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

1309

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505278		C 10/29/2013

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)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This report is the result of an unannounced Abbreviated Survey conducted at Health and Rehabilitation of North Seattle on 10/23/2013-10/29/2013. A sample of 4 residents was selected from a census of 79.

The following complaint was investigated as part of this survey:

#2883175; 2887803

The survey was conducted by:

[redacted], MN, R.N.

The survey team is from:

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

Telephone: (253) 234 6003
Fax: (253) 395 5071

[redacted] 11-8-2013
Residential Care Services Date

DISCLAIMER CLAUSE

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[redacted]	RN Director of Nurses	11/19/13

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 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET 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 observation, interview and record review, the facility failed to arrange and provide chest x-ray services as ordered by the physician for assessment and monitoring of a respiratory condition for 1 of 4 residents sampled (Resident #1). This failure placed the resident at risk potential preventable respiratory complications. Findings include: According to record review of facility medical records on 10/23/2013, Resident #1 was admitted to the facility after hospitalization following falls at home. Review of the hospital "Transfer Summary" dated [redacted]/2013 revealed, Resident #1 had [redacted] from the falls as well as [redacted] (excess [redacted] in the space around the [redacted]; excessive amounts can impair breathing). Further review of the hospital Transfer Summary revealed Resident #1 had a procedure in the hospital to remove the [redacted] around the [redacted] several days before admission to the facility, and "considerable residual left [redacted] remains"; "reccommend follow up chest X-ray, 2 views, in a month to review the [redacted].	F 281	Resident #1 had current physicians' orders for labs or testing completed. Other residents' who have had labs or testing ordered in the last 60 days will be reviewed to ensure follow through. A new process of logging items requiring follow-up (i.e. x-rays, labs, appointments etc.) in a separate section of the 24 hour book has been initiated. Nurses' will be responsible for reviewing this section for items needing follow-up each shift. RCM's will also review this section during morning report to ensure orders needing follow-up have been addressed. Licensed nurses will be educated on the new process.	

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F 281	Continued From page 2 Review of the facility "Physician Orders" dated 06/02/2013, revealed a Physician Order at the facility for "follow up chest X-ray, 2 views in one month" pleural effusion. Record review of the facility "Interdisciplinary Progress Notes" dated 06/02/2013, revealed a licensed nurse noted "follow up chest X-ray in one month" ordered 06/02/2013. Additional record review of all facility medical records for Resident #1 on 10/23/2013 revealed no evidence of the ordered chest X-ray being done while the resident resided in the facility from [redacted]/2013 to [redacted]/2013. In an interview on 10/25/2013 at 2:00 p.m., Staff A stated no knowledge of the chest X-ray being done, and did not know if it was done or not. In an interview on 10/29/2013 at 1:45 p.m., Staff B confirmed the chest X-ray for Resident #1 had not been done at the facility as ordered by the physician on 06/02/2013. Failure of the facility to provide services according to the physician's orders placed Resident #1 at risk for undiagnosed [redacted] problems.	F 281	Date of compliance will be 11/27/13. The DNS or designee will do audits of items that require follow through to validate continued compliance for three months. The result of the audits will be reviewed by the CQI committee for further educational opportunities. The Director of Nursing will be responsible for on-going compliance.	

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