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

PRINTED: 09/10/2014
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
	505511		C 08/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEON SULLIVAN HEALTH CARE CENTER	2611 SOUTH DEARBORN SEATTLE, WA 98144

(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		9-25-14

This report is the result of an unannounced Abbreviated Complaint Survey conducted at Leon Sullivan Health Care on 8/27/14 and 8/29/14. A sample of 3 current residents and 1 former resident from a total census of 148 was selected for review. The sample included 1 closed record.

The survey was conducted by:
Katherine Ander, MN, RN, Complaint Investigator

Complaints investigated include:
3033023; 3033335; 3031460; 3032448; 3035578

The survey team is from:
Department of Social and Health Services
Aging and Long Term Support Administration
Residential Care Services, District 2, Unit D
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Kent, Washington 98032-2388

Telephone: (253)234-6000
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Residential Care Services 9/11/14 Date

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Administrator	9/22/14

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 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 4 sample residents (Resident #1) from a census of 148 had the right to participate in care planning when the facility social worker developed multiple different care plans without resident or family involvement, which did not provide a solution to the problem. This resulted in ongoing unresolved allegations of food, belongings and money theft and left the resident feeling exploited. Findings include:	F 280	This plan of correction being submitted is not an admission/ agreement with the citation of the alleged deficiency-F280. To remain in compliance with the State and Federal Regulations, Leon Sullivan Health Care Center has taken or will take the following actions based on the alleged deficiency. F280 **Resident's right to participate in Care planning** The facility has and continues to ensure all residents have a comprehensive assessment and care plans that include all that are involved- Residents or residents' representatives, physicians, Social workers, families, Nurses, and other disciplines. Participation in Care conferences or plans is based on the identified needs of the individual resident. **Corrective Actions** Resident # 1 was invited to participate in his care conference held on 8/26/2014 to discuss his care plans, but refused to participate. His son/DPOA attended the conference representing the resident.	8-26-14

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F 280	Continued From page 2 Record Review found Resident #1 was admitted to the facility [redacted] for rehabilitation [redacted]. Resident #1's quarterly minimum data set (MDS) assessment dated 5/28/14 identified the resident had moderately impaired decision making. The resident was totally dependent on staff or required extensive assistance for activities of daily living. Facility records identified Resident #1 was his own decision maker and there was an involved family member. Facility records documented the resident communicated by cell phone text. Social work (SW) notes and Grievance Reports (GR) documented multiple instances since October 2013 of Resident #1 alleging missing money ($127.00 10/28/13) or electronics (I-pad 12/15/13) or food (dim sum 12/27/13 or pizza 5/30/14, 6/2/14,7/14/14). The resident was reimbursed by the facility for missing money, i-pad and food. According to SW notes and Grievance Reports, on 8/4/14 Resident #1 reported he was missing $90.00 which had been lying on his bedside table. Notes documented the resident was buying take out food every couple of days and other personal needs things "so it is not possible he still had $90.00 left." According to SW notes, Resident #1 had been reminded about keeping money locked up or let the nurse put it in the locked medication cart. The Social Worker (SW) documented she told Resident #1 "...If he makes no effort to secure his money we can't be responsible to replace money or belongings." Care plan interventions dated 10/28/13 identified	F 280	• Issues related to alleged theft and other missing items were discussed in this conference. • Resident was provided with locked box and allowed to keep the key to the box with him. • Resident is/ was also encouraged to cooperate or participate in efforts being made to minimize the incidence of missing Money and other items. • His right to his belongings and the responsibilities that go with this right were also discussed. Resident is responsible to keep his money in the locked box provided, keep the key to the box in a safe place, cooperate with care, and ask for help as needed. **Care conference on 9/19/2014** • Social worker and the resident met and discussed plan of care related to missing Items and storage of food. • Resident wants his food marked and kept for five (5) days- this will make him happy according to Social service's note. • Happy with the locked box on his bed side table and wants to manage his money with no help from the staff.	8-26-14 9-19-14

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F 280	Continued From page 3 Resident #1 was asked not to keep large amounts of money in room. "Keep in trust account." The plan of care was updated 5/30/14, 6/2/14 and 7/14/14 to address missing pizza. The plan of care was updated 8/5/14 to address missing money. Interventions included "Remind the resident to not keep money in the room, ask the resident to lock up money in narcotic box (medication cart), explain he can't leave money lying around room and offered to assist resident to keep track of money." The care plan was updated 8/26/14 identifying Resident #1 was missing property. The plan of care was to inventory property, place an envelope for money and receipts of expenditures in the drawer, start a new envelope every time money is taken and dated and amount, remind resident to secure in locked cabinet, no visitors to go into residents room with back packs or large purses or heavy coats (must leave in car), secure electronic devices when not in use in locked cabinet, ask patient to have key on locked medication cart until needed. There was no signature or indication the resident agreed to restrictions on his visitors, or locking his electronics or locking money in the medication cart. On interview 8/27/14 at 10:00 a.m. Resident #1's family member stated he recognized some of the resident's visitors could potentially take the resident's key, open his locked cupboard and take money or belongings. The family member stated he asked the nurse to keep Resident #1's key when visitors were present. This was not an identified intervention on the plan of care.	F 280	Because all residents are potentially affected by this citation (F280), under the direction of the DON, Staff in general, Social Services worker, RCMS, Accountants and nurses in particular will be in-serviced on: • Residents' right to their property and safe theft free living environment • Residents' right to participate in their Care plan and decision making processes. • Residents' responsibility to cooperate with staff for their care • How to keep track of residents expenditures per house Policy and procedures-Guidelines • Importance of protecting vulnerable residents from exploitation **Responsible:** Social service, Accountants, and Staff development Coordinator. **Implementing corrective actions proposed for this deficiency.** • The DON will review care plan process in RCMS' meeting. Residents, Physicians, social workers and other concerned	9-25-14

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F 280	Continued From page 4 On 8/27/14 at 3:30 p.m. observation noted no method to track money or belongings in the resident's room as indicated on the care plan. Resident #1 texted he recently lost a Kindle Fire. The resident texted he gave it to the nurse to lock up and now it is missing and the nurse did not remember it. The resident texted he would like a lock box. The facility failed to include the resident and family member in developing the plan of care. This is a repeat citation from for F280 - 483.20(d)(3), 483.10(k)(2) 8/30/13 for failure to ensure care plans identified how to meet resident needs.	F 280	Individuals will be encouraged to participate in the plan of care conferences. • Following the MDS Calendar, 2-3 residents per week will be reviewed by the DON for participation in their care plan. **Measure put in place/system change to ensure that similar deficiency doesn't reoccur.** • The social worker will add care plan participation process information to the admission packet. • The social worker will notify the care plan participants including the residents of the upcoming care plan meetings in writing or verbally. **Monitoring performance to make sure solutions are sustained.** This plan of correction will be discussed in the facility's CQI meetings Two residents from the MDS calendar will be reviewed by the DNS every week. Any resident/representative, family members who were not given the opportunity to participate in the care plan process will have a new care plan conference.	9-25-14

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