

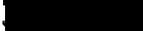
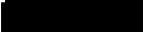
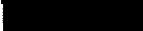
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

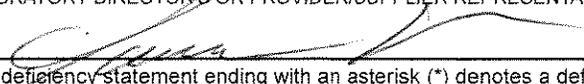
PRINTED: 10/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505441	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2013
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NAME OF PROVIDER OR SUPPLIER NORTH CENTRAL CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE N 1812 WALL STREET SPOKANE, WA 99205
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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 survey is the result of an unannounced Quality Indicator Survey conducted at North Central Care Center on 10/17/13, 10/18/13, 10/21/13, 10/22/13, and 10/23/13. The survey included data collection on 10/22/13 from 5:00 a.m. to 7:00 a.m. A sample of 32 residents was selected from a census of 93. The sample included 26 current residents and the records of 6 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>  R.N., B.S.N.  R.N., B.S.N.  R.N., M.S.N.  R.N., B.S.N. </p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging and Long-Term Support Administration (AL TSA) Division of Residential Care Services, District 1, Unit A 316 West Boone Avenue, Suite 170 Spokane, Washington 99201-2351</p> <p>Telephone: (509) 323-7300 Fax: (509) 320-3993</p> <p> Residential Care Services</p>	F 000	<p style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">NOV 05 2013</p> <p style="text-align: center;">DSHS AGING UNIT SPOKANE WA</p>	<p style="text-align: right;">10/29/13</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrative</i>	(X6) DATE <i>11-04-13</i>
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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 and plans of correction 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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 505441	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	DATE SURVEY COMPLETE: 10/23/2013
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NAME OF PROVIDER OR SUPPLIER NORTH CENTRAL CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE N 1812 WALL STREET SPOKANE, WA
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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F 252	<p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>During the Tuscan Unit assisted dining room observation on 10/23/13 at 12:40 p.m., five residents were in the dining room being assisted by staff with lunch. All residents were seated at a horseshoe style table. Staff prepared and set up two residents with their lunch meal. The staff placed the residents' plates/bowls of food and fluids on the table in front of the residents, one resident fed herself, the other was fed his lunch. Three residents were served their meals on cafeteria-style trays. The residents' plates/bowls and fluids remained on the trays throughout the meal.</p> <p>When questioned why the three residents' food was served on the trays and remained that way throughout the meal, the four staff assisting the residents commented "it has been that way", "because we were trained that way", "don't know why", "because it's assisted".</p> <p>During an interview with Staff #A on 10/23/13 at 1:30 p.m., she was not sure why the food was served and remained on the trays throughout the meal. She further commented that "I think it's always been that way. Not sure why they were singled out. Would be more homelike for those people without the trays."</p> <p>During the lunch meal observation in the Main dining room on 10/17/13 at 11:50 a.m., eleven residents were served their lunch on blue plastic trays. Other residents in the same dining room had their lunch removed from the trays and placed on the table in front of them.</p> <p>Per interview on 10/17/13 at 12:26 p.m., Staff #B stated the people who have the blue trays are "feeders" and it keeps them from spilling their food on the floor.</p> <p>On 10/23/13 during the lunch meal observation, again some resident's food remained on the blue plastic trays while others had their food removed and placed on the table.</p> <p>Per interview on 10/23/13 at 12:45 p.m., Staff #C stated the blue trays represent the residents who need assistance and it made it easier for new staff to recognize them.</p> <p>On 10/23/13 at 12:50 p.m., Staff #D stated she wasn't clear why some residents had the blue trays, stating it had always been that way. Staff #D thought it would be more home like if the food was taken off the trays.</p> <p>The facility practice increased the institutional character of the dining room environment for residents' who require assistance with their meals.</p>
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The above isolated deficiencies pose no actual harm to the residents