

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

PRINTED: 04/01/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2014
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NAME OF PROVIDER OR SUPPLIER ROCKWOOD AT HAWTHORNE	STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST HAWTHORNE ROAD SPOKANE, WA 99218
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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 report is the result of an unannounced Quality Indicator Survey conducted at Rockwood At Hawthorne on 3/17/14, 3/18/14, 3/19/14, 3/20/14, and 3/21/14. A sample of 18 residents was selected from a census of 20. The sample included 16 current residents, and the records of 2 former and/or discharged residents.</p> <p>The survey was conducted by: Linda Loffredo R.N., B.S.N. Theresa Kochevar, R.N., M.S.N. Cindy Coville R.N., B.S.N.</p> <p>The survey team is from: Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 1, Unit B 316 West Boone Avenue, Suite 170 Spokane, Washington 99201</p> <p>Telephone: (509) 323-7303 Fax: (509) 329-3993</p> <p><i>[Signature]</i> Residential Care Services</p> <p>4/2/14 Date</p>	F 000	<p>Please refer to the detailed Plan of Correction written on subsequent pages next to the corresponding F-tag.</p> <p style="text-align: center;">RECEIVED APR 14 2014 DSHS ADSA RCS SPOKANE WA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>04/11/2014</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 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

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 observation, interview, and record review, it was determined the facility failed to promote choices for 3 of 6 residents (#10, 20, 21) with regard to general health care decisions, in a sample of 18. Findings include:

1. Resident #10 had dementia and [REDACTED]. The record indicated she had some short and long term memory deficits, but was able to make daily decisions about her care and express her needs.
A review of the most recent care plan documented "I like to be in control and make my own decisions." In addition, the care plan indicated the resident relied on family to help her make major decisions. She was able to use a credit card to purchase items, and discussed her concerns about a tablemate with her physician on 3/20/14.
The facility assessments of her cognition (called a Brief Interview for Mental Status or BIMS), done every 3 months, showed variability between being cognitively intact and moderately impaired. Per a Social Services Progress Note on 3/7/14, the resident had done much better on the interview, and was cognitively intact.

F 242 SELF-DETERMINATION

- An in-service is scheduled to re-orient all licensed nursing staff members to the importance of assessing resident capacity for decision-making and including residents in discussion of choice. To correct the deficiency related to residents #10, #21 and #20 the Social Worker has initiated reviewing decision-making related to these residents to assure that residents are included in choices as matters related to their care may be involved.
- To protect other residents in similar situations, residents medical records will be reviewed as decision-making is required of resident or responsible party to assure that residents having capacity for decision-making will be involved, and that their participation will be documented in the medical record.
- Measures taken include the writing of a clarifying nursing policy related to Resident Self-Determination and Right to Make Choices, and in-servicing to the policy with all licensed

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F 242	<p>Continued From page 2</p> <p>The record indicated the resident had been in the facility for several years. A review of admission forms, consents for medications, and consents for vaccines documented all had been signed by a family member. In addition, the resident had some medication changes and other changes in her care. A discussion with the resident about the issues, and evidence of her ability to make choices was not always apparent.</p> <p>The resident was interviewed on 3/17/14 at approximately 11:00 a.m. She said she didn't feel like she was involved in decisions about her daily care. The resident indicated that if they called the doctor, changed a medication, or other things, she did not think they always discussed it with her. She further said she had 2 sons that were very involved in her care - she thought the facility contacted them, but wasn't sure.</p> <p>2. Resident #21 had diabetes, dementia and [REDACTED] Per the record, she had short and long term memory deficits, but was able to make daily decisions about her care and express her needs.</p> <p>A Social Services Progress Note on 12/2/13 documented medications she was taking to enhance her memory were having a positive effect on her mental status. The most recent BIMS was completed in February 2014 - at that time, she was determined to be cognitively intact.</p> <p>A review of the resident's record was completed. Most of the consent forms for medication, vaccines, and other treatments were signed by a family member. The most recent discussion of discharge planning (2/26/14) documented "discharge planning discussed with family ..." There were other notes (with regard to a room move) which reflected the resident was involved.</p>	F 242	<p>staff. Through the regularly scheduled Care Conferences facilitated by the Social Worker, assessment will be made of the residents to determine that they have capacity for decision-making and understanding of risks/benefits, and residents will be purposely involved and such participation documented.</p> <ul style="list-style-type: none"> To monitor the systematic performance of the licensed nursing staff and social worker to determine that corrections are maintained, the RN Nurse Manager will be assigned to review nursing actions related to changes of condition or other circumstances for assessment that the resident may or may not have capacity for decision-making and that this process has been thoroughly documented in the medical record. The Social Worker and the RN Nurse Manager will have responsibility to routinely report to the Director of Nursing Services compliance with the self-determination expectation with residents having capacity to act or deviations from policy. 	05/02/14

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F 242	<p>Continued From page 3</p> <p>The resident was interviewed by the surveyor 3/17/14 at approximately 2:00 p.m. The resident was hard of hearing, and needed some questions repeated, but was able to answer all questions. She expressed that she wanted to get out of bed earlier in the morning, and indicated on that day she was not happy with her room move (and that her son wanted her to have a private room).</p> <p>Staff #L was interviewed on 3/21/14 at 11:12 a.m. She indicated that the resident's cognitive ability and decision making ability were variable. She agreed that despite the cognitive deficits at times, the resident had the ability to understand and make choices with regard to her care. The facility failed to show they consistently involved the resident in choices about her care.</p> <p>3. Resident #20 had heart and breathing problems. Per record review, he had variable memory deficits. The most recent cognitive assessment dated 2/28/14 determined at that time, he had no memory deficits, was able to make daily decisions about his care, and express his needs.</p> <p>The record indicated the resident had been in the facility for several years. A review of admission forms, consents for medications, and consents for immunizations documented all had been signed by the resident's representative. A discussion with the resident about the issues, and evidence of his ability to make choices was not always apparent.</p> <p>During interview on 3/18/14 at 10:56 a.m., the resident stated he chose whether he took a bath or shower but did not choose how many times per week he bathed, stating the schedule was all set up.</p> <p>On 3/21/14 at 11:00 a.m., Staff #A stated the immunization consents were always signed by</p>	F 242		05/02/14

88

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F 242	Continued From page 4 the families/representatives as a way of informing them about resident immunizations. In an interview on 3/21/14 at 11:15 a.m., Staff #L stated the resident's cognitive status was variable at times. She stated the facility did involve him in decisions about his daily care. The facility did not show they consistently involved the resident in choices about his care.	F 242		
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to consistently provide individualized activities according to preferences for 1 of 2 residents (#4) reviewed for activities in a sample of 18. Findings include: Resident #4 had diagnoses including arthritis and dementia. Per record review, the resident had memory problems and required extensive assistance with most activities of daily living. The resident had hearing problems and communicated by answering questions with a white eraser board. In February 2014, the resident developed increased right knee pain and could no longer walk in the hall. During the most recent activity assessment on 3/3/14, the resident reported it was very important	F 248	ACTIVITIES/MEET INTERESTS/NEEDS OF RESIDENTS <ul style="list-style-type: none"> Care Plan of resident #4 was reviewed and revised to identify providing the facility newspaper to the resident when she expresses an interest. It should be noted that resident #4 was continuing read her monthly devotional publication although not necessarily observed doing so during the survey process. It was in her room in reach. In an interview of nursing staff member #F with the Administrator following the survey, she indicated that the nursing care team was aware of the resident's interest in the newspaper and routinely arranged to pass on another resident's newspaper when finished with it or offered resident #4 the facility copy of the newspaper periodically. 	05/02/14

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F 248	<p>Continued From page 5 to have books, newspapers, and magazines to read.</p> <p>Review of the resident's care plan for activities revealed the resident enjoyed reading the newspaper and a monthly publication in her room. Out of room activities included walking up and down the hallway several times per day, visiting with peers daily, and attending some group activities.</p> <p>Review of the resident's in-room care guide revealed the the resident was independent with activities.</p> <p>During periodic observation on 2/17 and 2/18/14, the resident was in her room between meals and did not attend group activities. She sat in the recliner and dozed with the TV off. There was no newspaper or her monthly publication available to her.</p> <p>On 2/19/14 and 2/20/14, the resident attended one activity each morning. During periodic observation each afternoon, she remained in her room dozing with the TV off and no reading materials available.</p> <p>In an interview on 3/20/14 at 2:00 p.m., Staff #1 stated the resident read her favorite publication every day. In addition, she received the newspaper. Before the knee pain increased, the resident read the newspaper then gave it to a resident in another room when she walked in the hall.</p> <p>On 3/21/14, newspapers were delivered to other residents, but not Resident #4.</p> <p>In an interview on 3/21/14 at 9:40 a.m., the resident said she liked to read the newspaper but did not know where her newspaper was. Staff #F entered the room and explained that a family member canceled the resident's newspaper subscription about 6 weeks ago and the resident read the newspaper if staff brought her one after</p>	F 248	<ul style="list-style-type: none"> • Activity staff will conscientiously review the resident care plans of the other health care residents, one by one, to determine that special interests of individual residents are identified and incorporated into resident activity preferences and care planning. • The Activity Director will randomly review a sampling of individual care plans each month, concentrating on the accurate representation of resident preferences, including the use of documented interviews of same. This will also be incorporated into the regular care planning process. • To ensure consistency of activity care planning processes, the periodic care conferences will also be deliberate in addressing the activities preferences and goals of the resident in the review. • Monitoring performance will be accomplished by the social worker who facilitates the Resident Council to include inquiries of the attendees as to the scope and meaningfulness of resident activities. 	05/02/14
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99

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F 248	Continued From page 6 another resident finished reading. When the resident experienced knee pain and spent more time in her room, the facility did not ensure her preferred reading materials were available to her on a daily basis, including implementing new interventions to offer her access to a newspaper daily. She was placed at risk for a diminished sense of well-being.	F 248	<ul style="list-style-type: none"> The Activity Director will have primary responsibility for the consistency and accuracy of the resident care plans related to activity preferences and goals, as well as the substance of the activity care plan charting and noted changes. 	05/02/14
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that care plans were reviewed and revised for 2 residents (#10,	F 279	<p>DEVELOP COMPREHENSIVE CARE PLANS</p> <ul style="list-style-type: none"> The Director of Nursing Services has reviewed the care plans and documentation regarding residents #10 and #17 to ascertain unaddressed elements in skin care treatment and initiate correction, proper notifications as required of physician and family, and subsequent nursing care treatment. An audit of all residents with identified skin issues will be performed by the RN Nurse Manager with instructions provided for corrections in treatment where incomplete actions may be identified. 	05/02/14

89

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F 279	<p>Continued From page 7</p> <p>17) with skin alterations, in a sample of 18. Findings include:</p> <p>1. Resident #10 had dementia, a history of strokes and falls. Per the record, the resident had received skin tears on 2/17/14 and 2/25/14. The resident's care plan was reviewed. It identified the resident had very dry skin in general, and instructed staff to use lotion. There was no information in the care plan identifying the resident as having fragile skin, being at risk for skin tears, or any preventative interventions in place. The resident was sitting in her room on 3/17/14 at 10:55 a.m. She had some red areas on her forehead and fading bruises under both eyes (from a fall on 2/25/14). She also had a large scab and some bruising on her left hand. When asked what happened, the resident said she "stuck it" with her thumbnail. A treatment sheet dated 3/10/14 identified the area on her left hand as a skin tear (there was no information available as to the cause of the injury). Despite the fact the resident has received 3 skin tears in less than 2 months, the care plan was not reviewed or revised to identify the resident as having skin tears, continuing to be at risk, and/or having preventative measures in place. This placed the resident at risk for additional skin injuries.</p> <p>2. Resident #17 had end-stage kidney disease and severe back pain. Per the record, she had dry eyes due to the kidney disease, for which she received eye drops. The resident was interviewed on 3/18/14 at approximately 10:30 a.m. Throughout the interview, the resident was rubbing her left eye -</p>	F 279	<ul style="list-style-type: none"> To ensure changes in practice, a clarifying procedure for skin care treatment will be written and in-serviced with the licensed staff. The nursing assistants will also be in-serviced as to attentiveness in following reporting of observations in a timely manner to licensed staff. To monitor performance, the RN Nurse Manager will have primary oversight responsibility to evaluate any residents with skin related issues for compliance with the policy & procedure, and direct corrections with the licensed staff as necessary. The RN Nurse Manager will report compliance on a monthly basis to the Director of Nursing Services with subsequent reporting to the QAPI Committee of identified skin issues, resolutions and any trends. 	05/02/14
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F 279	Continued From page 8 she indicated it was itching. The skin surrounding the eye was red, and there was a small red lesion with a white head in the left corner of her face, near her eye. The resident stated her eyes were very sensitive to light in general and she had problems with them. She was also scratching her lower back - she said that she had very frequent itchy skin. (Note: dry skin and itching are common problems with kidney disease). The most recent care plan was reviewed (dated 3/1/14). It documented the resident had dry eyes for which drops were applied, and dry skin - the problem of frequent itching was not included as part of the care plan. The resident was observed on all days of the survey to frequently rub her left eye and scratch her lower back. On 3/20/14 at 8:05 a.m., the resident said her back was itching terribly. She said they gave her some cream for it "but it never works." The resident lifted up her shirt, and there was a scratch and a small open area on her lower back that was bleeding. The area around her left eye was sometimes red, and the lesion in the left corner near her eye remained. On 3/21/14 at approximately 10:00 a.m. Staff #M was interviewed. She said when she bathed the resident that morning she had a couple of small scabs on her lower back and a rashy area between her shoulder blades. Staff #M said it looked like the resident had been scratching her back, and the resident complained about how bad it itched. The facility failed to review and revise the resident's care plan to address the frequent itching skin on her back and her eyes. This placed the resident at risk for continued discomfort.	F 279		05/02/14
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET	F 281		

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F 281 SS=D	Continued From page 9 PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to meet professional standards of practice related to the implementation and administration of a medicated irrigation for 1 of 4 (#9) residents with urinary catheters in a sample of 18. Findings include: Resident #9, per record review, had a diagnosis of neurogenic bladder with urinary retention. The resident had longstanding urinary problems resulting in the use of a catheter for bladder emptying. The resident was started on a Renicidin irrigation of the bladder (used to prevent and/or minimize the buildup of sediment of the catheter/bladder) for symptoms of bladder pain and poor drainage from the catheter. The resident required a catheter change on 3/6/14 because of these problems. On 3/6/14, the resident's physician orders directed Licensed Nurses (LN) to administer the Renicidin irrigation to be done daily. Per review of the resident's March 2014 Medication Administration Record (MAR), the physician order for the Renicidin irrigation to be administered once a day had not been implemented by the licensed nurses until 3/12/14 for reasons "not available from pharmacy, do not have transfer needles to flush". On 3/21/14 at 8:20 a.m., Staff #B stated when they receive a new order, it is processed and	F 281	PROFESSIONAL STANDARDS <ul style="list-style-type: none"> To correct any deviations in carrying out catheter care by the licensed staff, an in-service was conducted with licensed staff to clarify and correct the manner in which pharmacy orders are followed up and any difficulties in receiving required solutions or supplies was communicated to the Director of Nursing in a timely manner. It should be noted that resident #9 did not suffer any adverse urinary complications from the delay in implementation of the Renicidin irrigation. To protect residents in similar situations, the care plans are systematically being reviewed for all residents with foley catheters to determine that orders are timely, proper irrigation techniques are being practiced, and that licensed staff are aware of how to communicate to the pharmacy if problems arise with deliveries. An in-service will be conducted with the licensed staff by the Director of Nursing Services regarding irrigations of catheters and obtaining pharmacy orders properly. 	05/02/14

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F 281	Continued From page 10 faxed to the pharmacy. If the new order does not arrive she would either re-fax or call the pharmacy. If there was a problem with arrival, she would just keep calling. She further commented that she would flush the catheter with a sterile solution if the Renicidan solution was not here and document why the Renicidan irrigation was not done and then document what she did. The irrigation was not implemented and/or documented as done on 3/7,8,9,10,11,15/14 (6 days). On 3/21/14 at 10:35 a.m., Staff #A verified the order did not get implemented until 3/12/14. She stated the nursing staff would have been responsible for processing the new order, timely initiation of the order, follow-up and/or changes to the plan with physician notification if a medication was not available and/or received timely and the actual implementation of the order. The resident did not receive the Renicidin irrigation and/or any type of irrigation to the urinary catheter for 5 days following the physician order date. The facility failed to follow professional standards related to the initiation and implementation of the physician order which placed the resident at risk for further urinary complications.	F 281	<ul style="list-style-type: none"> As a step in monitoring ongoing nursing staff performance, the RN Nurse Manager will be training the licensed staff on new orders for medication or treatment, to include notification of POA/responsible parties, documentation of acceptance of the new orders in the nursing notes, and initiating the treatments. 	05/02/14
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309	PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING <ul style="list-style-type: none"> Resident #10 had skin care treatment procedures implemented to address the noted skin tear with ongoing assessment to be done until resolved. 	05/02/14

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F 309

Continued From page 11

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, it was determined the facility failed to provide necessary care and services for 1 of 4 residents reviewed with skin conditions in a sample of 18 (10). Findings include:

Resident #10 had dementia, a history of strokes, and falls. The resident required extensive assistance with activities of daily living. The most recent assessment of 3/7/14 documented the resident was at risk for skin breakdown.

The care plan was reviewed. The resident was identified as primarily having problems with dry skin. The goal related to skin was to maintain her skin with no dryness, redness, or pressure ulcers.

A Skin at Risk Assessment sheet of 3/10/14 documented the resident received a skin tear on her left hand (there was no information available as to the cause of the injury). The wound was 2 centimeters in length, with irregular edges. Treatment at the time of the injury was cleaning with normal saline and application of a band aid.

The Nurse's Notes were also reviewed from the day of the injury through the time of the survey. There was no information to indicate licensed nursing staff had determined the cause of the skin tear, or were monitoring the area for signs of infection until 3/19/14 (9 days after the injury). Aside from the application of a band aid, there was no other treatment.

The resident was sitting in her room on 3/17/14 at 10:55 a.m. She had some red areas on her forehead and fading bruises under both eyes (from a fall on 2/25/14). She also had a large scab and some bruising on her left hand.

On 3/20/14 at 8:20 a.m. and 3/21/14 at 8:15

F 309

- To be certain that all residents having similar skin issues are assessed, an audit of the skin treatment plan for all residents with skin care precautions will be carried out by the RN Nurse Manager to determine that appropriate skin care protocols are being used with timely documentation of interventions and care plans updated accordingly.
- To ensure that the nursing staff are attentive to consistent skin protocol interventions, in-servicing will be conducted with the licensed staff as well as the nursing assistants.
- The RN Nurse Manager will provide monthly reports to the Director of Nursing Services and summaries of residents with skin precautions will be included in the QAPI Committee reporting.

05/02/14

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F 309	Continued From page 12 a.m., the area on the resident's left hand was covered with a band aid. When asked what happened, the resident said she stuck herself with her thumbnail. The area was evaluated by Staff #A on 3/21/14, after a discussion with the surveyor. The skin tear measured 3 centimeters, the skin was no longer intact, and there was some sign of infection (i.e., redness). An antibiotic ointment was applied, and monitoring and treatment were initiated until the wound was healed. The facility failed to adequately provide appropriate monitoring and treatment to a skin tear, causing it to have preliminary signs of infection, and necessitating additional treatment.	F 309			
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the residents environment remained free of accident hazards related to unsafe water temperatures and unlocked/accessible cleaning agents. This had the potential to affect 10 of 20 current residents residing in the facility. Findings include: 1. During an interview on 3/17/14 with Resident	F 323	FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES • To resolve the immediate problem of hot water temperature adjustment, a plumber was retained on 03/18/14 to install a mixing valve for greater control of water temperature ranges and adjustments. This resulted in achieving a properly controlled water temperature setting in the cited areas at 117 degrees. To resolve the proper securing of housekeeping chemicals, an in-service was held on 03/18/14 for all housekeepers and janitors regarding proper, secured storage of cleaning agents in the cleaning carts.	04/30/14	

99

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F 323	<p>Continued From page 13</p> <p>#23, he complained the water was too hot. The resident was independent with his morning care and used the sink in his room. Staff #D was notified at the time of the resident's complaint and hot water temperatures were taken. The hot water from the resident's sink measured 128 degrees fahrenheit (hot water temperature should not be any greater than 120 degrees).</p> <p>Hot water temperatures were then measured randomly with Staff #D in resident rooms #101, 103, 106, 108, 109, 111. The temperatures ranged from 108-117.2. The residents public bathroom located in the hallway across from rooms #106 & #107, the hot water temperature measured 127.3 degrees fahrenheit. Staff #D commented that a new water heater had been installed less than a week ago that services room #107 and the resident public bathroom.</p> <p>During an interview with Staff #C on 3/18/14 at 7:50 a.m., he had replaced a 50 gallon water heater with an 80 gallon water heater on 3/13/14. Following placement, he had checked the water temperatures in the resident rooms throughout the day and they were in the low range. On 3/14/14, during early morning rounds, he had been checking the hot water temperatures of resident rooms and found resident room #107 was too hot, running around 128 degrees. He also had found the resident public bathroom water was too hot, around 128 degrees. He stated that he had informed the residents in room #107 of the hot water and told them to mix the hot with cool water and that he had ordered a mixing valve that day to resolve the issue.</p> <p>During an interview on 3/18/14 at 11:10 a.m., Resident #11, who also resided in room #107 and was independent with his morning care, stated the water was too hot. He further commented that he had been informed of the problem, the</p>	F 323	<ul style="list-style-type: none"> To assure that all resident room hot water temperatures are kept within prescribed safe ranges, on 03/18/14 a system was initiated to have maintenance perform a bi-weekly random hot water check in several rooms. To ensure that the variations in hot water temperature remain resolved, a preventive maintenance program for hot water temperature checks has been put into effect monthly with documentation in a log to be maintained. The Environmental Services Manager will have primary responsibility for monitoring the results of the water temperature checks, and making prompt corrections if any mechanical problems surface. Reporting of the preventive maintenance results and any corrective mechanical repairs needed will periodically be provided to the Administrator. 	04/30/14
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F 323	<p>Continued From page 14 resolution and was "glad they took care of it, way too hot".</p> <p>On 3/18/14 at 11:30 a.m., Staff #C informed the surveyor that the mixing valve had been installed. Hot water temperatures were taken and resident room #107 was 118.2 degrees fahrenheit and the resident public bathroom was 117.8 degrees fahrenheit.</p> <p>On 3/20/14 at 8:05 a.m, follow-up temperatures were taken with Staff #C in resident room #107 and the resident public bathroom. The temperatures ranged from 116.4 to 117 degrees fahrenheit. Resident #23 was sitting in his recliner in his room and commented that the hot water temperature "was much better and he was able to wash his face this morning and had no problems. Much better, was way too hot."</p> <p>During observational rounds on 3/17-18/14, other than informing the two residents in room #107, there were no other preventative measures in place. The facility had not posted any caution and/or warning signs to alert residents or staff of the unsafe water temperatures in the resident room or resident public bathroom.</p> <p>Failure to alert and protect the residents and staff from unsafe water temperatures placed them at increased risk for burns.</p> <p>2. During the facility tour on 3/17/14 at 8:30 a.m., a housekeeping cart was positioned in the hallway outside of resident room #107. There was no staff in the immediate area. The housekeeper was in a resident room cleaning. In the hallway, which was accessible to all residents, was a container of Steriplex sporicide disinfectant left unsupervised sitting on top of the housekeeping cart. The manufacturer label warned "hazardous to humans". Staff #E came out of the resident room and noted the disinfectant was on top of the</p>	F 323		04/30/14

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F 323	Continued From page 15 cart. She verified the cleaning agent should not have been stored where they were accessible to residents and locked up the disinfectant. Failure to keep cleaning agents locked up at all times placed residents at risk for potential injury/accidents related to the ingestion of cleaning agents.	F 323		04/30/14
F 325 SS=G	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to implement planned interventions for weight loss for 2 of 3 residents (#18,17) reviewed for nutrition in a sample of 18. This resulted in harm because of continued weight loss. Findings include: 1. Resident #18 had diagnoses including dementia, weight loss, malnutrition, and failure to thrive. Per record review, on [REDACTED] 13 the resident was admitted to the facility with a baseline weight of [REDACTED] pounds. The resident had memory problems, required set-up assistance	F 325	MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE • To address the nutritional needs of residents #18 and #17, the nursing staff will be in-serviced on maintaining nutritional status and consistency in applying the care plan strategies and Every Bite Counts (EBC) strategies to the needs of these two individuals. • The policy & procedure on Every Bite Counts will be in-serviced with both the licensed staff and the nursing assistants. All other residents with identified nutritional needs will be assessed for consistency of current practices and changes to approach as necessary. • To measure the effectiveness of internal practices related to special nutritional needs of residents, the Diet Tech will be assigned to conduct performance monitors when doing chart reviews to	05/02/14

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F 325	<p>Continued From page 16 with eating and was at risk for further weight loss. Per review of the Nutrition Review completed 12/26/13, the resident's ideal body weight was identified as █ # and her BMI was 17.3 (underweight).</p> <p>Per record review, the resident was admitted on a Regular + EBC (Every Bite Counts) lactose free diet. According to the facility policy and procedure, the EBC diet was used to add additional calories and protein to the resident's diet to meet nutritional needs and prevent complications associated with undesired weight loss. The procedure directed staff to provide 8 ounces of whole milk and/or homemade milkshakes with every meal and to provide between meal snacks such as cookies, ice cream, puddings, milkshakes etc. The resident's individualized plan was for staff to offer her a midday snack and a snack at bedtime</p> <p>Per the "Sunshine Inn Breakfast Roster" posted in the nurses station, the resident was to be served "rice milk" with her breakfast meals.</p> <p>Per review of the resident's Care Plan for Nutrition, the staff were to encourage high calorie snacks, increase food intake, and serve Regular diet with EBC & lactose free features.</p> <p>On 12/29/13 the resident's weight was documented at █ pounds which demonstrated a 5% weight loss in one week. The Registered Dietitian (RD) evaluated the weight loss and recommended to continue the plan of Regular diet, EBC features, lactose free.</p> <p>On 1/19/14 the resident's weight was documented at █ pounds, an increase of 5 pounds. On 2/2/14, the resident's weight was documented as █ pounds, a decrease of 4.5 pounds. On 2/9/14 the resident's weight had increased to █ pounds. The RD evaluated the resident, had no concerns and continued the</p>	F 325	<p>determine that staff practices are not overlooking the care plan requirements related to nutritional plans. This will include recommendations brought to the attention of the RN Nurse Manager and the Director of Nursing regarding weight reviews and outcomes of EBC and special diet approaches as well as the use of adaptive equipment to improve resident eating.</p> <ul style="list-style-type: none"> To monitor ongoing performance of the special nutritional needs of residents, the care plan updates will focus more stringently on nutrition status and weight goals as they are reviewed, and the Diet Tech and Dietitian reports will be presented weekly to the Director of Nursing. 	04/02/14

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

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F 325	<p>Continued From page 17</p> <p>recommended plan of Regular, lactose free, EBC features diet.</p> <p>On 3/3/14 the resident's weight was documented at [REDACTED] pounds. On 3/18/14, the documented weight was [REDACTED] a 2.8# loss. The RD evaluated the resident and made no changes to the plan.</p> <p>During observations of the breakfast and lunch meals in the Sunshine Dining Room (DR) from 3/17-21/14, the resident did not receive and was not offered a lactose free milk and/or milkshake for 6 of 8 meals. The resident was served water, juice, coffee or tea. The resident consumed all foods and fluids that were offered to her.</p> <p>Documentation on the vital sign flow sheets, which showed the snacks provided for the resident from 3/1-20/14, was reviewed. Staff were not consistently offering and/or providing high calorie snacks per the plan of care. She was given fruit, tea (multiple times), cookies/donuts, a pickle, and bread. There was only one instance of the resident refusing a snack.</p> <p>During an interview on 3/21/14 at 9:10 a.m., Staff #F commented that the "Health Care Diet List" in the cupboard located in the Sunshine DR had all the residents listed and their special needs. The staff person was aware the resident was lactose intolerant and would serve her the rice milk in the refrigerator. She was not aware the resident was to receive the milk and/or milkshake with all meals.</p> <p>During an interview on 3/21/14 at 10:00 a.m., the resident could not recall if she was getting milk and/or milkshakes with meals or not. She was also unsure about receiving snacks. "I just drink and eat what they give me."</p> <p>The facility failed to consistently implement planned nutritional interventions which placed the resident at risk for continued weight loss.</p>	F 325		05/02/14	

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F 325	<p>Continued From page 18</p> <p>2. Resident #17 had end-stage kidney disease, severe pain, and failure to thrive. She required set-up assistance with meals.</p> <p>The admission assessment documented the resident's weight as [REDACTED] pounds. She was initially placed on a regular diet with protein rich foods.</p> <p>A 2/13/14 Nutrition Review identified the resident at risk for weight loss because of variable food intake and pain. The resident also had a mouth infection at that time. On 2/13/14 her diet orders were modified to add fortified (additional protein) cream of wheat and yogurt at breakfast, soup and crackers at lunch and dinner, as well as fortified mashed potatoes. The resident's care plan was reviewed, and this information had been added. In addition, the care plan documented the resident enjoyed different types of soup and milk shakes.</p> <p>On 3/12/14 a Nutrition Progress Note documented the resident was continuing to have weight loss - she weighed [REDACTED] pounds at that time. Her average meal intake was calculated at 52%. A health shake at breakfast was added to the other interventions already in place. The care plan was modified to include the following information for staff: "I have had a significant wt. (weight) loss since my admit. I'm still having a difficult time eating enough to prevent further weight loss. Please encourage me to drink a health shake with my breakfast meal daily."</p> <p>On 3/19/14 at approximately 8:15 a.m. the resident was in the dining room having breakfast. She had hot cereal, one egg, coffee, apple juice and water. She did not have either yogurt or a health shake as per her plan of care.</p> <p>On 3/20/14 at 8:20 a.m. she was having breakfast. She was served and ate her hot cereal and an egg. She had 2 glasses of apple juice and</p>	F 325		05/02/14
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F 325	<p>Continued From page 19</p> <p>water. She did not have yogurt or a health shake.</p> <p>On 3/21/14 at approximately 8:40 a.m. the resident had finished her breakfast. She ate one egg, a couple bites of hot cereal, and a couple bites of fruit. A nursing assistant helped the resident to remove her clothing protector, and the resident left the dining room. The nursing assistant did not offer the resident alternate food when she had not eaten well, nor were the yogurt or health shake provided.</p> <p>Staff #G, who delivered and dished up the food in the dining room, was interviewed the same day at approximately 9:00 a.m. He had written directions for the yogurt and health shake to be provided at breakfast, but indicated those food items were available in the dining room refrigerator and were provided by the nursing assistants.</p> <p>Staff #F was interviewed at approximately 9:10 a.m. She verified health shakes and yogurt were available in the dining room refrigerator. Staff #F reviewed the Health Care Diet list (with a date of 3/19/14) - it instructed staff to ask the resident what she wanted to eat, but did not give specific instructions to provide either yogurt or a health shake at breakfast.</p> <p>The facility failed to ensure that a resident with weight loss had care plan interventions implemented. This placed the resident at risk for further weight loss.</p>	F 325		03/02/14
F 328 SS=D	<p>483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids;</p>	F 328	<p>TREATMENT/CARE FOR SPECIAL NEEDS</p> <ul style="list-style-type: none"> To address the needs of resident #19, in-servicing of nursing staff will include required treatment practices and care for oxygen special needs. The resident's care plan will also be reviewed and updated as necessary. 	05/02/14

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F 328	<p>Continued From page 20</p> <p>Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure 1 of 1 resident (#19) reviewed for oxygen therapy in a sample of 18 received proper oxygen therapy. Findings include:</p> <p>Resident #19 had diagnoses including heart and breathing problems. Per record review, the resident had memory problems and required extensive to total assistance with most activities of daily living. Since October 2013, the resident had physician orders for continuous oxygen (all the time) to maintain oxygen saturation (percentage of oxygen in the blood stream) above 90%.</p> <p>During observation on 3/17/14 at lunch, the resident ate in the dining room with oxygen delivered via a concentrator (machine that concentrates room air into an oxygen rich mixture). After eating, the resident removed his oxygen tubing and wheeled himself to his room. The resident was without oxygen until staff moved the concentrator from the dining room to the resident's room, about 5 minutes later.</p> <p>On 3/19/14 at 8:55 a.m., the resident was eating breakfast in the dining room without oxygen. The concentrator and tubing were in the dining room with the concentrator turned off.</p> <p>At 9:15 a.m., the resident was back in his</p>	F 328	<ul style="list-style-type: none"> To assure that the needs of other residents with respiratory needs for oxygen are met, the focus of in-service for nursing assistants will also be on their shift responsibilities related to managing the resident's respiratory equipment during the course of the day as directed by the licensed nurse. To facilitate improvement in managing the respiratory equipment needed by any given resident, the facility is going to purchase an oxygen concentrator and has obtained wheelchair carriers for portable tanks. To monitor performance of respiratory needs of residents, the RN Nurse Manager will review the charting, care plans, and daily procedures practiced by nursing staff with corrections directed to the care team, and reporting of compliance to the Director of Nursing Services. 	05/02/14	

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2014
NAME OF PROVIDER OR SUPPLIER ROCKWOOD AT HAWTHORNE			STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST HAWTHORNE ROAD SPOKANE, WA 99218		
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F 328	Continued From page 21 room still without oxygen. A portable oxygen tank containing compressed oxygen was in the room turned off and without oxygen tubing. The concentrator and tubing was still in the dining room. On 3/19/14 at 9:17 a.m., the surveyor informed Staff #B, a licensed nurse, that the resident did not have oxygen on at breakfast. She stated he could be without oxygen for a little while and that he could become confused but his oxygen saturation never dropped very much. The resident's oxygen saturation at that time was 88%. Staff obtained the concentrator from the dining room, transferred the resident to bed, and applied oxygen. The resident was coughing but did not appear short of breath. On 3/20/14 at 8:20 .am., the resident was receiving oxygen while eating breakfast in the dining room. At 9:25 a.m., the resident's concentrator was in the dining room and the resident was in his room without oxygen. The resident was requesting care so Staff #J obtained the concentrator from the dining room and assisted the resident. Staff #J was interviewed after providing care. She stated she did not know how long the resident was without oxygen because she was on break. She stated he could be without oxygen from his room to the dining room and back. She stated he might get sleepy without oxygen but it was hard to tell because he was often sleepy. The facility did not ensure the resident consistently received oxygen therapy per physician orders. The resident was placed at risk for breathing complications.	F 328		05/02/14	
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441			

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F 441	Continued From page 22 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; (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.	F 441	INFECTION CONTROL, PREVENT SPREAD, LINEN <ul style="list-style-type: none"> In-service will be conducted with the licensed staff, nursing assistants, and food servers related to hand washing practices and infection control principles to be applied in both medication administration and handling of food and utensils. The RN Nurse Manager and the Food Service Director will observe the practices of their staff on a weekly basis related to proper infection control techniques being applied. The Charge Nurses and RN Nurse Manager will intensify observations of staff practices to assure that infection control systems are in place and being monitored. To monitor the sustained performance, the RN Pharmacy Nurse Consultant and the Director of Nursing will make periodic observations of medication administration. The Food Service Director will monitor food handling practices bi-weekly. 	05/02/14	

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F 441	<p>Continued From page 23</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, it was determined the facility failed to ensure proper handwashing during medication administration and serving food in the main dining room. Potentially affected were 1 of 5 residents observed during medication pass (#20) and potentially all residents who ate in the main dining room. Findings include:</p> <p>1. During observation of medication pass on 3/19/14 at 9:10 a.m., Staff #B prepared medications for Resident #20. Included were prescriptions for 2 eye drops, each stored in a plastic bag. Before leaving the medication cart, Staff #B placed one bag of eye drops in each pocket, used hand sanitizer, and donned a clean pair of gloves.</p> <p>The resident was wheeling himself down the hall. Staff #B pushed his wheelchair to his room. Without changing gloves, she administered oral medications. With the same gloves, she removed his glasses and hat, removed each eye drop bag from her pocket, administered the eye drops, placed the eye drop bottles in plastic bags, and placed a bag in each pocket. After assisting the resident with his glasses and hat, she removed the gloves and washed her hands before leaving the room.</p> <p>During interview on 3/21/14 at 11:00 a.m., Staff #A confirmed proper handwashing was not followed.</p> <p>2. During observation of lunch in the dining room on 3/19/14 at 12:10 p.m., Staff #H wore gloves to serve food from the steam table. She ladled soup into a blender, touching the blender cover, handle, and controls. With the same gloves she</p>	F 441	<ul style="list-style-type: none"> Reports of deviations in the staff infection control practices or problems noted will be reported regularly to the QAPI Committee. 	05/02/14

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F 441	<p>Continued From page 24</p> <p>ladled cooked pieces of broccoli and cauliflower onto a cutting board and cut them in smaller pieces, touching the vegetables. She used her gloved hands to place the vegetables on the plate. Without changing gloves, she served the plate to the resident and continued serving, including picking up sandwiches with the same gloved hands. She opened the refrigerator next to the steam table, served cold sandwiches, and closed the refrigerator door with the same gloved hands.</p> <p>After observation, Staff #H stated she would change gloves if she used the cutting board.</p> <p>In an interview on 3/20/14 at 1:00 p.m., Staff #K stated staff should wash hands and change gloves between tasks.</p> <p>3. During the lunch meal on 3/20/14 at 12:05 p.m., Staff #F obtained a sleeve of Ritz crackers from a cupboard in the dining room. The staff person removed the crackers from the package and proceeded to serve the crackers to the resident. The staff person placed the crackers on the resident's dinner plate, using her bare hands.</p> <p>On 3/21/14 during an interview with Staff #A, she verified that staff should not be handling any food products with their bare hands. They were to be wearing gloves anytime they have direct contact with any food products.</p>	F 441		05/02/14
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