

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

1348

PRINTED: 03/08/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505393	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2013
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NAME OF PROVIDER OR SUPPLIER NORTH CASCADES HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 4680 CORDATA PARKWAY BELLINGHAM, WA 98226
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at North Cascades Health and Rehabilitation on 02/28/13 and 03/01/13. A sample of 16 residents was selected from a census of 83. The sample included 12 current residents and the records of 4 former and/or discharged resident.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2746003 #2757581 #2764358</p> <p>The survey was conducted by: [REDACTED] RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, Region 3, Unit B 3908 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>James Redner</i> 3/8/13 Residential Care Services Date</p>	F 000	<p>DISCLAIMER CLAUSE</p> <p>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 SOLEY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p> <p>MAR 09 2013 ADSA/RCS Region 3</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Brenda K. Thornton</i>	TITLE <i>Executive Director</i>	(X6) DATE 4/1/13
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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 333 SS=G	<p>483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS</p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure 1 of 5 sample residents (Resident 1) was free from significant medication errors. Administering medications a resident was allergic to resulted in two medication errors for the resident in a period of less than ten days, made by two different nurses. The second medication error resulted in harm, as the resident, who was sent by 911 to the emergency room, developed anaphylactic shock (a life-threatening allergic reaction) after the error was made.</p> <p>Findings include: Resident 1 admitted to the facility on 1/12 with diagnoses that included [REDACTED] and [REDACTED]. The admission paperwork from the hospital indicated the resident was allergic to [REDACTED] an antibiotic. A review of the resident's closed record on 3/1/13 revealed an alert sticker on the cover indicating an allergy to [REDACTED]. Additionally, the resident's admission face sheet and Medication Administration Record (MAR) indicated the resident was allergic to [REDACTED].</p> <p>On 1/17/13, the resident contracted a [REDACTED] infection. Staff B, a nurse, contacted the physician to ask for an antibiotic. The order for</p>	F 333	<p>1. How corrective action accomplished for the identified residents?</p> <p><i>Resident 1 no longer resides at the facility</i></p> <p>2. How you will identify other residents with the potential of being affected by the same practice?</p> <p><i>Residents who reside in the center have the potential of being affected by the failed practice. Resident medication cards were audited to validate the medication in the cart matched the physician orders and MARS. Medications that were no longer being prescribed were returned to pharmacy or disposed of per policy.</i></p>	
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F 333	<p>Continued From page 2</p> <p>██████ was received and one dose was given to the resident before the error was discovered. The resident was placed on alert status to observe for any allergic reactions to the antibiotic. None were noted. During an investigation by the facility, the nurse admitted s/he did not review the resident's record for any allergies before placing the order.</p> <p>On 7/23/12, the resident's medication was reviewed by her Nephrologist (██████ doctor). The medication ████████ a drug used to treat certain conditions related to ████████ was discontinued. The reason given was "Patient has allergic reactions". A new face sheet was printed and placed in the resident's chart along with each monthly MAR, indicating the resident was allergic to the drug. A sticker was placed on the front of the resident's chart stating "Allergic to ████████". The medication was shown to be discontinued in the resident's MAR on 7/23/12.</p> <p>However, the facility failed to remove the medication from the medication cart once it was discontinued. A review of the facility policy for discontinued medications on 3/1/13, revealed the medication should have been removed immediately and sent back to the pharmacy or destroyed. In January 2013, the resident was transferred to another floor and all of her medications were sent with her, including the discontinued ████████.</p> <p>During a medication administration on 1/26/13, Staff A, an LPN, retrieved ████████ from the discontinued package, even though the MAR did not list the medication for administration and stated the resident was allergic to the medication. The LPN gave the medication to the resident who</p>	F 333	<p>3. <i>Address what measures will be put in place to ensure deficient practice will not recur</i></p> <p><i>Licensed nursing staff has been reeducated on the 6 rights of med pass and SDC has completed medication pass audit on licensed nurses.</i></p> <p>4. <i>How will the plan be monitored to ensure the solutions are sustained?</i></p> <p><i>SDC continues to complete random med pass audits monthly per CQI policy and procedure and brings findings to CQI for further review and evaluation SDC/RCM to complete random audit of medications in cart to validate the medications, physicians' orders and MARS all match x 3months. Findings will be brought to CQI for further review and evaluation.</i></p>	

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F 333	<p>Continued From page 3</p> <p>developed breathing problems shortly after. Upon realizing her mistake, the nurse activated the 911 emergency response and sent the resident to the emergency department, where the resident required [REDACTED] (placement of a breathing tube) due to a severe allergic reaction. The resident remained in the Intensive Care Unit for three days.</p> <p>The facility conducted an investigation starting on 1/27/13. Staff A admitted she did not give medication per the policy of the facility, which was to review the MAR. Instead, the nurse retrieved all of the resident's medications from the medication cart and started to dispense them, without knowing what was current or had been discontinued.</p> <p>During an interview with the investigator on 2/28/13 at 11:10 a.m., Resident 1 became tearful and stated she was scared to take any medications because she didn't trust any nurse. "I almost died when I couldn't breathe". "They had to shove tubes down my throat to keep it from swelling shut".</p>	F333 F 333	<p>5. <i>The DNS is responsible for compliance</i></p> <p><i>Compliance date 3/28/13</i></p>	