



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND DISABILITY SERVICES ADMINISTRATION • RESIDENTIAL CARE SERVICES
20425 72nd Avenue South, Suite 400 • Kent, WA 98032-2388

August 25, 2016

Administrator
Hallmark Manor
32300 First Avenue South
Federal Way, WA 98003

Dear Administrator:

The Department of Social and Health Services (DSHS), Residential Care Services is accepting your Plan of Correction (POC) dated August 01, 2016 as evidence that the cited **Health** deficiencies are, in fact, corrected effective August 18, 2016.

Based on these dates of correction, we find your facility is in compliance effective August 18, 2016. DSHS will take no enforcement action and your certification for Medicare and/or Medicaid participation will continue.

If you have any questions, please contact me at (253) 234-6044.

Sincerely,

Jennifer Alley, MSW
Field Manager - Region 2 , Unit F
Residential Care Services

cc: Region/Unit File
OSFM Chief Deputy State Fire Marshal



AGING AND DISABILITY SERVICES ADMINISTRATION
Nursing Home Survey Report
 STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. Page <u>1</u> of <u>1</u> Pages
2. DATES OF DATA COLLECTION 8/23/16
5. TIME OF SURVEY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
7. LICENSE NUMBER 1076

3. NAME OF FACILITY Hallmark Manor	4. TYPE OF SURVEY <input type="checkbox"/> Full <input checked="" type="checkbox"/> Post <input type="checkbox"/> Complaint <input type="checkbox"/> Other: specify _____
6. STREET ADDRESS 32300 First Ave South	CITY STATE ZIP CODE Federal Way WA 98003

NOTE: According to RCW 18.51.060, the Department is authorized to deny, suspend or revoke a license and/or assess monetary fines for deficiencies cited in this report.

8.	9. WASHINGTON ADMINISTRATIVE CODES 388-97	10. CODE OF FEDERAL REGULATION 42 CFR 483.	11. FEDERAL DATA TAG NUMBER	12. REPEAT DEFICIENCY FROM SURVEY DATED	13. NEW CITATION ON POST SURVEY	14. LICENSEE'S PLANNED DATE OF CORRECTION
<input type="checkbox"/> The requirements of the following WAC's and corresponding CFR's were not met. The text of the statements of deficiencies and the licensee's plan of correction may be read on CMS form 2567, dated: <u>07/15/16</u> . **Licensee must complete column 14. <input checked="" type="checkbox"/> The following deficiencies were determined to be corrected.	-0640(2)(a)(b)	.13(c)(1)(iii)&(2)(4)	F 226	02/09/16	<input type="checkbox"/>	
	-1060(1)	.25	F 309	02/09/16; 03/04/15	<input type="checkbox"/>	
					<input type="checkbox"/>	
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					<input type="checkbox"/>	

15. SURVEYOR'S SIGNATURE(S)			
SIGNATURE <i>Susan Lee Lowen</i>	DATE 08/23/2016	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE
16. LICENSEE OR AGENT			
SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE	

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

PRINTED: 07/20/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/15/2016
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NAME OF PROVIDER OR SUPPLIER HALLMARK MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 32300 FIRST AVENUE SOUTH FEDERAL WAY, WA 98003
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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 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Hallmark Manor on 07/06/16, 07/11/16 and 07/15/16. A sample of four residents was selected from a census of 116. The sample included three current residents and the record of one former resident.</p> <p>The following complaints were investigated: #s 3242292, 3242912, 3243109, 3243150, 3245770</p> <p>The survey was conducted by: Susan Loewen MSN, BSN, RN</p> <p>The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, District 2F 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5070</p> <p><i>Jennifer Alley</i> 07/20/16 Residential Care Services Date</p>	F 000	<p>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusion contained in the Department's inspection report."</p> <p style="text-align: right;">RECEIVED AUG 04 2016 DSHS/ALISA/RCS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Karen Kan, NHA</i>	TITLE Executive Director	(X6) DATE 8/1/16
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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 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to implement polices and procedures for reporting suspected abuse and neglect for one (Resident #1) of four sampled residents. This failure had the potential to place all residents at risk for unidentified / unreported abuse.</p> <p>Findings included:</p> <p>Resident #1 was assessed to be able to make their own decisions according to the 06/29/16 Minimum Data Set. In an interview on 07/06/16 at 2:10 p.m., Resident #1, who was lying in bed watching television, said staff "were slow, but they come (to provide care)" when asked how she was treated by staff.</p> <p>According to the facility's occurrence/incident log, Resident #1 alleged staff to resident abuse on 07/05/16. Review of the facility's investigation revealed the resident alleged direct care Staff C, a Certified Nursing Assistant, was rough during the provision of care. While Staff C reported the allegation to Licensed Nurse, Staff D, Staff C did not report the allegation to the State. According to the investigation documents, Staff D reported the allegation to another Licensed Nurse, Staff E, and</p>	F 226	<p>F-226: DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC. POLICIES</p> <p><u>Individual Residents</u> Resident #1 had concerns investigated and reported per policy and State regulation and care plan reviewed and updated as indicated.</p> <p><u>Residents in similar situations</u> Residents were interviewed through the Abaqis program to identify if any additional concerns needed to be investigated. None were noted.</p> <p><u>Measures to prevent reoccurrence</u> Facility leadership was educated on the requirements for timely and thorough investigations and mandatory State reporting by the Executive Director.</p>	8/18/14

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M 8/1/14

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F 226	Continued From page 2 one or both of these staff reported the allegation to the Assistant Director of Nursing, Staff F. None of these staff reported the allegation of rough handling during care to the State hotline as required. The facility's 02/2009 abuse policy included: "2. Federal requirements mandate that facilities must ensure all allegations of abuse are reported immediately to the state survey agency... 8. When an incident of resident abuse is suspected, the incident must be reported to the supervisor regardless of the time lapse since the occurrence occurred....". The Administrator, Staff A and the Director of Nursing, Staff B confirmed, in an interview on 07/06/16 at 3:00 p.m., four direct-care staff (C, D, E and F) knew about, but did not report Resident #1's allegation of potential abuse to the State.	F 226	<u>On-going Monitoring</u> Incident reports will be reviewed daily at the clinical meeting (M-F) for timeliness and reporting of the investigation. Facility leadership will review each investigation within the 5-day window to ensure it is thorough and interventions are implemented as indicated. Interdisciplinary Grand Rounds will be conducted daily (M-F) to identify potential unreported concerns. Negative findings of the daily audits will be trended monthly x3 months and present to the QAPI committee for further education and training.	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the facility failed to thoroughly assess and monitor one (Resident #2) of four sampled	F 309	<u>Individual to Ensure Compliance</u> Executive Director or designee. <u>Date of Compliance</u> 8/18/16	8/18/16

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10/11/16

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F 309 Continued From page 3
residents for a change in condition / status. This failure placed the resident at risk for unidentified / untreated health conditions.

Findings included:

According to the 05/03/16 admission Minimum Data Set (MDS) assessment, Resident #2 admitted to the facility on [REDACTED] 16 with diagnoses of [REDACTED]. The MDS identified the resident required extensive two-person assistance for activities of daily living. Staff assessed Resident #2 as able to make their own decisions. Resident #2 expired on [REDACTED] 16 and was reviewed as a closed record.

Review of the clinical record revealed the facility facilitated a referral to a physician specializing in pain on 06/29/16 because the resident's leg pain was unrelieved with the current medical regimen. As a result of this visit, the physician provided orders for the [REDACTED] 20 milligrams every 12 hours. Staff were directed to "monitor for somnolence, D/C (discontinue) if pt. (patient) sleepy."

Review of the progress notes in the resident's clinical record revealed, following the implementation of the [REDACTED] staff documented only two short progress notes from 07/01/16 through 07/03/16. On 07/01/16 Staff O, Licensed Nurse, documented Resident #2 declined wound care. There was no progress note made on 07/02/16. On 07/03/16, Staff F, Licensed Nurse, documented Resident #2 was on alert for a change in the physician's order for pain medication.

F 309

F309: PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

Individual Residents
Resident #2 no longer reside in the facility.

Residents in similar situations
Resident physician orders were reviewed for the last 14 days to ensure that transcription, alert charting and notifications were completed in accordance with policy.

Measures to prevent reoccurrence
Facility licensed nurses were educated by the SDC or designee on the facility policies for order transcription, alert charting and notification. Facility staff were educated on Stop & Watch protocol for reporting changes in condition.

8/18/16

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F 309	<p>Continued From page 4</p> <p>According to the facility's 07/05/16 evidence of investigation into an allegation of neglect by a family member, Staff C, the Resident Care Manager and House Supervisor on 07/02-03/16, was notified by a family member on at least two separate occasions about a change in Resident #2's condition. Specifically, the family member reported Resident #2 had not been eating for two days (07/01-03/16) and was more lethargic, possibly related to the new pain medication. According to the investigation statement by Staff C, an assessment was completed which indicated no change in condition occurred and Resident #2 stated "she was fine". There was no corresponding clinical progress note or other documentation to indicate any specific physical or mental assessment was completed and no documentation to support staff took any action to address the family concerns.</p> <p>Staff C said in an interview on 07/15/16 at 11:00 a.m. the family reported, "The resident was not doing well over the last two days (07/01-03/16)... she was always in pain...". When asked what he did about the concerns, Staff C replied he told "(Staff D, who was not available for interview) to notify the doctor". When asked if that occurred, Staff C responded, Staff C notified the physician of the family's concerns regarding too much [redacted] and lethargy on 07/02/16 but Staff C was not sure if Staff D notified the physician of the family's other concerns on 07/03/16.</p> <p>Staff J, a nursing assistant, said in an interview on 07/15/16 at 10:30 a.m., "On (07/03/16) (Resident #2) was in lots of pain and was not eating well... in excessive pain... she was refusing care...". Interview with Staff N, a nursing</p>	F 309	<p><u>On-going Monitoring</u></p> <p>Nursing leadership will review physician orders/medical records and Stop & Watch forms daily (M-F) for accuracy, notification and alert charting. Grand Rounds will be conducted daily (M-F) for identification of changes in condition and appropriate monitoring and notification. Audits will be completed weekly x12 weeks by clinical leadership, negative findings will be presented to the QAPI committee for identification of further education and training opportunities.</p> <p><u>Individual to Ensure Compliance</u> Director of Nursing or designee</p> <p><u>Date of Compliance</u> 8/18/16</p>	<p>8/18/16</p> <p>RECEIVED AUG 04 2016 DSHS/ALTSARCS</p>

100 8/1/16

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F 309

Continued From page 5

assistant, on 07/15/16 at 10:45 a.m., revealed on 07/03-04/16 "(Resident #2) was always in pain, even to change her (brief). Her daughter had to come and talk to her just so we can change her (brief)."

A 07/02/16 physician's order to "Hold [REDACTED] due to over sedation" was written at 1:00 p.m. by Staff D. According to the July 2016 Medication Administration Record (MAR), the evening dose of [REDACTED] was held, but the 07/03/16 morning dose of [REDACTED] was administered.

In an interview on 07/06/16 at 3:00 p.m., Staff B was asked about this discrepancy and stated that Staff D said he (Staff D) held the evening dose of [REDACTED] on 07/02/16 but did not notify the physician until 07/03/16. Staff B stated although the date of the order was written as 07/02/16, that appeared to be inaccurate. Staff B also explained subsequent nursing staff were unaware the [REDACTED] was ordered to be held because Staff D failed to transcribe the order change onto the MAR. In interview on 07/15/16 at 11:00 a.m., Staff C said Staff D obtained an order to hold the [REDACTED] only one time (evening dose of 07/02/16), even though the written physician's order did not reflect this.

On 07/04/16 at almost 11:00 p.m., Staff F documented Resident #2 presented with increased confusion, drowsiness and poor oral intake for which the physician was notified. There was no physical or mental assessment note. Resident #2 was discharged to a local hospital on [REDACTED] 16 and died [REDACTED] 16.

Failure to: timely identify and thoroughly assess Resident #2 in light of ongoing changes in

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F 309	Continued From page 6 condition; notify the physician timely of changes after the addition of a [REDACTED] medication; and failure to accurately record physician's order related to [REDACTED] medication placed the resident at risk for unidentified care needs.	F 309			

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8/1/16



ADSA Aging & Disability Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION

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15. SURVEYOR'S SIGNATURE(S)			
SIGNATURE	DATE	SIGNATURE	DATE
<i>Jennifer Alley, for the team</i>	07/15/2016		
SIGNATURE	DATE	SIGNATURE	DATE

16. LICENSEE OR AGENT		
SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE
<i>Kaukan, MHA, NHA</i>	<i>Executive Director</i>	<i>8/1/16</i>