

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

PRINTED: 08/07/2013  
FORM APPROVED  
OMB NO. 0938-0391

1290

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505404</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/31/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>BETHANY AT PACIFIC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>916 PACIFIC AVENUE 3RD-5TH FLOORS EVERETT, WA 98201</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Bethany at Pacific on July 30 &amp; 31, 2013. A sample of 2 current residents and 1 former or discharged resident was selected from a census of 101.</p> <p>The following were complaints investigated as part of this survey:</p> <p>2842233 2848644</p> <p>The survey was conducted by: <b>[REDACTED], R.N., B.S.N., MSED</b></p> <p>The survey team is from: Department of Social and Health Services Aging and Disability Services Administration Residential Care Services, District 2 A 3906 172nd Street NE, Suite 100 Arlington, WA 98223 Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>[Signature]</i> Residential Care Services</p> <p><i>8/8/13</i> Date</p>	F 000	<p><i>11 20 2013</i> ADSA/RCS Region 3</p> <p><i>AUG 20 2013</i> ADSA/RCS Region 3</p>	

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

*Dolva J. James* *ADMINISTRATOR* *8/19/13*

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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure acceptable pain management for 2 of 3 sample residents (1, 3). Failure to provide the care and services necessary placed these residents at risk for uncontrolled pain with related complications and a diminished quality of life.</p> <p>Findings include:</p> <p>1. Resident 1 was admitted [REDACTED]/13 with multiple diagnoses including [REDACTED] disease, diabetes mellitus and a [REDACTED] wound, requiring wound care. Her most recent Minimum Data Set (MDS) assessment, dated 7/25/13, indicated she was cognitively intact.</p> <p>Physician prescribed pain medications included: [REDACTED] (narcotic pain medication) 30 milligrams (mg) on Monday, Wednesday and Friday before [REDACTED]. [REDACTED] (narcotic pain medication) patch 25micrograms/hour, [REDACTED] (used to treat nerve pain) 100mg every day, [REDACTED] 5-10mg every 4 hours for pain and Acetaminophen 650mg every 6 hours.</p>	F 309	<p>The Plan of Correction is submitted as required under Federal and State statutes and regulations. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby denied. The submission of this plan does not constitute agreement by the facility that the state surveyor's findings or conclusions are accurate, that the findings constitute deficiencies, or that the scope and severity determinations regarding the alleged deficiencies were correctly applied.</p> <p>The facility will continue to provide the necessary care and services, to each resident, to attain or maintain the highest practicable physical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care.</p> <p>Resident #1 no longer resides at facility.</p> <p>Resident #3 no longer resides at facility.</p> <p>All residents admitted with pain and all residents experiencing new pain will have a comprehensive pain assessment. All residents with an increase in scheduled narcotic medications will be monitored for changes in bowel routine.</p>		

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F 309	<p>Continued From page 2</p> <p>A pain assessment, completed on the day of admission, indicated the location of her pain was the [REDACTED]. The acceptable level of pain for the resident was documented as a 4 (on a scale of 0-10, with 0 being no pain and 10 the worst pain you can imagine).</p> <p>Review of the clinical record revealed a change in the character of the resident's pain complaints around the middle of July of 2013. Licensed Nurses documentation indicated pain medication was being administered for pain, in not just the [REDACTED] but both legs, the buttocks, and by July 28th primarily the right leg.</p> <p>Pain Management Policy and Procedure stated each resident admitted to the facility would have an initial pain assessment. Residents who had new pain or a change in their current pain status would have a pain assessment completed at that time. A Plan of Care (POC) would be implemented or revised and the resident would be placed on alert charting for 72 hours for evaluation of effectiveness of the POC. Resident 1 did not have an updated pain assessment completed when her pain status changed.</p> <p>On 7/30/13 at 10:45 a.m. the resident was interviewed. She was lying in bed when approached. She was teary-eyed, stating she had been experiencing increased pain in her back and shooting down her right leg, with little relief. She said some nurses were better than others at giving her 2 pain pills at a time rather than 1. The resident was asked if anything was helpful other than the pain pills. She said they had recently ordered a pain patch but she could not tell much difference. They also had tried a warm pack, warmed in the microwave. It had been helpful but</p>	F 309	<p>Continued from page 2</p> <p>Licensed nurses will be re-inserviced on pain management policy and procedure and bowel management policy and procedure to include but not be limited to pain assessments, ongoing monitoring and evaluation of resident's response to preventive efforts and treatments as well as changes in bowel routine.</p> <p>Nurse Managers will perform random audits to ensure all residents with pain have a current comprehensive pain assessment and a current bowel management program.</p> <p>DNS to ensure compliance.</p> <p>9/13/13 and ongoing.</p>	

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F 309	<p>Continued From page 3</p> <p>had be to constantly reheated and staff were too busy to reheat it.</p> <p>The resident care guide, updated 7/25/13, included a problem "Pain Issues" and stated "I have pain daily in my back. The Pain Goal stated, My goal is to have no signs/symptoms of pain, to have contented facial expression, to maintain ambulation transfers independently.</p> <p>On 7/31/13 at 1:30 p.m. the resident was again interviewed. She was lying in bed, tearful and stated she couldn't bear the pain, "I'd rather die than lay here and hurt like this, I wish the Lord would just take me. I've never had pain like this." She began rubbing her right buttock area and said the pain was radiating clear down her leg, "It's on fire." Resident 1 said she thought she had been given 1 pain pill maybe half hour or so ago and it had not even touched the pain. The resident was asked if it was helpful to get out of bed and move around. She replied she had been hurting too much to get out of bed. According to the medication nurse the resident had been given 10 mg of <span style="background-color: black; color: black;">XXXXXXXXXX</span> (2 pills) around noon.</p> <p>After exiting Resident 1's room the nurse manager was interviewed regarding the resident's stated level of discomfort. She reviewed the resident's medications and said she would contact the Dr.</p> <p>On 7/31/13 at 3:20 p.m. pain management concerns were shared with facility administration (Administrator, Director of Nursing Service and Assistant Director of Nursing Service/Staff Development - ADNS). Follow-up information was received on 8/2/13 from the ADNS. An updated pain assessment had been completed</p>	F 309	See Page 2	

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F 309	<p>Continued From page 4 on 7/31/13, after brought to the attention of facility staff.</p> <p>2. Resident 3 was admitted [REDACTED] 13 after falls resulting in multiple fractures of the pelvic area and spine. (Resident 3 no longer resided at the facility.) The pain assessment interview for the admission MDS assessment indicated Resident 3's worst pain over the past 5 days had been at a level 10, on a 0-10 scale, affecting both her sleep and functioning. The Pain Assessment completed on the day of admission indicated daily pain in the lower back and pelvic area. It was rated as "7" at that time. An acceptable level of pain was a "4." It was documented she was reluctant to verbalize pain.</p> <p>Resident 3 had intractable pain upon admission to the hospital, which was noted to be adequately managed upon discharge to the facility with scheduled [REDACTED] (narcotic pain medication), a low dose of as-needed [REDACTED] (narcotic pain medication) and scheduled Tylenol to augment the pain control.</p> <p>Per family interview the resident was at the facility for pain management and to allow time to prepare for Hospice care in her home. However, pain management was an ongoing issue while Resident 3 remained at the facility. It was alleged getting up caused increased pain for the resident. Family said staff would get the resident up each morning, put her in a wheelchair and take her to the dining room before 7:00 a.m. Resident 3 had to sit until after 8:00 a.m. before getting her pain meds. Staff refused to allow the resident to eat her meals in her room because she was unable to feed herself and there was no one available to feed her if she remained in her room.</p>	F 309	See Page 2	

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F 309	<p>Continued From page 5</p> <p>Review of nursing documentation revealed on the evening shift of 4/13/13 the resident had refused to go to the dining room for the evening meal. The Licensed Nurse (LN) had explained to Resident 1 she needed to go to the dining room so staff could assist her with her meal. The resident continued to refuse. The LN had to feed Resident 1 after all other residents had come back from the dining room.</p> <p>Follow-up information recieved from Resident 1's Nurse Manager (NM) stated she assigned early get-ups (night shift getting residents up) and she was 99% sure Resident 1 had not been assigned as an early get-up. The NM stated staff were unable to stay with Resident 1 100% of the time when she ate in her room but would stop in and assist or cue as needed as she did not require complete assistance by staff.</p> <p>Review of the "every shift" pain monitoring on the Medication Administration Records indicated Resident 3's level of pain as follows: 4/11 a.m. "6", p.m. "9", night "0"; 4/12 a.m. "10", p.m. "7", night "8", 4/13 a.m. "10", p.m. "10", night "0". There was no documentation for 4/14/13 or 4/15/13, the date of discharge. Review of daily nursing documentation indicated the resident had voiced improvement in her level of pain after receiving as-needed [REDACTED] at times, as low as level "1" and "2".</p> <p>Review of physician orders revealed the resident's as-needed [REDACTED] dose had been increased on 4/10/13 and the scheduled [REDACTED] dose increased on 4/12/13. The resident had a history of problems with constipation per the history and physical. When</p>	F 309	See Page 2	

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F 309	<p>Continued From page 6</p> <p>the resident's pain medications were increased there had been no increase in the scheduled medications ordered to help with the constipation, which may have contributed to increased discomfort.</p> <p>Review of the physical and occupational therapy documentation treatment was limited by pain issues. A physical therapy (PT) note, 4/13/13, indicated the resident had been premedicated 1 hour prior to treatment but she continued to have increased pain. PT indicated the Dr. was notified.</p> <p>Family said Resident 3 asked to be taken home because she felt they were not doing anything about her pain and thought staff didn't believe her when she told them it hurt too bad to sit. The family took Resident 3 home the following day.</p> <p>The facility failed to provide ongoing monitoring and evaluation of the residents' response to preventive efforts and treatments, reassess the condition of the residents and update approaches provided by the interdisciplinary team to ensure care provided met the ongoing needs of the residents for optimal pain management.</p>	F 309	See Page 2	

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