

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

PRINTED: 11/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505351	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2014
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NAME OF PROVIDER OR SUPPLIER ARLINGTON HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 620 SOUTH HAZEL STREET ARLINGTON, WA 98223
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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 State Off-Hours Quality Indicator Survey (QIS) and an Abbreviated Survey conducted at Arlington Health and Rehabilitation on 10/27/14, 10/28/14, 10/29/14 and 10/30/14. A sample of 23 residents was selected from a census of 61. The sample included 20 current residents and the records of 3 former and/or discharged residents.</p> <p>The following complaints were investigated as part of this survey: #3045986 #3046453 #3046408 #3040744 # 3038659 #3045552</p> <p>The survey was conducted by: Michelle Scollard RN, BSN Rick Woodrum RN, BSN Susan Harris RN, BSN Joy Kerns RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Aging & Long-Term Support Administration Residential Care Services, District 2, Unit A 3906 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>Mike Ambrose</i> 11/06/14 Residential Care Services Date</p>	F 000	<p>This plan of corrections is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This plan of corrections does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p style="text-align: right;">RECEIVED NOV 17 2014 ADSARCS Smokey Point</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 11/14/14
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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 356 SS=B	<p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to publicly post the required information regarding the number of nursing staff actually working each shift and the daily resident census.</p>	F 356	<p>F 356</p> <p>Specific There were no specific residents stated in this citation</p> <p>Similar The posting will be updated and displayed in a public area accessible to both employees and visitors.</p> <p>Measures The Nursing staff was in-serviced on how to properly fill out the staffing form and assure it is completed every shift.</p> <p>Monitoring The Director of nursing and or Designee will check the staff posting to assure compliance.</p> <p>Dates when the corrective action will be completed: November 24th 2014</p> <p>Title of the person responsible to ensure corrections: Administrator and Director of Nursing</p>	11/24/14

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11/14/14

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F 356	<p>Continued From page 2</p> <p>This failure placed the residents at risk for not knowing the actual number of nursing staff working each shift to provide them care and services.</p> <p>Findings include:</p> <p>During the initial tour on 10/27/14, the nursing staff information posted was for 10/25/14. The information listed the number of nurses and nursing assistants scheduled to work in a 24 hour period. There was no correlation as to the number of staff scheduled and the actual number of staff that worked each shift. The resident census was also left blank.</p> <p>Similar findings were found on 10/28/14, 10/29/14 and 10/30/14.</p> <p>In an interview on 10/30/2014 8:13 a.m., the Administrator stated the night nurse was responsible to place a new daily staffing sheet which included the scheduled nursing staff and the resident census. The Administrator was informed of the above observations.</p>	F 356		
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11/14/14