

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

PRINTED: 01/18/2013  
FORM APPROVED  
OMB NO. 0938-0391

1164

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/15/2013
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NAME OF PROVIDER OR SUPPLIER  EVERETT CARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1919 112TH STREET SOUTHWEST EVERETT, WA 98204
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated survey conducted at Everett Care &amp; Rehabilitation Center 12/14/12, 1/7/13, 1/9/13, 1/11/13 and 1/15/13. A sample of 11 residents was selected from a census of 92. The sample included 8 current residents and 3 former/discharged residents.</p> <p>The following complaint investigated as part of this survey:</p> <p>2716384 2728029 2712078 2737769 2715418 2737772 2722959 2731313 2730140 2716306 2723707</p> <p>The survey was conducted by: Nadyne Krienke, RN, MSN</p> <p>The survey team is from: Department of Social &amp; Health Services Aging &amp; Disability Services Administration Residential Care Services, District 2, Unit B 3906 172nd Street NE, Suite 100 Arlington, WA 98223-4740</p> <p>Telephone: 360-651-6860 Fax: 360-651-6940</p> <p><i>[Signature]</i> 01/18/13 Residential Care Date</p>	F 000	<p>RECEIVED FEB 04 2013 ADS/RCS Smokey Point</p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Everett Care &amp; Rehabilitation Center</b> does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 2/1/13
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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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F 157 SS=D 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)

A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).

The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

This REQUIREMENT is not met as evidenced by:  
Based on observation, interview and record review, the facility failed to follow their policy

F 157 F157

1) Physician notified of resident #1's blood sugars on 08/30/12 with new orders received and noted.

2) Diabetic Blood glucose readings were reviewed for the last 30 days by nurse managers on 01/24/2013. Findings revealed there was no further occurrence where the physician was not notified for a critical value as ordered.

3) Licensed Nurses were re-educated to Change of Condition policy and procedure regarding timely notification to physician on 1/24/2013 by Director of Nurses.

Diabetic Blood Glucose monitoring audits for 50% of applicable resident will be conducted on a weekly basis by Director of Nurses or designee to ensure timely MD notification as required then monthly thereafter x 2 months to validate compliance. Any deficient findings will be corrected immediately with physician notification and re-education made as required.

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F 157 Continued From page 2  
regarding the notification of the physician regarding a change in condition for 1 of 2 residents (1). Failure to notify Resident 1's physician regarding abnormally low blood sugar levels accompanied with unresponsiveness placed him at risk for further complications.

Findings include:

The facility's policy, dated 1/08, read: "The Licensed Nurse determines if there has been a change in condition of a resident. The Licensed Nurse notifies, via telephone, the attending physician and the resident's responsible party of the specific nature of the change of condition. The primary mode of urgent communication is by telephone. Other media such as fax, beeper, email, etc. may be utilized as a secondary method only after initial contact and agreement with the physician."

Resident 1 had [REDACTED] diagnoses including [REDACTED]. The admit physician's (MD) orders instructed the licensed nurses to administer [REDACTED] 1mg kit intramuscular (IM) prn (as needed) when the blood sugar level (BS) was less than 60 and the resident was unresponsive. The nurse was also to notify the resident's MD.

Review of the clinical record documented Resident 1 experienced several [REDACTED] (low blood sugar) episodes which required emergency administration of IM [REDACTED].

Review of the Medication Administration Record documented that Resident 1 was administered IM [REDACTED] on 8/28/12. E-kit medication forms

F 157

4) Diabetic Blood Glucose monitoring audits and findings will be reviewed by Director of Nurses or designee to ensure timely MD notification as required weekly x 4 weeks then monthly thereafter x 2 months to validate policy and procedure compliance and the results of the reviews will be tracked and trended and presented in PI (Performance Improvement Committee) monthly x 3 months by the Director of Nurses or designee.

5) Director of Nursing

01/24/2013

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dated 8/27/12 and 8/29/12, indicated the licensed Nurse had taken IM [REDACTED] from the E-kit for Resident 1. A nursing note, dated 9/1/12, documented that IM [REDACTED] was administered to Resident 1.

F 157

No evidence was found that the physician was notified about a low blood sugar for Resident 1 on 8/27/12. The LNs notified the physician by fax on 8/29, 8/30/12 and 9/1/12 regarding the critically low blood sugars with unresponsiveness, which required the emergency administration of IM [REDACTED]. There was no documented evidence the LNs attempted to reach the physician by telephone, as their policy required for a condition change.

This is a repeat citation under CFR 483.10(b)(11), F 157-Notify of Changes, from Statement of Deficiencies dated 7/13/12

F 425 483.60(a),(b) PHARMACEUTICAL SVC - SS=D ACCURATE PROCEDURES, RPH

F 425

The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

The facility must employ or obtain the services of

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F 425 Continued From page 4

a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.

This LEVEL B is not met as evidenced by:  
Based on record review and interview, the facility failed to maintain a supply of an emergency medication used to treat critically low blood sugar levels for one of 2 sample residents (1) who were insulin dependent diabetics. This failure placed the resident at risk for harm due to a delay in emergency treatment.

Findings include:

Resident 1 was admitted to the facility on [redacted] 12 with diagnoses of [redacted] and [redacted]. The physician's admit orders directed licensed nurses (LNs) to administer a tube of [redacted] by mouth if the blood sugar (BS) was less than 60 and the resident was responsive. If the resident's BS was less than 60 and the resident was unresponsive, an injection of [redacted] intramuscularly (IM) was to be administered and the physician was to be notified.

Review of the Care Plan directed LNs to monitor the resident for signs and symptoms of [redacted] (abnormally low blood sugar), to administer [redacted] as ordered by MD and to notify the MD if the resident's blood sugar was less than 60 and greater than 400.

Review of the nursing notes, dated 8/30/12,

F 425 F425

1) Resident # 1's injectable Glucagon was received by pharmacy on 08/30/2013 and is in the facility and available as needed. Resident # 1 remains free of signs/symptoms of adverse effects with no indication for glucagon use since last used on 8/30/12.

2) Identified residents with orders to use injectable Glucagon were reviewed by Unit Managers on 01/24/2013. Due to national Glucagon shortage, the facility is only able to procure 2 Glucagon syringes for the Emergency Kit back up medications at a time. Upon use the pharmacy will be called to restock the glucagon in the Emergency Kit. If unavailable, Licensed Nurses will immediately notify the physician of unavailable Glucagon in facility and follow orders by physician to include calling emergency response team "911" as necessary. Injectable Glucagon supply for identified residents with unstable blood glucose values will be processed as soon as national shortage is resolved and supply available from pharmacy.

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F 425	<p>Continued From page 5</p> <p>revealed that Resident 1 had an abnormally low blood sugar reading with unresponsiveness. At 3:00 a.m. that morning, the resident was unresponsive and his blood sugar was dangerously low at 42. The LN on duty attempted to administer a tube of oral [REDACTED] but the resident was unable to swallow. At 3:15 a.m., his blood sugar had dropped even further to a level of 39, but no IM [REDACTED] was available for the nurse to administer to the resident. The nursing note read, "No IM [REDACTED] available as there was only one in the E-kit which was used the day before, and pharmacy has yet to deliver". The LN activated the emergency response team (911), who came to the facility at 3:30 a.m. and administered intravenous [REDACTED] to the resident.</p> <p>On 1/11/13 at 4:00 p.m. during an interview with the Director of Nursing, regarding emergency medication supplies, she stated the LN who was providing care for Resident 1 was not aware the facility had two emergency E-Kits for medications and [REDACTED] was available in the second E-kit at the time of the incident. The DNS stated the pharmacy delivered medications at 4:00 a.m. to replace the emergency medications (E-kit) when medications had been used.</p> <p>Observation of the medications in the facility's two E-kits, revealed both E-kits were to have two tubes of oral [REDACTED] and one IM dose of [REDACTED] for emergent situations.</p> <p>On 1/15/13 at 1:45 p.m. the Resident Care Manager (RCM) for Resident 1, stated that when an emergency medication was used from the E-kit, the label was removed from the E-kit box and faxed to the pharmacy. The RCM stated that</p>	F 425	<p>3) On 1/24/2013 the Director of Nurses re-educated Licensed Nurses to emergency kit locations, medications stored in emergency kit and protocols if medication is not in the emergency kit and urgently needed. Upon use of a glucagon injectable a replacement of injectable Glucagon will be immediately made to ensure emergency kits remain stocked</p> <p>4) The pharmacy has indicated they will keep the facility posted of availability. In addition, the Director of Nurses or designee will track weekly times 4 weeks, then monthly times 2 months resolution of national shortage of Glucagon, and immediately request to pharmacy for an increase in par level to emergency back-up supply. Further the Director of Nurses will check the availability of Glucagon in both emergency kits weekly times 4 weeks, then monthly times 2 months to ensure supply maintained.</p> <p>Results will be tracked and trended and presented in Performance Improvement Committee (PI) by Director of Nurses or designee monthly times 3 months</p> <p>5) Director of Nursing and Administrator 01/24/2013</p>	

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F 425	<p>Continued From page 6</p> <p>pharmacy delivered twice a day, at 6 p.m., and at 4:00 a.m. The RCM stated that if the emergency medication was not available, she would access the other Nurses' Station E-kit.</p> <p>On 1/15/13 at 2:10 p.m., a Licensed Nurse (LNA) was interviewed regarding use of E-kit medications. She stated when a E-kit medication was used, she would place the sticker from the E-kit box on a piece of paper and fax it to the pharmacy at the end of the shift to notify them a medication was used from the E-kit.</p> <p>Review of the Emergency Drug Kit forms found LNs had documented that Resident 1 also required IM [REDACTED] from the E-kit on 8/27/12 at 11:30 p.m., and on 8/29/12 at 4:45 a.m., prior to the 8/30/12 incident.</p> <p>On 1/15/13, the DNS provided a list of 35 residents who had a physician's order for IM [REDACTED] should they have a [REDACTED] episode.</p> <p>On 1/15/13 at 5:35 p.m., the DNS stated that currently there were two doses of IM [REDACTED] available in the facility, one in each E-kit. The facility had not developed a plan to ensure additional [REDACTED] was available for emergencies should several [REDACTED] residents require IM [REDACTED] on the same day. The administrator confirmed that since over 20 residents in the facility had a physician's order for IM [REDACTED] for emergent use, having only two doses available placed these residents at risk for possible harm if they suddenly needed the medication for [REDACTED] with unresponsiveness.</p>	F 425		

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On 1/17/13 at 10:10 a.m., the pharmacy representative stated the facility was responsible to notify the pharmacy when a medication was removed from the E-Kits and that the medications were for one-time use. If a resident required an emergency medication more than once, the facility should notify the physician and obtain an order for the medication to be dispensed for that resident. She stated the routine pharmacy delivery was once a day, however based on a facility's demand or need for a particular medication, the facility should call the pharmacy to ensure a special delivery of the medication.

Even though Resident 1 had experienced several unresponsive [REDACTED] episodes which required the single use E-kit medication, the facility failed to ensure the medication was always readily available when needed.

This is a repeat citation under CFR 483.65, F425-Pharmaceutical Service, cited in Statement of Deficiencies dated 8/16/12

F 441 483.65 INFECTION CONTROL, PREVENT  
SS=D SPREAD, LINENS

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

(a) Infection Control Program

The facility must establish an Infection Control Program under which it -

(1) Investigates, controls, and prevents infections in the facility;

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 (2) Decides what procedures, such as isolation, should be applied to an individual resident; and  
 (3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection  
 (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.  
 (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.  
 (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens  
 Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:  
 Based on observation, interview and record review, the facility failed to ensure infection control measures were consistently followed for 1 of 4 residents (2). Failure to inform and implement infection control to prevent the spread of infection placed Resident 2 at risk of being exposed to an infection and placed residents and others at increased risk of exposure to infection.

Findings include:

F 441 F441

1) Resident # 2 was re-educated by Staff Development Coordinator on 01/09/2013 to facility droplet precaution protocol.

2) Residents residing in rooms requiring precautions were re-educated to facility precaution protocol by Staff Development Coordinator on 01/10/2013.

3) Social Services Director, Licensed Nurses and Director Staff Development Nurse were re-educated to facility infection control policy and procedure regarding education of residents requiring precautions and their room mates by Director of Nursing and Administrator on 1/24/13

4) Director of Nurses or designee will review charts of residents in precaution rooms weekly times 1 month, then monthly times 2 months validating residents are educated on precautions and document findings and results of the reviews will be tracked and trended and presented in PI (Performance Improvement Committee) times 3 months by Director of Nurses to ensure compliance.

5) Director of Nursing

01/24/2013

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Resident 2 was the roommate to Resident 3. Review of Resident 3's record revealed the resident had been admitted to the facility on 1/13 with diagnoses of [REDACTED].

During rounds on 1/9/13 at 8:50 a.m., there was a sign observed outside of the entrance door to Residents 2 and 3's room instructing visitors to check in at the nursing station before entering the room. There was no other signage noted.

On 1/9/13, the Licensed Nurse (LN M) was interviewed at 8:50 a.m. She stated Resident 3 was on droplet precautions due to a respiratory infection. LN M added that Resident 2 usually remained in the room.

Resident 2 heard what LN M said and responded, "I go out myself. I don't like the sign. They did not tell me when I moved in here". Resident 2 said she had moved from her former room as the facility needed a "room for a man". At 3:10 p.m., Resident 2 stated she was not told of any infection control concerns or that her roommate may be contagious. On the same day, Resident 2 said she was concerned about [REDACTED] because a family member had contracted [REDACTED] when they shared a room with another resident who had [REDACTED].

Social Service (SS) was interviewed on 1/9/13 at 12:40 p.m. She stated she was not sure as to why Resident 2 was moved from 307-2 to 302-1. SS said Resident 2 should have been informed about the needed infection control measures prior to her move.

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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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The Infection Control Nurse was interviewed on 1/9/13. She stated her infection control recommendation to facility management was to keep Resident 3 in a private room and not move Resident 2 into Resident 3's room, as Resident 3 was on respiratory droplet precautions due to [REDACTED]

The facility's droplet precautions included:

- a private room is desirable
- the door may remain open
- if a private room is not available, may cohort residents infected with the same microorganism.
- when cohorting is not possible, maintain a separation of at least 3 feet between the infected resident and all others. Cubicle curtains may be used to prevent droplet transmission as well
- wear a mask for close contact with infectious patient (within 3 feet); the mask is generally donned upon room entry
- follow respiratory hygiene/cough etiquette.

There was no documented evidence found in the record that Resident 2 was informed about infection control precautions when administration moved her into the new room.

On 1/9/13 at 12:00 p.m., the Director of Nursing verified Resident 2 had not been informed regarding infection control precautions or concerns prior to her move on 1/4/12.

On 1/9/13, the Corporate Manager stated Resident 2 should have been informed regarding the infection and the precautionary measures Resident 2 needed to take in order to prevent contracting the infection.

F 441

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

PRINTED: 01/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505491</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2013</b>
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F 441 Continued From page 11  
This is a repeat citation under CFR 483.60(a)  
(b)-F 441 Infection Control, from Statements of  
Deficiencies dated 4/16/12 and 8/16/12

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