

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

PRINTED: 11/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 605464	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2013
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NAME OF PROVIDER OR SUPPLIER NORTH VALLEY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 22 W 1ST STREET TONASKET, WA 98855
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at North Valley Hospital on 10/14/13, 10/15/13, 10/16/13, 10/17/13, 10/18/13, 10/21/13 and 10/22/13. A sample of 34 residents was selected from a census of 55. The sample included 30 current residents and the records of 4 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>BSW MSW RN RN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging & Long-Term Support Administration 316 West Boone Avenue Suite 170 Spokane, WA 99201-2351</p> <p>Telephone: (509) 323-7302 Fax: (509) 323-3993</p> <p><i>[Signature]</i> Residential Care Services Date 11/6/13</p>	F 000	<p>RECEIVED</p> <p>NOV 15 2013</p> <p>DSHS ALBANY HCF SPOKANE WA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Lindsay Michel</i>	TITLE Administrator/CEO	(X6) DATE 11-15-13
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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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>As related to resident #37. The Abuse Hotline was called on 10/15/13 and logged within the day. The Tonasket Police Department (TPD) was notified on 10/16/13 and a case number was assigned. The case number was called into the Hotline. During the phone call to a TPD officer, the Director of Nursing Services (DNS) explained the circumstances of the abuse allegation. The conclusion of the investigation of the allegation was no sexual abuse occurred. If an allegation of abuse is made in the future by any resident, the staff will <i>immediately</i> protect the resident, call the abuse Hotline, and initiate a comprehensive investigation as written and amended in the North Valley Extended Care (NVEC) Abuse Prevention Policy.</p> <p>The current Abuse Prevention Policy will be amended to increase clarity related to all aspects of sexual abuse and actions to be taken. (Completion date by December 6, 2013)</p> <p>Inservice training will be provided to all North Valley Extended Care staff by December 6, 2013, related to the</p>	
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F 225	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure an allegation of potential sexual abuse was reported to the appropriate agencies per 42 CFR 483.13 (c)(4) for 1 of 2 residents (#37) reviewed for abuse. This placed the resident involved at risk for further abuse by lack of investigation by proper authorities. Findings include, but were not limited to: Resident #37 was admitted with diagnoses of [REDACTED] and urinary tract infection. On 10/15/13, the Director of Nursing stated the resident had reported in July, 2013 that she was raped. Although an investigation had been completed, the allegation was not reported to the state's Complaint Resolution Unit or the local police department as required. The 07/12/13 investigation report was reviewed. The report documented that after staff talked with the resident and completed the investigation on 07/13/13, it was determined that the resident possibly had a urinary tract infection as well as a rectal suppository the morning she made the complaint. It was thought the resident "might have felt that way" due to her medical condition. Further, there was no documentation that the Department had been notified of the potential for sexual abuse nor was the local police department notified.	F 225	amended Abuse Prevention Policy. Attendance will be mandatory. The Safety Committee will review all allegations and actions taken at the next meeting closest to the calendar date of the allegation. Date: December 6th, 2013 Person Responsible: [REDACTED] RN, BSN, DNS	
F 244 SS=D	483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the	F 244	483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION	

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F 244	<p>Continued From page 3.</p> <p>grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure grievances brought forward during 5 of 6 resident council meeting minutes reviewed were acted upon. Findings include:</p> <p>Per review of the resident council minutes for the last 6 months (May 2013 to October 2013), there were numerous concerns voiced by residents; including residents receiving medications passed at meal times and requesting more assistance for meals. However, there was no documentation to show these concerns were dealt with by the facility.</p> <p>In an interview on 10/22/13 at 12:15 p.m., Staff #G and Staff #K stated that concerns voiced in resident council meetings were normally passed on verbally to the appropriate department for resolution.</p> <p>In an interview at 12:30 p.m., Staff #A (Director of Nursing) stated she was not aware of the above mentioned concerns discussed in resident council. Staff #A confirmed there was not a system in place to track and ensure grievances were resolved. It was unknown what the resolution to these concerns was or the current status.</p> <p>The facility did not have a consistent method to deal with resident concerns which placed all residents in the facility at risk for unresolved grievances.</p>	F 244	<p>NVEC has corrected this deficiency by developing and implementing a Resident Complaint/Concern Form to document grievances reported during monthly Resident Council Meetings. The Complaint/Concern Form will be given to the appropriate departments to implement solutions, validate individual and group grievances, and address concerns. In this way, NVEC has developed a consistent method to deal with resident concerns brought from the Resident Council Meeting in a timely manner.</p> <p>NVEC will attach the form to the Resident Council Minutes to be read at the next meeting for resident review for closure or further discussion. In this way, we will monitor resolution of grievances and ongoing concerns.</p> <p>The Resident Council Policy will be reviewed and amended to reflect the above.</p> <p>Date: December 6, 2013 Person Responsible: [REDACTED] CTRS</p>		

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F 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide medically related social services regarding adjustment issues and emotional support for 2 of 2 residents (#14,37) in the sample reviewed for social service issues. This placed the residents at risk of furthering emotional distress and/or lack of acceptance of a new living environment. Findings include, but were not limited to:</p> <ol style="list-style-type: none"> Resident #37 was admitted approximately [redacted] with [redacted]. On 10/14/2013 at 4:45 p.m. the resident stated that a while ago a woman came into her room at night with coffee cups and "beat me." She still saw the woman walking around here; "she's mentally ill. I see her and I avoid her. I am afraid of her after my experience." She said she did not know if the resident would hit her again." During the interview, the resident considered herself in the facility for only a short while. On 10/15, 10/16, and 10/22/13, the resident made further statements about needing to return home to her husband and dog. On 10/17/13 at 2:00 p.m., Staff #8 revealed the resident was wanting to go home but her husband was unable to care for her. The resident 	F 250	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE.</p> <p>NVEC will correct the deficiency as it relates to resident #14 by identifying and implementing therapeutic interventions to meet the resident's psychosocial needs due to signs and symptoms of anxiety at times driven by delusions, hallucinations and paranoia.</p> <p>NVEC will correct the deficiency as it relates to resident #37 by identifying and implementing therapeutic interventions to meet the resident's psychosocial needs due to signs and symptoms of grief triggered by the multiple losses of independent living.</p> <p>Social Services or designee will act to protect other residents in similar situations as follows:</p> <ol style="list-style-type: none"> Complete a Social History on all residents upon admission to NVEC. Develop and implement care plans addressing identified psychosocial and behavioral health needs. Identify residents at risk and care plan appropriate interventions. Problems will be care planned with 	
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F 250	<p>Continued From page 5</p> <p>had a small dog that she missed; a reason she wanted to leave for home.</p> <p>Further interviews on 10/22/13 with two nurse aides, a licensed nurse, and the activity director revealed the resident frequently spoke about leaving for home.</p> <p>The 06/13/13 care plan identified dementia, but interventions did not address the resident's emotional status except a general approach of giving positive reinforcement and praise. There was no identification of the resident's loss of family, pet, home and/or increasing dependence on others.</p> <p>The 09/16/13 care plan review noted the resident required limited to extensive assistance with her activities of daily living due to weakness and illness. The altered thought evaluation concluded she can become anxious and nervous with little awareness of profound memory loss. "She tends to persevere on the topic of 'going home'. If I can not go home, I want to die." She had spoken with family and power-of-attorney who agree she should stay, but she did not agree.</p> <p>Further, progress notes documented on 09/13/13 revealed the resident told Staff #B that "a man came into my room and told me my memory is shot and I am going to die here." Staff #J, the Social Service Director, was identified as the man. Because the resident hoped to go home and expressed that desire, she had become upset by the remarks made to her.</p> <p>The 09/16/13 quarterly assessment notes by Staff #J documented the resident's "biggest psychosocial obstacle has been her continued inability to fully understand her supervision needs." She was convinced she can return home, but did not understand that her poor judgment/memory deficits make a discharge home unsafe. The notes identified the resident</p>	F 250	<p>measurable goals and specific interventions for Social Services and Nursing Staff i.e. scripted phrases staff can use to comfort or redirect residents.</p> <p>4. Behavior sheet documentation will provide data to assist in care planning.</p> <p>Social Services will evaluate data on admission, quarterly and as needed for any changes in condition. Care Plans will be reviewed by DNS or designee during monthly chart audits.</p> <p>Date: December 6, 2013 Person Responsible: [REDACTED] Social Services Director</p>

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F 250	<p>Continued From page 6</p> <p>had not triggered for symptoms of depression or behaviors for the comprehensive assessment (MDS). However, it was also documented she had displayed confusion/delusional behavior which continued to be monitored.</p> <p>The 'Behavior Monitoring Sheets' identified the "confusion, delusion" behaviors included agitation/anxiety, delusional statements, crying, negative statements, depression, exit seeking. The interventions, among others, included explaining care, approach in positive up-beat manner, give food/fluids, and can call husband. (There were no specific approaches to address needed emotional support for the resident.)</p> <p>Through the assessment and care planning process, there was no identification and development of ways to support the resident's individual needs that included adjusting to the new nursing home environment and grieving for her losses. There was failure by the facility to respond with medically related social services for the resident.</p> <p>2. Resident #14 was admitted with diagnoses of [redacted] and [redacted]. Medication review noted she received an [redacted].</p> <p>On 10/15/13 at approximately 10:00 a.m., the resident stated a resident was mean and pushed her face into the wall. She pointed at her face and said it was still brown and tender (there was a slight discoloration observed). She said it must have been a couple of months ago. After it happened she didn't really remember everything about the incident.</p> <p>On 10/16/13 at 3:40 p.m. Staff #C stated the resident had not had any incident where a resident pushed her face in the wall. However, she did have a fall in the bathroom a while back</p>	F 250		

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F 250	<p>Continued From page 7</p> <p>that caused her to have a bruised face. She further stated the resident had made an allegation this morning that someone had come into her room and thrown the facility cat on her face. Staff #C stated the resident did have about three small puncture type wounds on the lower part of her face.</p> <p>On 10/18/13 at 11:30 a.m., the resident was seated in her wheelchair. She had four small scabbed areas on her lower left cheek area in a diamond shape. She stated the scabs on her face were a result of the cat being thrown on her by someone. "When a cat gets thrown, they try to grab on" and it clawed her face.</p> <p>On 10/18/13 at approximately 2:00 p.m., Staff #M stated she was going to speak with the resident's physician about possible delusions or hallucinations versus simple confusion.</p> <p>The Investigation Report for 04/12/13 revealed she had hit her head against the wall causing a large bruise while being assisted in the bathroom. The resident thought the fall was a set-up or conspiracy to keep her from attending meals and activities.</p> <p>The Investigation Report for 10/16/13 revealed the resident reported that during the night someone threw the cat at her face. The resident stated she had never seen "so many mean people" in one place. Staff asked the resident how she thought she had gotten the scratches and she said the girls around her tell her she "is beautiful and that makes others mad;" other ladies were jealous of her. The resident also stated that one of the ladies was coming into her room at night, drugging her and hurting her when she was out so no one would hear her scream. She then woke up with an injury she couldn't explain and no one would think then she was beautiful. She said it had happened before when</p>	F 250		
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F 250	<p>Continued From page 8</p> <p>someone hurt her knee so she couldn't stand.</p> <p>Physician documentation dated 01/09/13 noted she was admitted to the nursing home approximately six years ago after having bilateral knee replacements. The report revealed she had "bad nerves" and always had been a worrier. Further, the resident was concerned about her son undergoing treatment for a brain tumor.</p> <p>The 06/23/13 comprehensive quarterly assessment noted she was remaining at psychosocial baseline - has not been displaying overt signs of anxiety distress with roommates passing. She remained alert and oriented, with minimal depression.</p> <p>The social service notes identified the incidents listed above but did not address and/or evaluate potential delusions, hallucinations, paranoia that was expressed.</p> <p>The current care plan did not address the need for medically related social services to assist the resident in maintaining or improving her psychosocial and emotional needs.</p> <p>The facility failed to identify and seek ways to specifically support the resident's individual needs that would assist staff to understand why she was acting as she did. The resident's mental state was not responded to by social services interventions.</p>	F 250		
F 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's</p>	F 279	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>NVEC will correct the deficiency by developing a comprehensive care plan for resident #7 and each resident at NVEC. A new Passive Range of Motion (PROM) Restorative Program was written and implemented for</p>	

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F 279	<p>Continued From page 9</p> <p>medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure a comprehensive plan of care was developed, reviewed and/or revised for 2 of 4 residents (#7, 57) in a sample of 34. This placed the residents at risk for unmet needs resulting in failure to attain or maintain their physical well-being. Findings include:</p> <p>1. Resident #7 was diagnosed with a [redacted] and [redacted]. She had developed limited left shoulder range of motion and needed extensive care by staff. Physician progress note dated 05/03/13 documented the resident had [redacted] ([redacted]). She had dense [redacted] ([redacted]) of [redacted] and [redacted]. She moved [redacted] radically when she was trying to move. If otherwise it was calm at her side. On 10/14/13 at approximately 6:00 p.m. the resident was sitting in a wheeled recliner. Her</p>	F 279	<p>Resident #7. The NA-C staff was instructed on the proper implementation of this program. The comprehensive care plan will identify all medical, nursing, mental and psychosocial needs. The needs will be met by establishing measurable goals, objectives, and interventions. Services will be furnished to attain and maintain the resident's highest practicable physical, mental and psychosocial well-being. Resident #57 is no longer a resident and has returned home. If he needs NVEC service in the future, we will meet his needs by developing a new comprehensive care plan and by implementation as outlined above.</p> <p>NVEC will have a comprehensive care plan for each resident as outlined above. The care plan will be developed within the time frame of twenty-one days after admission, reviewed and revised no less than quarterly, and more often for a Significant Change in Status Assessment.</p> <p>DNS or Designee will audit a minimum of 25% of the care plans from the previous months scheduled MDS' to ensure compliance.</p>		

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NAME OF PROVIDER OR SUPPLIER NORTH VALLEY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 22 W 1ST STREET TONASKET, WA 98855
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(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
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F 279	<p>Continued From page 10 hands were fisted.</p> <p>On 10/15/13 at 12:46 p.m., Staff #D was feeding the resident in the assisted dining room. He pointed out that her hands were fisted. He was able to straighten out the right hand although it immediately went back to a fist after he removed his hand. The left hand was bent at the wrist and fingers. He stated there was no one at present working with her for range of motion, although the restorative aide had in the past.</p> <p>On 10/16/13 at 9:50 a.m., the resident was in her wheeled recliner with her left arm reaching across body to her right side. The wrist was bent at 90 degrees angle and her hand was in a semi-fist position with palsy-like movements. Her right hand was down by her side out of sight.</p> <p>On 10/17/13 at 9:40 a.m., the resident was lying in bed on her back. Her left hand was in a slightly fisted position with the wrist bent at 90 degrees. She had palsy-like movements of her left hand.</p> <p>On 10/17/13 at 3:00 p.m., Staff #A, the Director of Nursing, stated hiring and keeping the 'restorative aides' were a staffing challenge. The Restorative Nurse had now been putting the restorative programs into the 'Activities of Daily Living' sheet for the nursing assistants, but it was not completed as yet. The nursing assistants should be doing the range of motion.</p> <p>On 10/17/13 at 4:45 p.m., Staff #I was asked about care for the resident's hands, Staff #I stated there was nothing special done for her hands. She stated the restorative aide did range of motion exercises but she was "just an aide" and didn't provide that service.</p> <p>On 10/21/13 at 2:30 p.m., Staff #C, the Restorative Nurse, stated there was no developed plan for restorative care for the resident's hands.</p>	F 279	<p>Date: December 6, 2013 Persons Responsible: Resident Care Managers, [REDACTED] R.N., [REDACTED] R.N., and [REDACTED] R.N.</p>	
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER NORTH VALLEY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 22 W 1ST STREET TONASKET, WA 98866
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F 279	<p>Continued From page 11</p> <p>Further, there was no there was no identification of potential for contractures related to her disease process in the current care plan. There were no interventions developed that would include the need for range of motion and/or other restorative exercises to prevent contractures.</p> <p>2. Resident #57 was admitted to the facility [REDACTED] 13 for rehabilitation services following a [REDACTED]. He required staff support for weight bearing and transfers.</p> <p>The review of the resident's record included the care plan in place from a prior admission on [REDACTED] 12. The care plan did not include updated and measurable goals for admission on 6/24/13 regarding the resident's care needs.</p> <p>In an interview with Staff #B on 10/21/13, she confirmed the care plan for services received for the most recent admission had not been updated.</p> <p>The resident discharged home [REDACTED] 13 with homecare services.</p>	F 279		
F 318 SS=D	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to</p>	F 318	<p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p> <p>On 10/18/13 and 10/30/13, in-servicing of the NA-C staff was started in relation to the Restorative Program in general, and in regards to Residents #1 and #41 specifically. Their programs were reviewed and proper splint placement was demonstrated. The NA-C staff was educated related to notification of the Restorative Nurse or the Resident</p>	

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NAME OF PROVIDER OR SUPPLIER NORTH VALLEY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 22 W 1ST STREET TONASKET, WA 98855		
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F 318	<p>Continued From page 12</p> <p>ensure 2 of 3 residents (#1, 41) reviewed with limited range of motion were receiving needed services. This placed the residents at risk for further decreased range of motion. Findings included:</p> <p>1. Resident #1 was diagnosed with a traumatic head injury leaving him [REDACTED]. He required extensive care and total assistance with activities of daily living. The current plan of care included providing personal hygiene by cleaning his left hand and putting a soft splint (palm guard) on when he was up in his chair and remove it at night. Review of the 'Restorative Flow Sheet' noted the approaches included passive range of motion to all major joints 6 days weekly; massage top of shoulders, alternately push down shoulders toward feet six days a week; and inspect hands for clean, dry appearance during range of motion; passive range of motion to both hands.</p> <p>On 10/15/13 the resident was observed at 11:15 a.m., 12:00 p.m., and 4:00 p.m. Each time, his right fingers and his left wrist and fingers were bent in a fist position. There were no splints in place. Similar observations of the resident's hands were made on 10/16, 17, 18/13.</p> <p>On 10/16/13 at 2:00 p.m., the resident's wife stated the resident's hand were (she made a fist with her hand) and the staff used to exercise his hands but then they went right back into the fist. She stated the resident had been in the nursing home for 27 years.</p> <p>On 10/17/13 at 2:30 p.m., Staff #M stated the resident's condition was deteriorating. He had range of motion exercises and his range of motion had not changed. She stated he was to have a rolled wash cloth in his hands.</p> <p>On 10/17/13 at 5:00 p.m. Staff #M stated she</p>	F 318	<p>Care Manager (RCM) when they note a change in a resident's abilities or Range of Motion (ROM). This will ensure immediate interventions and updating of Restorative Programs and Care Plans. The NA-C class curriculum has been updated to include a two hour block of training in Restorative Nursing and in particular ROM/PROM exercises. NVEC will provide Restorative Nursing Services daily to ensure completion of these PROM/ROM Restorative Programs.</p> <p>NVEC will assess all new admissions for baseline physical function. When a resident has been assessed at risk, a Restorative Nursing Program will be developed and implemented to maintain present functional status and/or to prevent decrease in ROM. These residents will be assessed quarterly, and with any significant change in physical status. This will ensure that identified residents receive appropriate treatment and services. Physical and Occupational Therapists (PT/OT) will be notified of referrals and will screen and treat as appropriate.</p> <p>NVEC plans to monitor its performance by ensuring staff who are trained in performing Restorative</p>	

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NAME OF PROVIDER OR SUPPLIER NORTH VALLEY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 22 W 1ST STREET TONASKET, WA 98866
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F 318	<p>Continued From page 13</p> <p>was looking at his care plan and he was to have soft hands splints in place but she had just observed him and he didn't have any.</p> <p>On 10/21/13 at 1:00 p.m., Staff #C stated the resident was supposed to have a one hand round splint to keep his one hand from contracting. She reviewed the 'Restorative Flow Sheet' which she said had been put in the nursing assistants' book for them to complete. The October 2013 restorative sheet revealed there were no initials to indicate the restorative approaches were not being completed.</p> <p>On 10/17/13 at 3:00 p.m., Staff #A, the Director of Nursing, stated that hiring and keeping the 'restorative aides' were a staffing challenge. The Restorative Nurse had now been putting the restorative programs into the 'Activities of Daily Living' sheet for the nursing assistants, but it was not completed as yet. The nursing assistants should be doing the range of motion.</p> <p>Review of the 'Restorative Flow Sheet' revealed the restorative care had not been completed for October 1 through 21, 2013.</p> <p>2. Resident #41 had diagnoses including [redacted] and required [redacted] with all activities of daily living.</p> <p>Per therapy notes dated January 2013, a maintenance program was set up for the resident to treat her contractures which included splinting, positioning, and range of motion services.</p> <p>Per review of the current restorative plan, the resident was to receive passive range of motion at least 6 days per week.</p> <p>The nursing assistant directive dated October 2013, directed staff to place the resident's splint on her left hand in the morning and take it off at night.</p> <p>On 10/16/13 and 10/17/13 during the breakfast meal, the resident was observed with</p>	F 318	<p>Programs are providing the PROM/ROM daily, as care planned. They will document the completion of these programs on the Restorative flow sheets. The programs and documentation will be audited by the Restorative Nurse monthly.</p> <p>Date: December 6, 2013 Person Responsible: [redacted] R.N., Restorative Nurse</p>	
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F 318	<p>Continued From page 14</p> <p>her left arm bent at the elbow against her chest and her hand was in a fist. She did not have a splint in place.</p> <p>On 10/17/13 at 10:15 a.m., the resident was observed tilted back in her wheelchair in the hall way without her splint in place.</p> <p>Similar observations were made on 10/18/13 at 10:00 a.m. and 10/21/13 at 10:25 a.m.</p> <p>Per review of the restorative flow sheets, the resident did not receive any range of motion services for the month of October. The resident received it four times for the month of September and five times for the month of August.</p> <p>On 10/18/13 at 11:20 a.m., Staff #L (Restorative Aide) stated he was getting pulled to work the floor a lot lately so he was not able to do the restorative program consistently for the resident.</p> <p>The facility did not ensure the resident received range of motion services and splint placement which placed the resident at risk for discomfort and worsening contractures.</p>	F 318			