

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

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

1228

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2013
NAME OF PROVIDER OR SUPPLIER SEATTLE MEDICAL POST ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 555 16TH AVENUE SEATTLE, WA 98122	
(X4) ID PREFIX TAG F 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG F 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Seattle Medical and Rehabilitation Post Acute Care on 08/07/2013. A sample of 3 residents was selected from a census of 86. The sample included 3 current residents.</p> <p>The following were compliants investigated as part of this survey:</p> <p>#2844068</p> <p>The survey was conducted by:</p> <p> RN, MN</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>[Signature]</i> Residential Care Services Date 8/8/13</p>		<p>DISCLAIMER</p> <p>PREPARATION AND EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMITTANCE OF AGREEMENT WITH THE FACTS ALLEGED OR CONCURRENCE WITH THE STATEMENT OF DEFICIENCIES. A PLAN OF CORRECTION IS PREPARED AND EXECUTED SOLELY BECAUSE IT IS REQUIRED BY PROVISIONS OF FEDERAL AND STATE LAW.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Rachael Gress* TITLE: Executive Director (X8) DATE: 8/22/13

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 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>F 225 INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p><u>Plan of Correction</u></p> <ol style="list-style-type: none"> 1. Resident #1 Adult Protective Services report has been investigated as an allegation of misappropriation, called into the DSHS Hotline and placed on the Incident Log 2. Incident Log has been reviewed to ensure that investigations/referrals have been completed and logged according to policy and regulations. <p>Staff will continue to follow Policy and regulations for any alleged misappropriation. Adult Protective Services referrals will be treated as allegations of misappropriation</p> <p>Staff have been educated on facility policy and regulations for Investigating/Reporting Allegations and will continue to</p>	8/22/13

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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 interviews and record review the facility failed to ensure allegations of exploitation/misappropriation of funds were to get and reported to appropriate entities, including the State survey agency in accordance with 42 CFR 483.13(c)(2) & (4). This affected 1 of 3 resident (Resident #1) reviewed for trust accounts. Failure to follow State and Federal reporting procedures has the potential for further exploitation and diminished quality of life of the residents.</p> <p>Finding included, but not limited to:</p> <p>The State procedure outlined in The Nursing Home Guidelines AKA "The Purple Book" fifth edition, under reporting guidelines (Appendix D) directs a facility to report all misappropriation/exploitation incidents to the DSHS hotline and log the incident in the facility DSHS Log within five days.</p> <p>RESIDENT #1:</p> <p>Resident #1 was admitted to the facility on [REDACTED] 2013 for care needs related to [REDACTED]</p> <p>[REDACTED]</p> <p>Record review on 08/07/2013 at 09:15 a.m. revealed Discharge Summary dated [REDACTED] 2013 noted resident appropriate for long-term care. The physician orders dated 07/25/2013 noted skilled nursing facility services required.</p> <p>An interview with Staff B, the Business Manager,</p>	F 225	<p>receive education annually and as needed.</p> <p>4. Incident Log will be randomly audited monthly by Executive Director and or Director of Nursing to ensure that center is in compliance.</p> <p>Quality Assurance Committee will ensure compliance.</p>	8/22/13

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F 225	<p>Continued From page 3</p> <p>on 08/07/2013 at 10:15 a.m. revealed the facility became concerned for the resident when the financial statements received from the family on 06/24/13 showed questionable withdrawals from the resident's bank account. Staff B stated the family voiced frustration of the loss of funds in the resident's bank account when the facility became the resident's designated payee. Staff B stated repeated attempts to contact the family were made. Staff B stated the lack of response from the family by mid-July prompted her to report alleged misappropriation of funds to Adult Protective Services(APS).</p> <p>Record review of the Incident Log of the facility from June to the day of investigation had no record of the alleged misappropriation of funds.</p> <p>At 11:25 a.m. Staff A confirmed the facility notified APS because of alleged misappropriation of resident funds by family members who had managed the resident's finances and resided in resident's home. Staff A stated the facility did not call the DSHS hotline regarding this incident of alleged misappropriation of funds.</p>	F 225		

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