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

1164

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	505491		C 06/27/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERETT CARE & REHABILITATION CENTER	1919 112TH STREET SOUTHWEST EVERETT, WA 98204

(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 INITIAL COMMENTS

F 000

This report is the result of an unannounced Abbreviated Survey conducted at Everett Care & Rehabilitation Center on 6/27/13. A sample of 6 residents was selected from a census of 86. The sample included 4 current residents and records of 2 former/discharged residents.

The following complaints were investigated as part of this survey:

2833456
2833631
2829787

The survey was conducted by:
[redacted], RN, MSN
[redacted], RN, BS

The survey team is from:
Department of Social & Health Services
Aging and Long-Term Support Administration
Residential Care Services, District 2, Unit B
3906 172nd St NE Ste 100
Arlington, WA 98223-4740

Telephone: (360) 651-6850
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Roberta Crawford 7/10/13
Residential Care Services Date

"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Everett Care & Rehabilitation Center 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."

RECEIVED
JUL 25 2013
ADSA/RCS
Smokey Point

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 7-22-13

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 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES	F 242	F-242	

The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to proactively seek information regarding a resident's choice for same gender caregivers in order to provide the necessary assistance to help Resident 1 fulfill her choice. Affected was 1 of 2 sample residents who preferred same gender caregivers for care. Failure to proactively seek information with which to develop and implement an individualized interdisciplinary care plan to reasonably accommodate the resident's choice for female-only care (as specified by the resident's family) placed Resident 1 at risk of immodesty and/or embarrassment.

Findings include:

Resident 1 was admitted to the facility on [redacted]/13. The resident was unable to make her needs known to staff, required 2-person staff assist for most activities of daily living, and required direct care & treatments for a [redacted], and a [redacted]

A telephone interview with a family member on

1. Resident 1 discharged from facility on 6-20-13

2. Other residents identified as having gender preferences were identified through interview of current residents by Director of Nurses and Unit Managers on 7/15/13. Identified resident charts, care plans and tasking were reviewed and updated on 7-15-13 by Director of Nurses and Unit Managers.

3. Staff to include the nursing staff scheduler were re-educated by Director of Nursing and Nurse Practice Educator on appropriate actions to take when resident or family makes request for care giver gender preference on 7/10-17/2013. The education included documenting the information on the 24 hour report log as communication to all disciplines.

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F 242 Continued From page 2

6/26/13 indicated the resident's family had informed staff upon the resident's admission to the facility that the resident preferred female caregivers due to the resident's religious beliefs. The preference would be to have all female caregivers, but most especially related to only female staff providing direct personal care and any treatments requiring direct body observation or contact. The family member indicated there had been a sign above the resident's bed indicating the resident's preference for female only caregivers. The family member indicated there had been at least two instances where a family member had observed a male caregiver participating in provision of direct personal care or treatments.

During an interview with a Staff C on 6/27/13 at 1 p.m., the caregiver stated Resident 1's family had told her on the day of admission [redacted]/13 or "maybe when she came from hospital" (resident went to and returned from an emergency room visit on [redacted]/13) that the resident preferred female-only caregivers. She said she thought the nursing assistants also knew about the requested caregiver preference.

During interviews on 6/27/13 at 1:25 p.m. with Staff D, 1:40 pm with Staff E, and 1:45 p.m. with Staff F, the direct caregivers stated they were aware Resident 1 had preferred female caregivers. They said there had been a sign above the resident's bed indicating female caregivers only. Staff E stated she believed the sign may have been placed there by the resident's family.

During a 6/27/13 at 9:25 a.m. interview with Staff

F 242 4. Director of Nursing and Nurse Practice Educator to audit Care Plans, 24 hr Report Log, staff assignments of residents with gender specific requests and interview staff from other departments to ensure they are familiar with resident preference for gender specific choice once a week x 4 weeks then monthly for 2 months for accommodations of needs. Director of Nurses will track trends and report to monthly Performance Improvement meeting as trends identified.

5. 7-19-13

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F 242	Continued From page 3 A, the nurse was asked about residents with specific caregiver preferences. She stated she did not remember a specific request for female caregivers when Resident 1 first came to the facility, but a few days later she noticed a sign was posted over the resident's bed indicating female caregivers. An interview with the Director of Nursing (DON) on 6/27/13 at 1:46 p.m., she stated she found out about the resident's preference for female only caregivers from a family member on [redacted]/13. She said she told the family member she could not guarantee female-only care givers due to the resident's complexity of care. She stated she did not observe nor post a sign in the resident's room regarding female only caregivers, as she could not assure the resident would always have female caregivers. The DON said the family wanted all female care givers, including respiratory therapy and nurses. Later at 2:48 p.m., the DON said her staff had not let her know that Resident 1 preferred female caregivers prior to [redacted]13. During an interview with Staff G on 6/27/13 at 2:10 p.m., she said she received a telephone call from a family member on [redacted]13 who told her the resident needed to have female caregivers at all times for personal hygiene care due to religious reasons. She said she had not been able to initiate/complete a social service history & admission assessment prior to the resident's discharge to the hospital on 6/20/13. Review of 6/19/13 social service documentation indicated the family member had informed Staff G that the resident did not want male caregivers, the preference being no male would see the	F 242		

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F 242	Continued From page 4 resident nude or uncovered. An interview with Staff B on 6/27/13 at 12 noon, he stated he was unaware of the resident's caregiver preference until [redacted]/13 "until a family member talked to the facility administrator." Review of the clinical record revealed the initial nursing assessment and interdisciplinary progress notes up to [redacted]/13 did not indicate a specific caregiver preference. Review of daily nursing staff assignment sheets from [redacted]13 - 6/21/13 revealed instructions "***Whenever possible Female Care for (Resident 1's room number)***" were added to the 6/21/13 assignment sheet. A care plan was initiated on 6/19/13 "for religious beliefs, family request female care giver only." The plan indicated the resident was to have "female care givers when able, when providing personal hygiene care or bath." It did not include more specific information regarding female nurses and respiratory therapists, ie. to provide direct contact care/treatments when able or the resident's choice was that male staff would not be present when the resident was uncovered.	F 242		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.	F 514		

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F 514 Continued From page 5

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to accurately document notification of the responsible party regarding a change of condition for Resident 1. Failure to accurately document notification regarding leakage around an abdominal feeding tube (PEG) and scheduling of a PEG replacement procedure placed the resident at risk of not having the appropriate responsible family member aware of the change of condition and/or procedure.

Findings include:

Resident 1 was admitted to the facility on [redacted]/13. The resident was assessed as unable to communicate "had [redacted]" with severely impaired decision making, required 2-person staff assist for most activities of daily living, and had a [redacted] ([redacted]). A progress note dated 6/14/13 indicated a verbal consent (for an air mattress bed) had been obtained by telephone from a named "POA (power of attorney)" family member.

A day shift progress note dated 6/19/13 indicated the resident's [redacted] was leaking and the physician was notified. A 6/19/13 at 11:00 Change of Condition Documentation form

F 514

F-514

1. Resident 1 discharged from facility on 6-20-13

2. Residents with changes of condition over the past 30 days charts were reviewed by Director of Nurses and all documentation was in order for responsible party notification to include specific name of person notified on 7/15/2013.

3. On 7/10-17/13 staff were educated by Director of Nursing and Nurse Practice Educator on timely documentation of notification to family with changes in resident condition which is to include specific name of responsible party being notified.

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F 514 Continued From page 6

regarding physician notification of the "PEG site leaking" documented, "Name of Responsible Party Notified: Pt. (patient)." There was no documentation indicating notification of Resident 1's responsible family member during an initial review of the clinical record on 6/27/13 at approximately 11 a.m.

A late entry nursing progress note by Staff H dated 6/27/13 at 1400 (for evening shift 6/19/13) indicated the resident's "family notified r/t peg tube site occluded and medication has been held."

During an interview with the Staff H on 6/27/13 at 3:20 p.m., she said Staff B had made the arrangements regarding the [redacted] issues on 6/19/13 and Staff B had told her the resident's family had been notified.

During an interview with Staff B on 6/27/13 at 3:45 p.m., he stated he had been involved with making the arrangements for the scheduling a [redacted] replacement procedure for Resident 1. He stated he notified several women relatives who were present in the facility on 6/19/13 regarding the [redacted] issue/procedure, although he was "not sure which family members specifically." This notification was not documented in the clinical record.

Facility policy with a revision date of 4/1/03 for "Condition: Change In" indicated the process was the nurse will promptly notify the physician, patient, and/or responsible party in the event of a condition change... "The notification including date, time and by whom, shall be documented in the clinical record."

F 514

4. Director of Nursing and Nurse Practice Educator to audit 24 hour report book to identify changes and condition and review 5 charts to assure documentation of specific responsible party notified of change of condition every week times one month, then once a month times two months. Director of Nurses will track trends and report trends in monthly Performance Improvement meeting as trends notified.

5. 7-19-13

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