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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505383</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/10/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SULLIVAN PARK CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>14820 EAST FOURTH SPOKANE, WA 99216</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Sullivan Park Care Center on 1/2/13, 1/3/13, 1/4/13, 1/7/13, 1/8/13, 1/9/13, and 1/10/13. A sample of 44 residents was selected from a census of 118. The sample included 31 residents, and the records of 13 former and/or discharged residents.</p> <p>The survey was conducted by:                  _____, R.N., B.S.N.                  _____, R.N., B.S.N.                  _____, M.S.W.                  _____, R.N., B.S.N.</p> <p>The survey team is from:                  Department of Social &amp; Health Services                  Aging &amp; Disability Services Administration                  Residential Care Services, Dist. 1, Unit B                  316 West Boone Avenue, Suite 170                  Spokane, Washington 99201</p> <p>Telephone: (509) 323-7300                  Fax: (509) 329-3993</p> <p><i>Koelster</i> 1/24/13                  Residential Care Services Date</p>	F 000	<p><b>F-325 Initial Comments</b></p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Sullivan Park Care Center</b> does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p><b>F325</b>  <b>Resident #34 no longer resides at the facility. The resident care manager was re-educated on proper assessment and interventions to prevent avoidable weight loss by the DNS.</b>  <b>Resident care managers and licensed nurses were re-educated on interventions to prevent weight loss, proper assessment and follow up with</b></p>	2/5/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Jeff</i>	TITLE  <i>Administrative</i>	(X6) DATE  <i>1/29/13</i>
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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 325 SS=D	<p><b>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</b></p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined that the facility failed to ensure weight loss was unavoidable for 1 of 3 residents (#34) who had continued weight loss after he had reached his usual body weight. Findings include:</p> <p>Resident #34 had diagnoses that included _____, _____, _____, and _____.</p> <p>Per record review, the resident was able to make his needs known. The resident no longer resided in the facility.</p> <p>Per record review, the resident's admission weight on 8/4/12 was 183 pounds. The resident was described as having 2+ _____ (a way of measuring the severity of swelling). The resident had a physician order for an 1800 calorie _____ diet with a fluid restriction.</p> <p>Per the dietician assessment on 8/9/12, the resident's usual body weight was 170 pounds. The resident was at risk for weight loss due to</p>	F 325	<p>the resident's physician who have significant weight loss. Resident care managers will do random weekly audits on residents with significant weight loss to ensure assessment looking for root cause of weight loss and that interventions have been added to the residents care plan to prevent further weight loss if avoidable. They will check for any necessary labs needed, MD notification, and family notification of weight loss.</p> <p>The facility will continue to meet weekly for the process improvement dietary meeting. The Director of Nursing and the Registered Dietician will review these audits with the resident care manager for any new ideas or interventions that could be added to the resident's plan of care to prevent weight loss. The facility will be in compliance by 02/15/2013. The Director of Nursing and The Administrator will ensure correction and compliance.</p>	
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F 325

Continued From page 2  
having 2+ [REDACTED], CHF, and use of a [REDACTED] (a medication that increases urine and helps alleviate swelling).  
Per record review, the resident weighed 170 pounds on 8/13/12 (a loss of 13 pounds or a 7.1% loss in 9 days) which is considered a severe weight loss. Nurses notes described the resident as having continued 2+ [REDACTED] until 8/17/12.  
On 8/17/12 the resident was reviewed for weight loss by Staff #A. Per Staff #A, it was noted the resident had a 12 pound weight loss "related to fluid decrease". He documented the resident now had trace [REDACTED] and "this was an anticipated weight loss. Staff anticipates stabilization with good intake and resolved [REDACTED]" There were no interventions for weight loss put in place at this time.  
On 8/20/12, per record review, the resident weighed 158 pounds. Which was a loss of 25 pounds or 13% severe weight loss in less than a month.  
On 8/23/12, the resident was again reviewed for weight loss by Staff #A. It was documented that the resident lost another 12 pounds and "resident's weight loss is related to fluid decrease" even though on 8/17/12 the resident was noted to have trace [REDACTED] and they expected his weight to stabilize at that time. It was once again noted that this weight loss "was an anticipated weight loss" and "staff anticipates stabilization." No interventions for weight loss were put in place.  
On 8/29/12, the dietician assessed the resident due to the resident developing an unstageable pressure area. It was documented that the resident's 2+ [REDACTED] had resolved which likely accounted for his 14% weight loss in the past 3 weeks since admit. The resident now

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F 325	Continued From page 3 weighed 157 pounds. Again, no weight loss interventions were put into place. On 1/10/13 at 10:55 a.m., Staff #A stated residents are weighed weekly and if they gain/lose 3 lbs (or 5%) they are then triggered to be put on their weight loss protocol. Per Staff #A, the protocol included adding supplements, doing a 7 day food monitor and notifying the physician. Staff #A reviewed the resident's closed chart and confirmed the resident had not been placed on their weight loss protocol. The facility was aware of the resident's ongoing weight loss, however, there was no further evaluation of the resident's intake or implementation of interventions to stabilize the resident's continued weight loss after reaching his usual body weight.	F 325			