

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

PRINTED: 03/04/2013
FORM APPROVED
OMB NO. 0938-0391

1065

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/20/2013
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NAME OF PROVIDER OR SUPPLIER IDA CULVER HOUSE BROADVIEW NCC	STREET ADDRESS, CITY, STATE, ZIP CODE 12509 GREENWOOD AVENUE NORTH SEATTLE, WA 98133
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Ida Culver House Broadview Nursing Care Center on 02/20/13. A sample of 3 residents was selected from a census of 71.</p> <p>The following complaint was investigated as part of this survey:</p> <p>2756380</p> <p>The survey was conducted by:</p> <p style="text-align: center;">, MN, R.N.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Disability Services Administration Residential Care Services, Region 4, Unit B Creekside Two 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (253) 234 6003 Fax: (253) 395 5071</p> <p><i>Residential Care Services</i> Date <i>3-4-2013</i></p>	F 000	<p>Preparation and execution of this response and Plan of Correction do not constitute an admission or agreement by the provider or signer of the truth or accuracy of the alleged facts or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because the provisions of federal and state law require it. This Plan of Correction is not an admission of non-compliance with the cited regulation(s).</p> <p>This Plan of Correction constitutes the provider's written credible allegation of compliance for the deficiencies noted.</p>	<p style="text-align: right;"><i>MS 3/11/13</i></p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jana Ann Dravis</i>	TITLE <i>Skilled Nursing Home Administrator</i>	(X6) DATE <i>3/15/13</i>
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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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F 205 SS=D	<p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide written and verbal notice to 1 of 3 residents/family member sampled (Resident #1), that specified the facility bed-hold policy at the time of Resident #1's transfer to the hospital for acute care needs. This failure caused Resident #1 to have unmet needs in regard to knowledge of the right to bedhold and fear of where Resident #1 would go after hospitalization.</p> <p>Findings include:</p>	F 205	<p>F 205 483.12(b)(1)&(2) Notice of Bed-Hold Policy Before/Upon Transfer</p> <p><i>How corrective action will be accomplished for those residents found to have been affected by the identified practice.</i></p> <p>The Administrator and Director of Nursing Services immediately trained and educated the administrative staff and licensed nursing staff of the "Notice of Bed Hold" policy before/upon transfer.</p> <p><i>How and what corrective action will be taken.</i></p> <p>All residents are deemed to be potentially affected by the identified practice. Corrective actions will include those as specified above and below.</p> <p><i>What measures will be put into place or what systemic changes will the facility make to ensure that the identified practice does not recur.</i></p> <p>The Administrator with the assistance of the Director of Nursing Services (DNS) will provide additional in-service and education training for personnel who have the responsibility of preparing the paperwork for transfers to inform residents of the "Notice of Bed-Hold" policy per facilities policy and send written notice upon leaving the facility.</p>	

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F 205	<p>Continued From page 2</p> <p>According to record review on 02/20/13, Resident #1 was admitted to the facility on 02/13 for rehabilitation after a hospitalization and was on . Further record review revealed, on 02/05/13, Resident #1 was transferred to the hospital from the facility for acute care needs.</p> <p>According to interview of Resident #1's family member on 02/20/13 at 11:17 a.m., when Resident #1 was sent to the hospital from the facility for emergency care needs, the facility did not offer any verbal or written notice to the resident or family/representative about the facility bed-hold policy. The family member stated they had no idea a bed-hold was a possibility when Resident #1 was sent out to the hospital, and they worried about where resident 1 would go after the hospital since the facility asked them to pick up the resident's belongings the day after hospitalization.</p> <p>According to interview on 02/20/13 at 10:20 a.m., Staff C had no knowledge or documentation of a bed-hold policy offered to the Resident #1 or their family member.</p> <p>Interview on 02/20/13 at 9:20 a.m., revealed Staff B, an administrative employee, did not have documentation or knowledge of a bed-hold policy presented to Resident #1 or their family.</p> <p>Interview on 02/20/13 at 9:25 a.m., revealed Staff A had no documentation or knowledge of a</p>	F 205	<p><i>How the facility plans to monitor</i></p> <p>The DNS will conduct regular audits to verify that resident receive "Notice of Bed Hold" policy per facilities policy at the time of transfer. The audit will be submitted to the Administrator on a monthly basis so that training and education may be conducted as necessary on a timely basis. A Summary Report regarding the audit results for presentation to the Quality Assurance Committee meeting for committee review and recommendation as warranted to ensure compliance.</p> <p><i>Date when corrective actions will be completed.</i></p> <p>March 11, 2013</p>	
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F 205	Continued From page 3 bed-hold offered to Resident #1 or their family during transfer or after transfer to the hospital on 02/05/13. According to record review on 02/20/13, the nurse on duty when Resident #1 was transferred, did not document any verbal or written bed-hold policy presented to the resident or family upon or after transfer to the hospital. Interview of the Director of Nursing on 02/20/13 at 9:25 a.m., confirmed the bed-hold notice was not presented to Resident #1 or the family member by the facility at the time or after the transfer to the hospital.	F 205			

Handwritten signature and date: 2/10/13

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