

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

PRINTED: 01/25/2013
FORM APPROVED
OMB NO. 0938-0391

1305

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/23/2013
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NAME OF PROVIDER OR SUPPLIER COLONIAL VISTA CARE CENTERS	STREET ADDRESS, CITY, STATE, ZIP CODE 625 OKANOGAN WENATCHEE, WA 98801
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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 Abbreviated Survey conducted at Colonial Vista Care Centers, LLC on 1/22/13 and 1/23/13. A sample of 6 residents was selected from a census of 80. The sampled included 4 current residents and the records of 2 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2711700 #2734254 #2735558</p> <p>The survey was conducted by: [REDACTED] R.N.</p> <p>The team was from: Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 1, Unit D 3611 River Road, Suite 200 Yakima, Washington 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>[Signature]</i> Residential Care Services Date 01/29/2013</p>	F 000	<p>Received Yakima ROC</p> <p>FEB 5 2013</p> <p>Preparation and/ or execution of the plan of correction Does not constitute admission or agreement by the Provider of the truth or 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 law.</p>	
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET	F 281		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 2-4-13
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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 281 SS=D	<p>Continued From page 1 PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that services met professional standards for 1 of 4 residents (#1) reviewed. The facility failed to ensure Resident #1's plan of care adequately met her safety needs directly following her admission. Resident #1, a resident with a known fall history, fell the day after admission and sustained injuries. Individualized safety interventions were not added to her plan of care until after her fall. Findings include:</p> <p>Resident #1: According to the 12/29/12 physician's history and physical, the resident had fallen at her residence resulting in a right hip fracture. The resident's right hip was surgically repaired at the hospital. Resident #1 was admitted to the facility on [REDACTED] 12 with multiple medical diagnoses including a [REDACTED], [REDACTED], a [REDACTED], [REDACTED], [REDACTED], and [REDACTED].</p> <p>An admission assessment was completed by Staff Member A, a Licensed Nurse, on 12/31/12. A fall risk assessment was performed in conjunction with the admission assessment. Staff Member A documented the resident was greater than 65 years old, had a "Neuro/Ortho" diagnosis (pertaining to a neurological or orthopedic condition), had weakness, a history of falls, a fall within the last month prior to</p>	F 281	<p>F 281 SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <ol style="list-style-type: none"> 1. Resident # 1 no longer resides in the facility. 2. Licensed nursing staff will be re-In-serviced on properly identifying fall risks with new admissions and developing a care plan that will immediately address any prior or potential safety issues at the point of admission. This will also include in-service education on cognitive assessments / impairments as they relate to resident safety. 3. Please see # 2 above. 4. New resident care plans will be reviewed within 24 hours of admission for the next 4 weeks to ensure that the resident was assessed for fall risks and cognition and that all appropriate fall interventions are in place to meet the resident's safety needs. Any further instances will be reported to the facility's formal quality assurance committee for additional follow up action and review. 5. Expected completion date will be February 15, 2013. 6. The Director of Nursing, Resident Care Managers and licensed nursing staff will be responsible.

2/15/13

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F 281	<p>Continued From page 2</p> <p>admission, and had a fracture related to the fall. Despite recognition of the resident's increased fall risk at the time of admission (also noted in the admission nursing entry), no individualized safety plan was initiated.</p> <p>The resident's plan of care noted Resident #1 required assistance from one caregiver for bed mobility, transfers, toileting, and ambulation.</p> <p>Review of the 1/01/13 2300 (11:00 p.m.) nursing entry, revealed the resident was asleep in bed. Staff noted the resident had a one centimeter (less than 1/2 inch) skin tear and two by three centimeter (approximately one inch) bruise on her left temple. The resident's knees were also reddened. There were drops of blood on her pillow. The resident stated she had walked to the bathroom without assistance and had fallen. Steri-strips were placed on the skin tear on the resident's temple. A neuro (neurological) check did not reveal any abnormal findings for the resident.</p> <p>Staff Member B, the Licensed Nurse on-duty the night shift of 1/01/13 (the night the resident fell), stated the resident was wearing the non-slip socks typically offered to all the residents, but the resident did not have other specific fall prevention interventions. Staff Member B added the interventions after the fall as preventative measures.</p> <p>The resident's 1/01/13 new care plan safety interventions included implementation of a low bed and fall mats. Additionally, it was documented that the resident was forgetful and needed reorientation and monitoring related to</p>	F 281		

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F 281	<p>Continued From page 3</p> <p>her new environment and altered thought process, mood, and behaviors. A cognitive assessment, dated 1/07/13 documented the resident scored 6 out of 15, reflecting notable cognitive impairment.</p> <p>When interviewed on 1/24/13 at approximately 4:39 p.m., Staff Member A, the Admitting Nurse, stated she had recognized Resident #1 was at risk for falling at the time of admission but she didn't fill out the fall prevention interventions on the care plan because she thought the facility had 72 hours to complete the initial care plan interventions and it was typically a team effort.</p> <p>Although the facility had basic care guidelines/protocols for nursing staff to follow for all residents, the interventions did not adequately address the specific safety needs for Resident #1. Without the timely care plan interventions, caregivers were unaware of the resident's specific safety needs and would be unable to protect the resident optimally.</p>	F 281		
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