

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

PRINTED: 08/06/2013  
FORM APPROVED  
OMB NO. 0938-0391

1106

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505476</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/24/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>BAILEY-BOUSHAY HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2720 EAST MADISON SEATTLE, WA 98112</b>	
(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
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Complaint Survey conducted at Bailey Boushay House on 07/24/13. A sample of 3 current residents from a total census of 35 residents was selected for review.</p> <p>The survey was conducted by: [REDACTED] MN, RN, Complaint Investigator</p> <p>Complaints investigated include: #2810902; 2836990; 2838826; 2840527; 2841386</p> <p>The survey team is from: Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 2, Unit D 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388</p> <p>Telephone: (253)234-6000 Fax: (253)395-5071</p> <p><i>M. P. Knowles</i> 8/6/13 Residential Care Services      Date</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Bruce P. Knowles* TITLE ADMINISTRATOR (X6) DATE 8/14/13

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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to recognize and provide prompt attention for symptoms of a broken wrist for 1 of 3 residents (#1) reviewed for injury. This resulted in the resident experiencing pain and a delay in care for 6 days.</p> <p>Findings include:</p> <p>Observation 7/24/13 at 2:45 p.m. found Resident #1 resting on his bed, a cast on his right forearm. The resident stated he thought he could walk, didn't ask for help but stood and his knees crumbled under him. He fell, fracturing a bone.</p> <p>Record review found Resident #1 was admitted to the facility [redacted]/13 with multiple medically [redacted] conditions resulting in [redacted] and [redacted] or [redacted].</p> <p>The resident's minimum data set (MDS) assessment dated 06/19/13 identified the resident was at risk for falls and required assistance for activities of daily living. The resident's care plan identified standard measures to prevent falls.</p>	F 309	<p>The care of all patients was reviewed and all patients are receiving appropriate care, without delay.</p> <p>All residents with suspected injuries AND cognitive deficits will receive maximum screening, including x-ray as appropriate, due to the cognitive deficits complicating the ability for the resident to accurately report pain.</p> <p>All directions by the ARNP and medical director will be placed in the electronic medical record as either an order or treatment. These directions will have clear standards for how the nursing staff should respond and when to refer back to the provider. The plan of care will be adjusted to include these directions.</p> <p>The Director of nursing will audit this process and is also responsible to ensure adherence.</p>	<p>Completed July 25, 2013</p> <p>Completed August 30, 2013</p>
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F 309	<p>Continued From page 2</p> <p>Incident report and progress note review found on 6/24/13 at 3:15 p.m., Resident #1 transferred himself without assistance and fell to the floor landing on the right shoulder with right arm twisted behind his back. The resident's primary provider (PP) evaluated the resident immediately and documented in the progress notes that the resident had a 2 cm (centimeter) soft swelling raised 1 cm on the right wrist with some generalized light bruising on the side of the arm. Directions written in the progress notes were "watch for further swelling, anticipate extensive bruising to develop, medicate for pain as needed... If hematoma (bruising) increases in size, apply direct pressure and notify provider."</p> <p>Other than the progress note, no specific medical orders were written with identified directions to monitor the wrist for additional swelling and bruising. The care plan was updated for additional supervision and cueing after the fall but did not include observations to make related to wrist swelling and bruising.</p> <p>Progress notes document staff noticed right hand swelling and bruising 6/25/13. On 6/26/13 staff documented right wrist swelling "tight and purple." On 6/27 and 6/29 staff documented the resident's wrist was swollen, bruised and painful with temporary or partial relief from pain medication. On 6/29/13 staff documented the resident's right wrist remained swollen, painful to touch and movement. On 6/30/13 staff requested an order for X-Ray "as the swelling and pain has persisted for nearly a week." It was at this point the staff wrapped the wrist with an Ace Bandage for support.</p> <p>X-Ray documented the resident's right wrist was</p>	F 309			

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F 309	<p>Continued From page 3</p> <p>broken. The resident was sent to urgent care for treatment.</p> <p>Medication record review found that on admission Resident #1 was prescribed the [REDACTED] [REDACTED] 5 mg as needed every 6 hours for pain. Records show that from [REDACTED] 13 admission to 6/24/13 Resident #1 required no [REDACTED]. After the fall and wrist injury, Resident #1 received [REDACTED] for pain 1-3 times per day. Pain levels were significant at 6-7 (10 the maximum pain level that can be experienced).</p> <p>On interview 7/24/13 at 3:40 p.m. Staff B (director of nursing) stated she was working on 6/30/13 and was called by a staff person to evaluate Resident #1's wrist. Staff B stated when she saw the wrist it was swollen, red and tender and she wondered why staff had not provided support to the limb. Staff B stated there should have been medical attention to the wrist in the first 2-3 days.</p> <p>On interview 7/24/13 at 4:20 p.m. Staff A (administrator) acknowledged there was a delay in treatment for the broken wrist but felt the resident was evaluated every day and he presented a picture of intermittent pain.</p>	F 309			