

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

PRINTED: 09/13/2013  
FORM APPROVED  
OMB NO. 0938-0391

1094

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505309	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/06/2013
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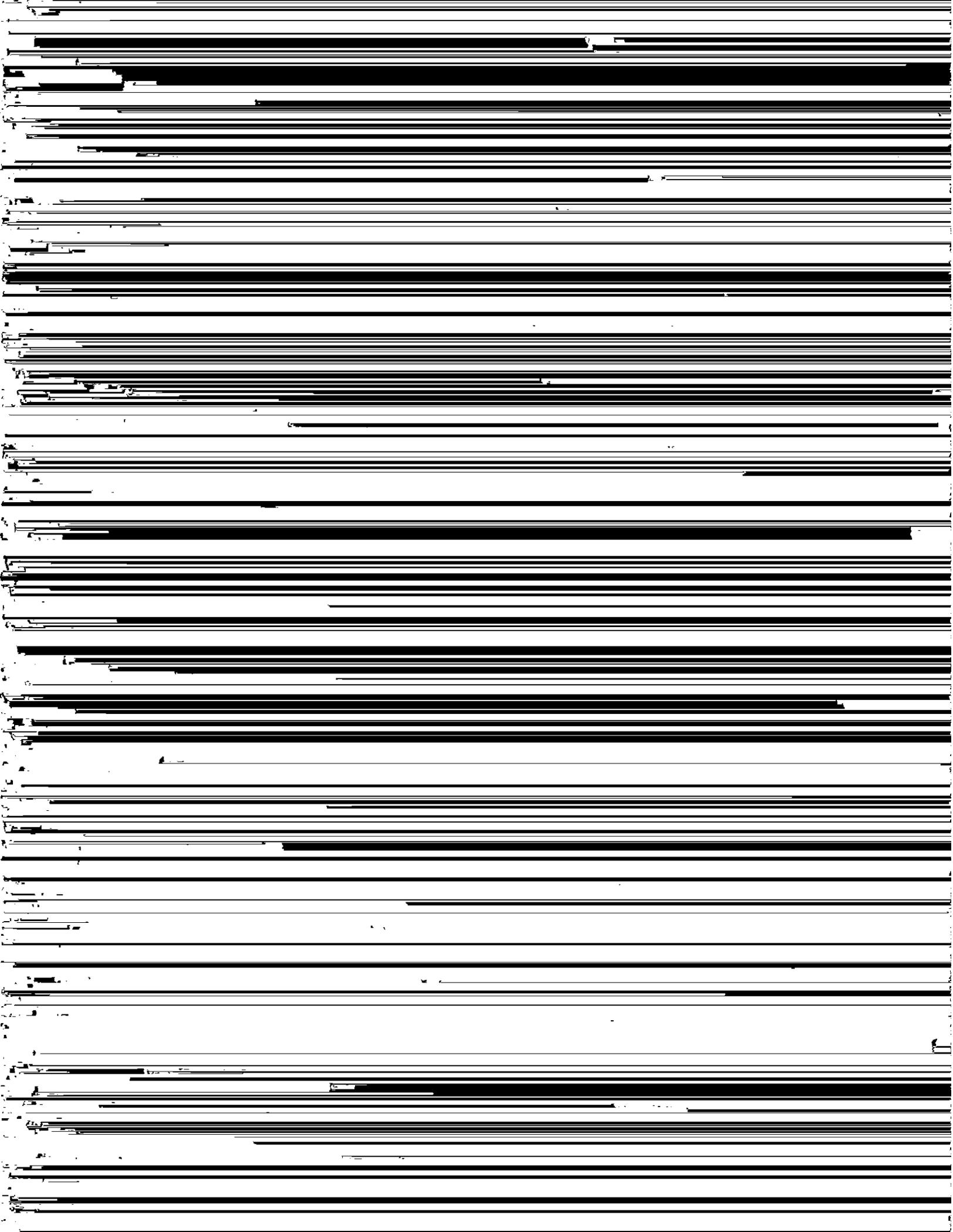
NAME OF PROVIDER OR SUPPLIER  CAREAGE OF WHIDBEY	STREET ADDRESS, CITY, STATE, ZIP CODE 311 NORTHEAST 3RD STREET COUPEVILLE, WA 98239
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING 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 Careage of Whidbey on 09/05/13 and 09/06/13. A sample of 5 residents was selected from a census of 98. The sample included 5 current residents.</p> <p>The following complainants were investigated as part of this survey:</p> <p>2862999 2868922</p> <p>The survey was conducted by:</p> <p>██████████ R.N., M.S.</p> <p>The surveyor was from: Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, Region 3, Unit B 3906 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 FAX: (360) 651-6940</p> <p><i>[Signature]</i> 9/17/13 Residential Care Services Date</p>	F 000	<p>RECEIVED SEP 30 2013 ADSA/RCS Smokey Point</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 9/26/13
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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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NAME OF PROVIDER OR SUPPLIER  <b>CAREAGE OF WHIDBEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>311 NORTHEAST 3RD STREET COUPEVILLE, WA 98239</b>		
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F 225	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct thorough investigations of 2 of 5 sampled incident investigations of allegations of abuse/neglect. Failure to follow their process and conduct complete investigations placed residents at risk of abuse/neglect.</p> <p>Findings include:</p> <p>1. Resident 5 was admitted in [REDACTED] 2013 with diagnoses including [REDACTED] [REDACTED] disease and history of a [REDACTED] that resulted in [REDACTED]. His most recent Minimum Data Set (MDS) assessment, dated 08/14/13, identified he could speak clearly and usually understood simple conversation. He required a one person assist for transfer, ambulation and toileting. On 08/04/13 at 7:25 p.m., Staff A entered his room to administer scheduled medications. Resident 5 was in his bathroom, seated on the toilet. Staff A exited the room and returned approximately 5 minutes later. Staff A found Resident 5 sitting on the floor of the bathroom next to the toilet. Staff B entered and assessed Resident 5; no apparent injuries were identified at that time. Staff B asked Resident 5 if he had difficulty getting up from the toilet. Resident 5 replied "yes." Staff B noted the toilet riser was not present and knew it should be present for Resident 5 at all times.</p> <p>Review of the facility investigation revealed no interviews with other staff to determine whether they knew the toilet riser should be present and/or whether one of them might have removed it. There was no evidence of interview or written statement from Resident 5's roommate to</p>	F 225		



