LV 2.3 - Recreation Outings/Community Integration, updated 2/4/15, was current. They verified the policy did not require evidence of who at the facility was approving the appropriateness of trips that were not overnight. They verified the facility did not have a way of verifying trips were actually occurring as written on the form.</p>	W 104		
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