

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505410</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/13/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SELAH CARE AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>203 WEST NACHES AVENUE SELAH, WA 98942</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Selah Care and Rehabilitation on May 14, 2014. A sample of 3 residents was selected from a census of 33 residents. The sample included 3 current residents.</p> <p>The following complaint was investigated as part of this survey: #3007038</p> <p style="text-align: right;">Received Yakima RO6</p> <p>The survey was conducted by: <b>JUN 2 2014</b></p> <p>Pam Holt, R.N. Refugia Botello, R.N.</p> <p>The survey team is from: Department of Social &amp; Health Services Aging &amp; Long Term Support Administration Residential Care Services, District 1, Unit C 3611 River Road, Suite 200 Yakima, Washington 98902</p> <p>Telephone (509) 225-2800 Fax: (509) 574-5597</p> <p><i>[Signature]</i> Residential Care Services      Date</p>	F 000	<p><b>ADDENDUM TO PLAN OF CORRECTION</b></p> <p>Submission of the Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in the Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non compliance or admissions by the facility.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*[Signature]*

6/2/14

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>POC – F 225</p> <ol style="list-style-type: none"> <li>The facility's procedure for hiring of staff is the background check must be back and acceptable according to Nursing Home guidelines. We offer a position contingent on a clean background check received to applicants. Administrator and DNS will monitor for compliance.</li> <li>Interventions – Staff involved on April 30, 2014 have been contacted and requested to return a statement to the DNS for this investigation. The DNS will also talk with laundry staff as well to see if they saw the pants or the money. SS Director Carol Briggs went through the building talking with residents to see if any others had issues. Rehab director to assure all incidents of other natures are investigated and intervention placed. SS Director has created a form to follow any incidents that require her to investigate such as reported missing items or missing money. Nursing and</li> </ol>		

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

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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 record review and interview, the facility failed to thoroughly investigate and report to the State survey agency 1 of 3 incidents involving potential misappropriation of resident property as required by 42 CFR 483.13(c)(3)-(4). Deficient practice was identified for 1 of 3 sampled residents (#1). Findings include:</p> <p>Resident #1: The resident was admitted to the facility on [REDACTED] 14 with a diagnosis of dementia with short term and long term memory loss. He is alert and makes his own financial and healthcare decisions.</p> <p>On 05/14/14 at approximately 3:00 p.m. Staff Member A, the DNS, (Director of Nursing Services), stated that the resident reported missing money, one hundred dollars, sometime in April 2014. The DNS stated the money was in a white envelope in the resident's sweat pants.</p> <p>During the interview on 05/14/14 at approximately 3:15 p.m., the resident's daughter saw the one hundred dollars the day before the money was missing. The next day the resident had a bath but kept his money in his sweat pants. According to the daughter the resident's sweat pants went to the laundry along with the money and never returned. Staff did contact her about the resident's allegation but did not talk to the resident about what happened to his money. The resident makes his own decisions about his money.</p> <p>During the interview on 05/14/14 at approximately 3:30 p.m., Resident #1 said that his money, one hundred dollars, was "stolen" from his sweat</p>	F 225	<p>NAC staff to be in-serviced as well on these types of complaints and issues for interventions for them to follow if incidents arise. This incident was logged in the A/I log for 5/15/2014 for resolution of the incident. It was not called into the DSHS hotline as Surveyors have investigated this incident. In the future we will follow the Nursing Home Guidelines for reporting. SS Director, Rehab Director, RCM and all nursing will review this book for reporting of incidents. DNS will be responsible for assuring that investigations are completed appropriately. IDT to discuss any incidents in daily stand up report and assure that follow up investigations are completed. SS Director will follow up on all missing items in the facility to assure completion of investigation on these types.</p>	

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F 225	<p>Continued From page 3</p> <p>pants and taken to the laundry. He stated he told the business office and several staff but they never did anything to give his back my money. "I want my money."</p> <p>During the interview on 05/14/14 at approximately 3:45 p.m., Staff Member B, a licensed Nurse Manager, stated she did not investigate the allegation of the resident's missing one hundred dollars. Her concern was the resident slapping the nursing assistant and did not follow through on investigating the missing money.</p> <p>According to Staff Member C, the SSD, (Social Services Director), she stated she was aware of the allegation that the resident claimed he was missing one hundred dollars from his sweat pants. The resident had a shower that morning and his pants were taken to the laundry. He would not let staff search his room and there was no search of the laundry room. There was no further investigation.</p> <p>Even though the facility was aware of the resident's allegation of missing money as the resident had informed several staff members in the facility. The facility failed to investigate the allegation of the missing money in a timely and through manner and did not report to the appropriate officials in accordance with State survey and certification agency.</p>	F 225		