

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

PRINTED: 04/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

1304

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505429	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  04/18/2013
NAME OF PROVIDER OR SUPPLIER  SHARON CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HARRISON AVENUE CENTRALIA, WA 98531	
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey and unannounced Abbreviated Survey conducted at Sharon Care Center on 04/15/13, 04/16/13, 04/17/13 and 04/18/13. A sample of 30 residents was selected from a census of 40. The sample included 26 current residents and the records of 4 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey: #2788468 #2787332</p> <p>The survey was conducted by: [REDACTED] MSW [REDACTED] RN, BSN [REDACTED] BSS [REDACTED] MS</p> <p>The survey team is from: Department of Social &amp; Health Services Aging &amp; Long Term Support Administration Residential Care Services, District 3, Unit C &amp; D 6639 Capital Boulevard SW P.O. Box 45819 Tumwater, Washington 98504-5819</p> <p>Telephone: 360.664.8429 Fax: 360.664.8451</p> <p><i>Joan Peirce</i> 4-24-13 Residential Care Services Date</p>	F 000	<p>The Plan of correction is prepared and submitted as required by law. By submitting this plan of correction does not admit that the deficiencies listed exist nor does the community admit to any statements, findings, facts or conclusions that form the basis of the alleged deficiency. The community reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the alleged deficiency.</p> <p style="text-align: center;"><b>RECEIVED</b> MAY 07 2013 DSHS/ADSA/RCS</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Mark Weerasinghe* *Administrator* 5-3-2013

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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(X4) ID PREFIX TAG  <b>F 156 SS=B</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  <b>F 156</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p><b>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES.</b></p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>		<p><b><u>F-156 – Notice of rights, rules, services, charges</u></b></p> <p><b>Cited Resident:</b> Resident #86 has been discharged to her home.</p> <p><b>All Residents:</b> Residents who are within their 72 hours of discharge were reviewed to determine if they had received a notice regarding liability and appeal review of Medicare benefits.</p> <p><b>Education/System Change:</b> The nursing staff, RCMs, and Social Services will be in-serviced on the rights of the residents to receive notice of appeal on Medicare benefits. Residents will receive a copy of these rights at least 72 hours prior to discharge is possible.</p> <p><b>Monitoring:</b> Planned discharges will be monitored by the RCMs and Social Services regarding the notice of appeal on Medicare benefits. Trends noted will be reported to QAPI for follow up if indicated.</p> <p><b>Responsibility:</b> The DNS or designee will ensure ongoing compliance.</p>	<b>5/14/2013</b>

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F 156	<p>Continued From page 2</p> <p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by</p>	F 156			

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F 156	<p>Continued From page 3 such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide written acknowledgement regarding receipt of liability and appeal notices given to 1 of 3 sampled residents (#86) reviewed. This failure placed residents at risk of not being able to exercise their rights regarding liability and appeal reviews of Medicare benefits.</p> <p>Findings include:</p> <p>Resident #86 was admitted to the facility on [REDACTED]/12 with diagnoses including [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED] and [REDACTED].</p> <p>The resident's admission Minimum Data Set (MDS), an assessment tool, dated 10/20/12, indicated the resident was able to make needs known, was cognitively intact, required extensive assistance with activities of daily living, started to receive therapies (speech, occupational &amp; physical) on 10/13/12, and participated in the MDS assessment process.</p> <p>The resident's discharge MDS, dated [REDACTED]/12, indicated the resident discharged from the facility on [REDACTED]/12, and therapies ended on 11/01/12.</p> <p>Record review showed the resident had not exhausted all her Medicare skilled service days.</p> <p>On 04/18/13 at 12:49 p.m., the Social Service</p>	F 156		

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F 156	Continued From page 4 Director (SSD) stated the facility could not locate documentation to support Resident #86 was informed in writing of the liability and appeal notice. The SSD said this resident had not exhausted all 100 days (of skilled services), and should have had a notice in the chart.	F 156	<b>F248 – Activities Meet Interests/Needs of each resident.</b> <b>Residents Cited:</b> Resident #33 and #65  Residents #33 and #65 have been taken to activities during the day and early evenings that is appropriate for their cognition.	5/14/2013
F 248 SS=B	<b>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</b>  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, the facility failed to provide activities to enhance the highest practicable level of physical, mental and psychosocial well-being for 2 of 30 current sampled residents (#33 & #65) reviewed for activities. This deficient practice placed residents at risk of diminished quality of life.  Findings include:  1) Resident #33 was admitted to the facility on [REDACTED] 11 with diagnoses including [REDACTED], [REDACTED], [REDACTED] and [REDACTED].  The resident's Minimum Data Set (MDS), an assessment tool, dated 03/01/13, indicated the resident was severely cognitively impaired and totally dependent on staff for most activities of	F 248	<b>All Residents:</b> An Activity calendar has been developed to include programs/activities that meet the psychosocial well-being of our residents to include programs for cognitively impaired residents.  <b>Education/System Change:</b> NACs, Licensed Nurses, and activity staff will be in-serviced regarding the resident's rights to go to activities that are offered during the day and in the evening.  <b>Monitoring:</b> Planned activities and attendance will be monitored by the Activity Director. Trends will be reported to QAPI for follow up if indicated.  <b>Responsibility:</b> The DNS or designee will ensure ongoing compliance.	

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F 248	<p>Continued From page 5 daily living.</p> <p>2) Resident #65 was admitted to the facility on [REDACTED]/11 with diagnoses including [REDACTED], [REDACTED], [REDACTED], and [REDACTED].</p> <p>The resident's MDS, dated 03/17/13, indicated the resident was severely cognitively impaired and totally dependent on staff for most activities of daily living.</p> <p>Resident #33 and #65 were observed sitting in wheelchairs in front of the television near the nurse's station on the following days and times during the survey:</p> <p>04/15/13 at 9:45 a.m., 1:10 p.m., and 2:05 p.m.</p> <p>04/16/13 at 9:33 a.m., 11:05 a.m., 1:30 p.m., and 2:11 p.m.</p> <p>04/17/13 at 10:04 a.m., 11:09 a.m., 1:35 p.m., and 2:14 p.m.</p> <p>The activity calendar was reviewed. One activity was listed for each Sunday, church at 10:00. a.m. On Monday, Wednesday, Thursday and Friday, there were no activities scheduled prior to 11:30. a.m. The last activity for each weekday was TV hour at 4:00 p.m.</p> <p>On 04/18/13 at 12:20 p.m., when asked to describe the evening and weekend activity schedule, the Activities Director (AD) stated a community music group performed for residents once every other month during evening hours.</p>	F 248			

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F 248 Continued From page 6  
The AD stated independent activities are available to residents during the evening including board games and puzzles. When asked if cognitively impaired residents could access the independent activities, the AD indicated cognitively impaired residents would have a difficult time accessing independent activities. When asked what type of organized activities were planned for cognitively impaired residents during the evening, the AD stated many of the cognitively impaired residents get tired and are in bed in the evening.

F 248

The AD stated manicures were offered on Saturdays and religious services were offered on Sunday. When asked if residents who were not interested in manicures or religious services would have their activity needs met on the weekends, the AD stated independent items were set out.

F 334 483.25(n) INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS  
SS=E

F 334

The facility must develop policies and procedures that ensure that –  
(i) Before offering the influenza immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization;  
(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;  
(iii) The resident or the resident's legal representative has the opportunity to refuse

**F334 – Influenza and Pneumococcal Immunizations**  
**Residents Cited:**  
Residents #4, #119, & #120 had their Immunization Eligibility Screening form filled out on 04/17/2013. Resident #18 was not identified on Sample Resident List.

5/14/2013

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F 334	<p>Continued From page 7 immunization; and (iv) The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>The facility must develop policies and procedures that ensure that -- (i) Before offering the pneumococcal immunization, each resident, or the resident's legal representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's legal representative has the opportunity to refuse immunization; and (iv) The resident's medical record includes documentation that indicated, at a minimum, the following: (A) That the resident or resident's legal representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p>	F 334	<p><b>All Residents:</b> Residents and/or designee will be interviewed or have medical records checked to determine immunization eligibility at time of admission. The Immunization Eligibility Screening form will be filled at that time. The LN will verify MD orders for those residents who are eligible for the vaccine(s) and the vaccine(s) will be given at the designated times</p> <p><b>Education/System Change:</b> The nursing staff and RCMs will be in-serviced on the Immunization Eligibility Screening form and how it is to be filled out.</p> <p><b>Monitoring:</b> Immunization Eligibility Screening will be monitored by the RCMs. All admission records will be reviewed by the RCMs.</p> <p>Trends noted will be reported to QAPI for follow up if indicated.</p> <p><b>Responsibility:</b> The DNS or designee will ensure ongoing compliance.</p>	

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F 334	<p>Continued From page 8</p> <p>(v) As an alternative, based on an assessment and practitioner recommendation, a second pneumococcal immunization may be given after 5 years following the first pneumococcal immunization, unless medically contraindicated or the resident or the resident's legal representative refuses the second immunization.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to offer pneumococcal immunizations to 4 of 5 current sampled residents (#4, 18, 119 &amp; 120) reviewed for immunizations. This failure placed residents at risk of not being informed of the risks and benefits of the vaccine, and assure documentation of the administration or refusal was in the resident's chart.</p> <p>Findings include:</p> <p>On 04/17/13 at 10:34 a.m., when asked to provide documentation of pneumococcal immunizations, the Director of Nursing (DNS) looked at a chart with the surveyor and stated, "I guess this one is missing."</p> <p>At 10:44 a.m., the DNS stated, "I looked in some other charts and we seem to be missing a few."</p> <p>At 3:15 p.m., Licensed Nurse (LN) C stated immunization documentation should be placed in the medication section of the chart and occasionally it is placed under the pharmacy section. LN C stated, "There is a list of</p>	F 334		

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F 334	Continued From page 9 immunized residents somewhere."  On 04/18/13 at 8:45 a.m., the DNS provided Immunization Eligibility Screenings forms for the requested residents. The DNS stated, "We went through all of the charts last night and re-did all the immunization forms for each resident."	F 334		
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