

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

PRINTED: 06/29/2015
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 02/27/2015
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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 2/20/15, 2/25/15, and 2/27/15. A sample of 18 residents was selected from a census of 89. The sample included 17 current residents, and 1 discharged resident. A supplemental sample of 24 current residents was also selected for record review.</p> <p>The following were complaints investigated as part of this survey: 3078469 3076422 3076078 3075633 3074690 3071359 3071891 3071977 3076040</p> <p>The survey was conducted by: Pat Rimar, RN, MSN</p> <p>The survey team is from: Department of Social and Health Services Aging and Long Term Services Administration Residential Care Services, Region 2 3906 172nd Street NE, Suite 100 Arlington, WA 98223 Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>Mike Tranquist</i> ^{Program} <i>IDR Manager</i> <i>6/29/15</i> Residential Care Services Date</p>	F 000	<p>IDR AMENDED</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		03/23/2015

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 241 SS=E	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide care in a manner that promoted and enhanced resident dignity for 7 of 17 sampled residents (5, 8, 14, 9, 16, 10, and 7). Failure of staff to consistently and promptly respond to call lights when residents needed assistance and/or to maintain grooming as per resident preference placed the residents at risk for frustration or reduced self-esteem.</p> <p>Findings include:</p> <p>RESIDENT 5 During an interview with Resident 5 on 2/20/15 at 10 a.m., the resident was asked about receipt of showers at the facility. The resident stated, "There have been times where I went 2-3 weeks without a shower. We (Resident 5 & 15) were signed up for 2 showers per week, but that didn't happen. There were times when I hadn't had a shower in a while, so what I would do is go to the beauty shop which is open on Fridays and get my hair washed, paid for that with my own money, and then I felt better because my hair was clean."</p> <p>Resident 5 was also asked about call light response time. The resident stated, "Just the other day, I got up in the morning and went to the bathroom, but I kind of fell/sat on the floor while I</p>	F 241	IDR AMENDED	

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F 241	<p>Continued From page 2</p> <p>was in there. I pulled the string (call light in bathroom), but it seemed like I sat there for quite a while. I didn't want to get up on my own, so I scooted myself on my bottom to the main door of my room & yelled for help. That worked (staff came to help her)." Record review of the incident report and subsequent investigative documents related to the event clearly indicate that Resident #5 did not use her call bell or call for help but was found by staff sitting in the doorway of her room.</p> <p>RESIDENT 8 During an interview on 2/20/15 with a resident who wished to remain anonymous, the resident was asked about call light response time. The resident stated, "There are times when I put the call light on, and wait and wait for 35 - 45 minutes for someone to come. Then even if they come, the aide says they need to get someone to help them. They then turn off the call light, and leave to find someone. The search often takes quite a while before they get back to help me, and because the call light is turned off, other staff don't know I still need help."</p> <p>RESIDENT 14 During observation rounds of the facility at 1:40 p.m., Resident 14 was observed sitting in bed, "I use my call light all the time, but it takes them a while to come."</p> <p>RESIDENT 9 During an interview with Resident 9 on 2/20/15 at 11:15 a.m., the resident was observed to have facial hair stubble and long fingernails. When asked if staff help him shave, Resident 9 said, "If I ask them. I can't do it myself anymore because razors aren't so easy for me to use." Regarding his long fingernails, the resident said, "I guess my</p>	F 241	<p>IDR AMENDED</p>	
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F 241	<p>Continued From page 3 family could do them."</p> <p>RESIDENT 16 On 2/25/15 at 10:10 a.m., Resident 16 was first seen sitting in the 1st floor hallway facing the nurse station and then later in his room. He appeared unshaven with beard stubble on his chin and neck approximately 1/2 inch in length. The resident had difficulty verbally expressing himself, but did say "Smooth " when asked if he preferred facial hair or smooth shaven.</p> <p>RESIDENT 10 During observation rounds on 2/25/15 at 9:40 a.m., Resident 10 was sitting in front of her room in the hallway with long, lank hair. Her fingernails were yellowish with dark debris underneath. There was a large amount of dark crumbs on the front area of her shirt and her left thigh pants had dry, white spill spots.</p> <p>RESIDENT 7 2/25/15 at 9:30 a.m., Resident 7 was finishing his breakfast in the main 1st floor dining room. The front of his shirt was covered with food and drink spills. An hour later, the resident was returned to his room by staff who said the resident needed his shirt changed.</p> <p>FACILITY RECORD REVIEW: The 1st floor NA Care Documentation Binders contained a "Routine Resident Care" sheet that included the following information about routine care was to be provided as part of daily care: "...shower per schedule"... "All facility staff are responsible for promptly answering call lights." ..."Showers- Shower resident 1-2 times per week or as scheduled by resident/family request."</p>	F 241	IDR AMENDED	

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F 241	Continued From page 4 ...Dignity- Ensure residents are clean and presentable with hair, shaves, oral care and nails."	F 241		
F 312 SS=E	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to ensure residents consistently received the necessary services to maintain personal grooming and hygiene for 12 of 17 sample residents (5, 8, 7, 9, 10, 11, 12, 15, 16, 17, 18, 2) reviewed for grooming, personal hygiene, and showers. A supplemental sample 16 of 24 residents (19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34) was selected for record review related to showers. Failure to ensure these residents, who required staff assistance for provision of dressing, personal hygiene, showers, and/or nail care, consistently received these services placed the residents at risk for poor hygiene and dignity issues.</p> <p>Findings include: Review of the 1st floor NA (nursing assistant) Care Documentation Binders contained a "Routine Resident Care" sheet that included the following information about routine care was to be</p>	F 312	IDR AMENDED	

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F 312	<p>Continued From page 5 provided as part of daily care: ..."shower per schedule"..."All facility staff are responsible for promptly answering call lights." ... "Showers - Shower resident 1-2 times per week or as scheduled by resident/family request." ..."Dignity- Ensure residents are clean and presentable with hair, shaves, oral care and nails."</p> <p>During an interview with Staff 1 & 2 on 2/25/15 at 9:30 & 9:45 a.m., they said the floor NAs shower their assigned residents as per a set schedule. They said the facility did not have a specific shower aide. They said that if they were unable to complete a shower, then the next shift(s) would try to do it. Staff 1 said that they also trim fingernails during shower, if a resident was not a diabetic.</p> <p>During an interview with on 2/25/15 at 11 a.m., Staff 3 was asked regarding shower procedures and scheduling. She said the NAs on day and evening shift had their assigned residents to do each day. If the assigned shower did not get done for some reason, then staff will keep on trying to get it as soon as possible. She said there was not a designated shower aide at the facility. She added that if a resident needed a hair wash and a shower wasn't an immediate option, then could use a hair cap with hair cleanser to massage into the hair, then towel the hair (rinse-free hair wash).</p> <p>During an interview with on 2/25/15 at 12:35 p.m., Staff 4 was asked regarding shower procedures. Staff 4 stated there were no written procedures regarding showers. She said the floor NAs did resident showers per the schedule and then the NAs were to document on the Shower/Bath Sheet</p>	F 312	IDR AMENDED	

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F 312	<p>Continued From page 6</p> <p>the whether the shower was completed or refused, "But they're not always good about documenting, so the NAs are to give the nurses the information so the nurse can make sure it's documented."</p> <p>RESIDENT 5 During an interview with Resident 5 on 2/20/15 at 10 a.m., the resident was asked about receipt of showers at the facility. The resident stated, "There have been times where I went 2-3 weeks without a shower. We (Resident 5 & 15) were signed up for 2 showers per week, but that didn't happen." Resident 5 said she was able to do most things independently, but needed staff help with bathing and personal hygiene.</p> <p>Review of Minimum Data Set Assessment (MDS) information dated 1/19/15 revealed Resident 5 did not have short-term memory impairment and required extensive assistance from staff for personal hygiene and physical help with bathing.</p> <p>Record review revealed an undated "Resident Care Preferences" form in the front of Resident 5's chart that indicated, " Shower Frequency - How many showers times do you prefer? = 2." On 2/20/15, review of the February 2015 shower Shower/Bath Sheet revealed no documented evidence that Resident 5 received a shower from 2/1/15 - 2/11/15 (11 days).</p> <p>RESIDENT 15 On 2/20/15 at 10 a.m., the resident was sitting in his room slowly eating breakfast. Review of MDS information dated 1/17/15 revealed Resident 15 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p>	F 312	IDR AMENDED		

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F 312	<p>Continued From page 7</p> <p>On 2/20/15, review of the February 2015 shower Shower/Bath Sheet revealed no documented evidence that Resident 5 received a shower from 2/1/15 - 2/10/15 (10 days).</p> <p>RESIDENT 8 On 2/20/15 a resident who wished to remain anonymous was asked about showers. Per the resident, "I only had one that I can recall and am not aware if I have a specific (shower) schedule."</p> <p>MDS review indicated Resident 8 had lived in the facility for several months, had no memory deficits, and required extensive assistance from staff for personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/20/15, review of the February 2015 shower Shower/Bath Sheet documented Resident 8 had received 1 shower between February 1 - 20.</p> <p>RESIDENT 7 On 2/25/15 at 9:30 a.m., Resident 7 was finishing his breakfast in the main 1st floor dining room. The front of his shirt was covered with food and drink spills. An hour later at 10:30 a.m., the resident was returned to his room by staff who said the resident needed his shirt changed (which was done).</p> <p>Review of MDS information dated 1/5/15 revealed Resident 7 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/25/15, review of the February 2015 shower Shower/Bath Sheet had no documented evidence that Resident 7 had a shower from 2/1 - 2/9/15</p>	F 312	<p>IDR AMENDED</p>	
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F 312	<p>Continued From page 8 (10 days).</p> <p>RESIDENT 9 During observation rounds of the facility on 2/20/15 at 11:30 a.m. and on 2/25/15 at 9:40 a.m., Resident 9 was observed sitting in the 1st floor hallway with facial hair stubble on his chin & neck and long fingernails.</p> <p>Review of MDS information dated 2/5/15 revealed Resident 10 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p> <p>RESIDENT 10 During observation rounds of the facility on 2/20/15 at 11:30 a.m., Resident 10's was observed sitting in the 1st floor hallway with long, lank and stringy/oily hair. On 2/25/15 at 9:40 a.m., the resident was again sitting in the hall outside her room with long, yellow fingernails with dark color/debris under her nails, and lank hair.</p> <p>Review of MDS information dated 2/5/15 revealed Resident 10 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/25/15, review of the February 2015 shower Shower/Bath Sheet had no documented evidence that Resident 10 had a shower from 2/15/15 - 2/24/15 (10 days).</p> <p>RESIDENT 11 During 2/23/15 observation rounds of the facility at 11:35 a.m., Resident 11 was sitting in her wheelchair in hallway by the 1st floor nurse station. Her long hair was adorned with a flower hairclip, but the hair appeared lank and</p>	F 312	IDR AMENDED	
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F 312	<p>Continued From page 9 stringy/oily.</p> <p>Review of MDS information dated 2/11/15 revealed Resident 11 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/25/15, review of the February 2015 Shower/Bath Sheet indicated Resident 11's had no documented evidence that Resident 11 had a shower from 2/13 - 2/24/15 (11 days).</p> <p>RESIDENT 12 During observation rounds of the facility on 2/20/15 at 11:25 a.m. in the 1st floor hallway by nurse station & at 12:25 p.m. in the assisted dining room, Resident 12 was sitting in his wheelchair with a multiple-day unshaved appearance. [According to the resident 's written care guide, a family member would shave him and do his nails].</p> <p>Review of MDS information dated 2/2/15 revealed Resident 12 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/25/15, review of the February 2015 shower Shower/Bath Sheet had no documented evidence that Resident 12 had a shower from 2/1/15 - 2/9/15 (9 days) & from 2/11/15 - 2/23/15 (13 days).</p> <p>RESIDENT 16 On 2/25/15 at 10:10 a.m., Resident 16 was first seen sitting in the 1st floor hallway facing the nurse station and then in his room with a visitor. He appeared unshaven with beard stubble on his chin and neck approximately 1/2 inch in length.</p>	F 312	IDR AMENDED	
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F 312	<p>Continued From page 10</p> <p>The resident had difficulty expressing himself verbally, but did say "Smooth" when asked if he preferred facial hair or smooth shaven. His visitor said that Resident 16 had been clean shaven before admission to the facility. The visitor said the resident had very sensitive skin and it appeared to really bother the resident, 'almost painful', when being shaved if the facial hair was too long.</p> <p>Review of MDS information dated 12/27/14 revealed Resident 16 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p> <p>RESIDENT 17: During 2/27/15 observation rounds of the facility at 11:30 a.m., Resident 17 was asleep sitting in the hallway by the 1st floor nurse station. Her hair appeared lank with hair flattened on the left side ('bedhead' appearance).</p> <p>Review of MDS information dated 1/17/15 revealed Resident 17 was cognitively impaired and totally dependent on staff for personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/27/15, review of the February 2015 shower Shower/Bath Sheet had no documented evidence that Resident 17 had a shower from 2/13 - 2/24/15 (11 days).</p> <p>RESIDENT 18 On 2/27/15 at 12:20 p.m, Resident 18 was sitting in his wheelchair in his room. His hair appeared lank and stringy/oily. When asked about his care at the facility. He said NA staffing seemed to be less than before over the past months and therefore the residents, including</p>	F 312	<p>IDR AMENDED</p>	
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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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(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 312	<p>Continued From page 11</p> <p>him, have to wait longer for things to get done. During the interview, a staff person came in and informed the resident she would coming back to do his shower shortly.</p> <p>Review of MDS information dated 2/9/15 revealed Resident 18 did not have memory impairment and required extensive assistance from staff for personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/25/15, review of the February 2015 shower Shower/Bath Sheet had no documented evidence that Resident 18 had a shower from 2/1 - 2/10/15 (10 days) and from 2/12-2/24/15 (13 days).</p> <p>RESIDENT 2 Review of MDS information dated 12/19/14 revealed Resident 2 required extensive assistance in personal hygiene, dressing, and physical help with bathing.</p> <p>On 2/25/15, review of the February 2015 shower Shower/Bath Sheet had no documented evidence that Resident 2 had a shower from 2/12 - 2/24/15 (13 days).</p> <p>SUPPLEMENTAL RECORD REVIEW-showers On 2/25/15, Review of the 1st floor (long-term care residents) February 2015 Shower/Bath Sheets revealed no documented evidence indicating receipt of a shower & shampoo between the following dates: Resident 19: 2/14 - 2/24/15 (11 days). Resident 20: 2/1 - 2/9/15 (9 days), and 2/13 - 2/24/15 (12 days). Resident 21: 2/1 - 2/9/15 (9 days). Resident 22: 2/1 - 2/9/15 (9 days). Resident 23: 2/1 - 2/10/15 (10 days).</p>	F 312	<p style="text-align: center;">IDR AMENDED</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/29/2015
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F 312	Continued From page 12 Resident 24: 2/15 - 2/24/15 (10 days). Resident 25: 2/10 - 2/22/15 (13 days). Resident 26: 2/11 - 2/21/15 (11 days). Resident 27: 2/17 - 2/24/15 (8 days). Resident 28: 2/13 - 2/14/15 (12 days) Resident 29: 2/14 - 2/24/15 (11 days). Resident 30: 2/14 - 2/22/15 (9 days). Resident 31: 2/12 - 2/21/15 (10 days). Resident 32: 2/11 - 2/24/15 (14 days). Resident 33: 2/1-2/9/15 (9 days) Resident 34: 2/13 - 2/21/15 (9 days).	F 312		
F 353 SS=E	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel. Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced	F 353		

IDR AMENDED

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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 353	<p>Continued From page 13</p> <p>by: Based on observation, interview and record review it was determined that the facility failed to provide sufficient staffing to provide grooming, personal hygiene, and shower care and services as per the residents' assessed needs for activities of daily living (ADL) for 13 of 17 sampled residents(2, 5, 7, 8, 9, 10, 11, 12, 14, 15, 16, 17, 18). Failure of the facility to provide sufficient staff to consistently provide these services placed residents at risk of frustration, reduced self-esteem, and/or poor personal hygiene.</p> <p>Findings include:</p> <p>Refer to 42CFR 483.15(a), F241, Quality of Life, for failure to ensure residents were provided services to promote/maintain dignity. Refer to 42CFR 483.25(a) (3), F312, ADL Care for Dependent Residents, for failure to ensure residents consistently received the necessary services to maintain good personal grooming and hygiene.</p> <p>During a telephone interview on 2/18/15 with a sample resident's family member who wished to remain anonymous, the family member stated the facility seemed to be consistently short staffed, and that staff appeared to be overextended as some tasks, such as shaving, did not always get done on a regular basis.</p> <p>On 2/27/15 at 12:20 p.m, Resident 18 was sitting in his wheelchair in his room. When asked about his care at the facility, he said, " In the past 6 -8 months, they've had problems with staffing. They used to have 5 nursing assistants (NAs) on days and evenings, but for a while now it's been 4 NAs on days and evenings. That just makes it</p>	F 353	<p>IDR AMENDED</p>	

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F 353	<p>Continued From page 14</p> <p>harder for them to get things done quickly. We all have to wait. It seems they just haven't been able to get people into (NA) positions when someone leaves, and it takes a while to train people too. I'm sure the administrator has been working on it, but just hasn't found enough people to bring in."</p> <p>During an interview with the facility administrator on 2/25/15 on 12:30 p.m. (upon surveyor request for staffing and resident council information), the administrator indicated he had talked to resident council president about measures they have taken to maintain safe staffing over the past month and a half. These measures included voluntarily keeping the facility census at a certain level, offering incentives for new hires or staff working extra shifts, and anticipation of new NA hires who were currently receiving training at a sister facility. He indicated he had checked into temporary using agency NAs, however the agency(s) said there were none available.</p> <p>Review of the February 2015 Resident Council meeting minutes indicated the residents wanted the facility administrator to talk to the council regarding staffing issues.</p>	F 353			

IDR AMENDED