

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

PRINTED: 12/09/2014
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 12/03/2014
NAME OF PROVIDER OR SUPPLIER NORTH CASCADES HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4680 CORDATA PARKWAY BELLINGHAM, WA 98226	
(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	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at North Cascades Health and Rehabilitation on 11/20/14 and 12/3/14. A sample of 4 residents was selected from a census of 84. The sample included 4 current residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>3054967 3055565 3054158</p> <p>The survey was conducted by:</p> <p>Pat Rimar, RN, MSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Services Administration Residential Care Services, District 2 A 3906 172nd Street NE, Suite 100 Arlington, WA 98223 Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>[Signature]</i> Residential Care Services</p> <p><u>12/10/14</u> Date</p>	F 000	<p>DEC 29 2014 ADSA/RCS Region 3</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] *[Signature]* *[Signature]*

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 514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain clinical records that completely and accurately documented the services provided for 1 of 3 sample diabetic residents(1). Failure to ensure documentation of clear insulin orders with consistently completed blood sugar readings placed Resident 1 at risk for inaccurate insulin administration and/or unidentified changes in blood glucose levels.</p> <p>Findings include: Review of November and December 2014 Medication Administration Record (MAR) insulin orders for Resident 1 revealed: There was a Sliding scale (S/S) order for [REDACTED] Insulin based on Blood Glucose (BG) readings to be checked 5 - 30 minutes prior to meals (AC). The order included information on the amount of</p>	F 514	<p>F-514</p> <ul style="list-style-type: none"> Order clarification was obtained for res #1 regarding correction dose. MAR was updated to indicate clearly specific 50% correction dose. MAR was updated to include documentation space for 2 hr PC BG readings, amount of insulin given and site administration. Audit conducted on all in-house diabetic patients. Physician's order were reviewed for clarity, MARs were reviewed to ensure appropriate documentation of BG readings, amount of insulin given, and site administration. Staff will be in-serviced on diabetic documentation. Diabetic orders will be reviewed on admit to ensure that orders are clear and specific; if not clarification will be obtained. DNS/Designee will randomly audit 10 diabetic charts each month for three months for specific orders and accurate documentation. Results will be reviewed in CQI. Corrective action will be completed by January 2nd, 2015. Administrator/Designee will ensure correction.

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F 514	<p>Continued From page 2</p> <p>insulin to be administered for specific BG ranges: BG=150-200, give 0 units insulin; BG =201-300, give 1 unit; BG= 301-400, give 2 units; BG= 401-500, give 3 units; and BG greater than 500, give 4 units insulin.</p> <p>Another insulin order indicated nurses were to check the resident's BG, "CBG (For BG>300) 3 times daily ...If BG >300 before meals (AC), check BS (blood sugar) 2 hrs after meal (PC) and give 50% correction dose."</p> <p>The order did not include a specific sliding scale to indicate what was an appropriate "50% correction dose" to make it clear what type & amount of insulin should be administered for a 2 hour PC follow-up BG reading.</p> <p>During an interview with a medication nurse (LN) on 12/3/14 at 10:40 am, the LN was asked how the nurses would determine a "50% correction dose." The LN said that if Resident 1 had a BG >300 before meals, she would recheck the BG 2 hours after the meal, look at the AC sliding scale order on the previous MAR page to see what amount of insulin should be given for the specific BG, and give 50% of that dose.</p> <p>Further review of the MARs revealed multiple (AC) BG readings documented as >300 that did not have a 2-hour (PC) follow-up BG reading documented on the following dates/times: 11/2/14 11:30 BG =331 11/2/14 17:30 BG=535 11/5/14 1730 BG=537 11/10/14 17:30 BG=312 11/15/14 17:30 BG=514 11/20/14 17:30 BG=425 11/21/14 17:30 BG=436 11/22/14 17:30 BG=426</p>	F 514			

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F 514	Continued From page 3 11/25/14 07:30 BG=384 11/25/14 17:30 BG=352 11/26/14 17:30 BG=568 11/29/14 17:30 BG=308 12/2/14 17:30 BG=319 Lastly, Resident 1's "CBG (For BG>300) 3 times daily" order was transcribed onto the MARs with documentation spaces for nurse initials at the listed administration times. There were no specified spaces in which to clearly document a follow-up BG reading, amount of insulin given, and site of administration.	F 514			