

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

PRINTED: 09/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505206	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE & REHAB CTR VANCOUVER	STREET ADDRESS, CITY, STATE, ZIP CODE 400 EAST 33RD STREET VANCOUVER, WA 98663
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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 INITIAL COMMENTS

F 000

This report is the result of an unannounced Abbreviated Survey conducted at Kindred Transitional Care and Rehabilitation - Vancouver on 09/18/2013. A sample of 8 residents was selected from a census of 55. The sample included 5 current residents and the records of 3 former and/or discharged residents.

The following complaints were investigated:

- #2853022
- #2870682
- #2870916
- #2870976
- #2871203

The survey was conducted by:

██████████ RN, MS

The survey team is from:

Department of Social & Health Services
Aging & Disability Services Administration
Residential Care Services, District 3, Unit D
5411 East Mill Plain Blvd., Suite 203
Vancouver, WA 98661

Telephone: 360-397-9550
Fax: 360-992-7969

[Signature] 9-24-13
Residential Care Services Date

RECEIVED
OCT 10 2013
DSHS/ADSA/RCS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Executive Director	(X6) DATE 10/1/2013
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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 the 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 354
SS=D 483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON

Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week on 2 days: 09/05/2013 and 09/15/2013 during review of the period from 8/18/2013 through 09/17/2013. This failure placed the residents at risk of not having sufficient qualified staff to provide and supervise care for residents to ensure timely and necessary assessments to direct care quickly and easily.

Findings include:
On 9/18/2013, staffing and payroll records for the period of 8/18/2013 through 09/17/2013 (31 days) were reviewed. On 09/05/2013, a total of 2 hours and 10 minutes was logged by a Registered Nurse (RN) who was in the facility and was directly available for supervision. No additional RNs were scheduled during that 24 hour period.

F 354

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

F354:

1. The Administrator, DNS, and Staffing Coordinator conducted an immediate audit of our nursing staffing schedule over the alleged period of time. Although our DNS's hours are counted as 5.71 hours per day, 7 days per week, we could not substantiate whether he was in the facility. Therefore, we could not substantiate the RN hour requirement for 9/5/13 and 9/15/13. No residents were affected in any way by this alleged deficient practice.
2. The Staffing Coordinator was instructed/insericed on the 8 consecutive RN hour requirement. The current schedule is compliant. Complications or call-ins will be brought to the attention of the DNS and/or Administrator immediately for resolution.

10/7/13

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F 354	<p>Continued From page 2</p> <p>On 09/15/2013, one RN was scheduled, but that nurse worked less than 8 hours. No additional RN coverage was provided.</p> <p>On 09/18/2013 at 12:45 p.m., the Director of Nursing (DNS) stated "We have had some trouble maintaining RN coverage. We have asked some of our RN managers to work shifts, we have tried to find agency coverage. I have an RN transferring in to our building from another facility toward the first part of October, so that should help."</p>	F 354	<ol style="list-style-type: none"> 3. The Staffing Coordinator will develop the schedule 30 days in advance to include 8 hours of RN coverage. Any variations to this compliance issue will be immediately addressed with the DNS to assure proper coverage. RN management is on a rotating schedule, aggressive recruitment for RN's is activated, and staffing agencies are contracted to assist with coverage. 4. DNS or designee will monitor daily through staffing schedules and personal meetings to validate compliance. Variations will be addressed in the monthly Performance Improvement meeting and monitored over the next 30 days for compliance. 	