

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

PRINTED: 09/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2014
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NAME OF PROVIDER OR SUPPLIER LEON SULLIVAN HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2611 SOUTH DEARBORN SEATTLE, WA 98144
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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

INITIAL COMMENTS

F 000

9-27-14

This report is the result of an unannounced Abbreviated Complaint Survey conducted at Leon Sullivan Health Care on 9/3/14 and 9/4/14. A sample of 3 current residents from a total census of 145 was selected for review.

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

Complaints investigated include:
3037315

The survey team is from:
Department of Social and Health Services
Aging and Long Term Support Administration
Residential Care Services, District 2, Unit D
20425 72nd Avenue South, Suite 400
Kent, Washington 98032-2388

Telephone: (253)234-6000
Fax: (253)395-5071

 9/15/14
Residential Care Services Date

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/12/14
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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 her 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 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow their abuse policy and ensure an allegation of rough care and abuse was immediately reported and thoroughly investigated for 1 of 3 sample residents (Resident #1) from a census of 145. This resulted in the potential for abuse to all residents and specifically left Resident #1 feeling vulnerable and abused.</p> <p>Findings include:</p> <p>Facility abuse policy defined abuse to include "roughly handling a resident while providing care." Abuse policy directed that staff who receive a complaint of abuse will initiate an incident report. Investigation was to include describing the incident, gathering statements, notification, reviewing the incident log, summarizing findings and taking action to prevent further incident "reassign, re-train, discipline, suspend and/or terminate employee as appropriate."</p> <p>Facility records document Resident #1 was last re-admitted to the facility [REDACTED] with medically disabling conditions including anxiety for which the resident received supportive care. The resident's minimum data set (MDS) assessment dated 5/24/14 identified the resident had no</p>	F 226	<p>F226- Develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents</p> <p>The facility will ensure policies and procedures are appropriately developed, implemented, monitored and trends of potential mistreatments, abuse, neglect, misappropriation of residents' property addressed immediately.</p> <p>Actions taken in response to the allegation of verbal and physical abuse reported by resident #1</p> <ul style="list-style-type: none"> • Suspended the involved NAC-Staff D • Initiated Investigation • Notified hotline and other concerned departments • Conducted residents and staff interviews • Obtained statements from res.#1,staff B,C and D • Completed investigation and logged the incident • In-serviced staff on what constitutes abuse/neglect and how to deal with residents with behavioral issues. 	
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F 226	<p>Continued From page 2</p> <p>cognitive impairment, no behaviors impeding care and required set up and supervision for activities of daily living.</p> <p>On review, a 9/3/14 grievance report written by Staff F (social worker) documented Resident #1 lost confidence in an Nursing Assistant Registered (NAC). Resident #1 asked the NAC not be assigned to her care. Staff F documented Resident #1 left a voice message for him that she remembered the NAR came in the room and "shoved" a cell phone in the resident's face saying "Look at the time, there is no one else here to help you." The NAC was not identified on the grievance report.</p> <p>There was no documentation as to how the grievance was addressed or resolved. Review of the incident and grievance logs and resident care notes from June-September found no other allegations of abuse or grievance about NAC care by Resident #1.</p> <p>Observation 9/3/14 at 4:20 p.m. found Staff D working evening shift at the opposite end of the hall to Resident #1. On interview, Staff D stated she answered Resident #1's call light last Friday night when other staff were on break. Staff D stated she left the room when Resident #1 declined help and denied every yelling, or throwing things or showing the resident her cell phone. Staff D stated she was told not to help Resident #1 to bed, but was never told not to go into her room. Staff D said she answered Resident #1's call light because she likes to be helpful to residents.</p> <p>On interview 9/3/14 at 3:38 p.m. Resident #1 said she talked to Staff B about it and Staff B said</p>	F 226	<p>All employees are potentially affected by the cited deficiency- F226. Under the direction of the DON, all staff will be re-in-serviced on:</p> <ul style="list-style-type: none"> Identifying, investigating and reporting of actual or potential abuses involving residents. Abuse prevention On what constitutes grievance and abuse Mandatory reporting –All employees are mandated reporters. On signs and symptoms of abuse/neglect. Reporting procedures and established time frame for reporting allegations of abuse, neglect and mistreatment of residents. <p>Responsible: Social Service Director and SDC.</p> <p>Measure put in place to ensure that similar deficiency doesn't reoccur.</p> <ul style="list-style-type: none"> Each incident and trends will be evaluated at the standup meetings. The DON will audit all incidents every week and report findings to the RCM- IDT Trends will also be evaluated at the monthly CQI. 	9-27-14
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F 226	<p>Continued From page 3</p> <p>Staff D "should have known" to not go into the resident's room. Resident #1 stated since the last incident she had trouble sleeping and was very upset her request to not receive care from Staff D was not met.</p> <p>On interview 9/3/14 at 5:25 p.m. Staff B stated a month ago Resident #1 told him she did not want Staff D to be her NAC because Staff D was "too rough" and did not follow the resident's care directions. Staff B stated he did not write down or initiate an investigation report regarding Resident #1's allegation of rough care. Staff B said he verbally reported nurse-nurse to Staff A to not have Staff D provide care to Resident #1. Staff B stated he instructed Staff D specifically not to help Resident #1. Staff B stated he saw Resident #1's concerns as a grievance rather than a report of abuse.</p> <p>On interview 9/3/14 at 5:50 p.m. Staff A stated she was told some time ago that Resident #1 did not like the way an NAC talked to her. Staff A said she spoke to the NAC (Staff E) who had the same first name as Staff D. Staff A stated a resident report of "rough" care could mean a way of speaking, or physical, or a cultural/language barrier. Staff A stated a report of rough care should be treated as a grievance. Staff A acknowledged there was no grievance filed or documentation in the resident record about Resident #1's concerns for an NAC. Staff A acknowledged she misunderstood which NAC was identified by Resident #1 in the initial report about care.</p> <p>According to Staff A, the previous day (9/2/14) she heard that Resident #1 did not want Staff D to provide care. Staff A stated she told the social</p>	F 226		

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F 226	Continued From page 4 worker to start the grievance process. Staff A stated she did not read the resident's statement until 1/2 hour prior to handing it to the complaint investigator. Staff A acknowledged Resident #1's statement read as abuse and directed Staff D to leave the facility immediately pending investigation.	F 226		

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