

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

PRINTED: 06/29/2013
FORM APPROVED
OMB NO. 0938-0391

1309

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505278	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/22/2013
NAME OF PROVIDER OR SUPPLIER HEALTH AND REHABILITATION OF NORTH SEATTLE			STREET ADDRESS, CITY, STATE, ZIP CODE 13333 GREENWOOD AVENUE NORTH SEATTLE, WA 98133	
(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)	(X6) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Health and Rehabilitation of North Seattle on 05/21/2013-05/22/2013. A sample of 6 residents was selected from a census of 79.</p> <p>The following complaint was investigated as part of this survey:</p> <p>#2809751</p> <p>The survey was conducted by:</p> <p>██████████, MN, R.N.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 2, Unit C Creekside Two 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (253) 234 6003 Fax: (253) 395 5071</p> <p><i>Daniel Urciu</i> Residential Care Services Date</p>	F 000	<p>DISCLAIMER CLAUSE</p> <p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p>	

RELEASED
JUN 16 2013
DSHS/ADJUDICATION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 6-13-13

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 497 483.75(e)(8) NURSE AIDE PERFORM
SS=F REVIEW-12 HR/YR INSERVICE

F 497

The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to ensure they developed and maintained a system by which 23 of 23 Nursing Assistants sampled (Staff A through W), who had been employed over a year had documentation showing they received 12 hours of in-service training per year. Additionally, the facility failed to ensure a system was developed and maintained to show documentation for 5 of 5 Nursing Assistants sampled (Staff C, D, E, F, G), who had been employed over a year had documentation showing annual performance reviews were completed. This failure placed residents at risk to receive inadequate care related to lack of staff knowledge.

Findings include:

Cited residents

No residents where cited as directly affected.

Other residents

No residents where cited as indirectly affected.

Education/System Review

Staff C, D, E, F, and G have had a performance review preformed and the results of that review has been discussed with them. All NAC staff who have been employed a year or longer have been review for completion of a performance review. Any NAC staff employed a year or longer who have not had a performance review with in the last 12 months, have had a performance review preformed and the results of that review has been discussed with them. Any NAC with performance score below average in any category has been in serviced on that skill. A binder with each NAC Name and hire date in it has been set up to record and track NAC in-service and training hours of each NAC. In-services / training that have been given in the last

6-14-13

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F 497 Continued From page 2

In an interview on 05/21/2013 at 10:50 a.m., Staff Y, an administrative employee, said the facility could not find a system for tracking inservice hours for individual Nursing Assistants to show the required twelve hours of inservices per year were completed for each Nursing Assistant employed over one year at the facility.

In an interview on 05/21/2013 at 10:00 a.m., Staff X, an administrative employee said he did not know where the records or system was kept in the facility and had no knowledge of a tracking system for required yearly inservice hours for nursing assistants employees at the facility.

Record review on 05/21/2013 revealed an Employee List with Hire Dates provided by the facility that listed 23 Nursing Assistants (Staff A through W) employed by the facility for over a year.

In an interview on 05/22/13 at 1:05 p.m., Staff Y, an administrative employee, confirmed the facility could not find documentation or a tracking system to show 23 of 23 Nursing Assistants employed by the facility for over a year (Staff A through W) had completed the required twelve hours per years of inservice training. Additonally, Staff Y also confirmed the facility did not have documentation of annual evaluations for 5 of 5 Nursing Assistants sampled (Staff C, D, E, F, G) who had been employed by the facility for over a year.

F 497

12 months have been recorded on the individual tracking sheet of each NAC.

Monitoring

The Staff Development Coordinator will conduct monthly audits of the each NAC in-service tracking sheet to monitor NAC training and monitoring requirements are met.

The payroll Coordinator will conduct monthly audits of the each NAC anniversary date to monitor that annual performance reviews are completed timely.

Results of the above audits for three months will be forwarded to the CQI committee to identify further educational opportunities or system changes.

Responsibility

The Director of Nursing will be responsible for the ongoing compliance

RECEIVED
JUN 10 2013
DHHS/ASAP/AS

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F 497 Continued From page 3
In an interview on 05/28/13 at 2:35 p.m., Staff X, an administrative employee confirmed the facility could not provide documentation to show the required inservice hours for the 23 Nursing Assistants employed at the facility for over a year (Staff A through W).

F 497

REC'D
JUN 16 2013
DSHS/IDE