

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/21/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AVALON CARE CENTER - OTHELLO LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>495 NORTH THIRTEENTH STREET OTHELLO, WA 99344</b>
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey and Abbreviated Survey conducted at Avalon Care Center - Othello on 8/15/14, 8/18/14, 8/19/14, 8/20/14, and 8/21/14. A sample of 24 residents was selected from a census of 22. The sample included 18 current residents and the records of 6 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#3030883</p> <p>The survey was conducted by:</p> <p>Linda Loffredo, R.N., B.S.N. Brenda Webster, R.N., B.S.N. Colleen Daniels, R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services Aging &amp; Long-Term Support Administration Division of Residential Care Services, District 1, Unit B 316 West Boone Avenue, Suite 170 Spokane, Washington 99201-2351</p> <p>Telephone: (509) 323-7303 Fax: (509) 329-3993</p> <p><i>Cindy C. Vetter</i> <u>9/5/14</u> Residential Care Services Date</p>	F 000	<p>Submission of this Response and Plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also not to be construed as an admission of interest against the facility or the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in Title 18 and 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as an agreement with the allegations of non-compliance or admissions by the facility. This Plan of Correction is submitted as the facility's credible allegation of compliance.</p>	<p>10/10/14</p> <p>10/10/14</p>
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**RECEIVED**  
 SEP 16 2014  
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 SPOKANE WA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Annie Miller</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>9/12/2014</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.

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

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F 156 SS=D	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal</p>	F 156	<p><b>F 156</b></p> <p>The facility shall continue to provide required liability notices related to residents being fully informed of and/or understanding Medicare benefits and rights (specifically a Notice of Medicare Non-coverage letter prior to discharge informing resident Medicare coverage would end at time of discharge and how to appeal a facility decision to end Medicare coverage).</p> <ol style="list-style-type: none"> <li>1. Resident # 25 has discharged from the facility.</li> <li>2. Administrative Services Director shall audit all files of Medicare residents by 9/25/14 to ensure appropriate notices of non-coverage were / completed prior to removal from Medicare coverage.</li> <li>3. Administrative Services Director and Social Services Director shall be mutually responsible to ensure that appropriate notices are issued to Medicare covered residents prior to change in coverage. ASD shall issue the notice and SSD will double check for notice completion at time of change in Medicare coverage of resident. Process to begin 9/12/14.</li> <li>4. Administrative Services Director to audit all Medicare</li> </ol>	10/10/14	

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F 156

Continued From page 2  
funds, under paragraph (c) of this section;

A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.

A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

F 156

covered residents on a monthly basis to check that proper notices were issued. Findings to be reported at monthly QA Meeting beginning in September 2014 for evaluation and follow-up until lesser frequency is deemed appropriate.

10/10/14

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F 156	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to provide required liability notices for 1 of 3 residents reviewed for liability notices (#25) in a sample of 24. This failure placed the resident at risk for not being fully informed of and/or understanding Medicare benefits and rights. Findings include:  Per record review, Resident #25 was discharged from the facility to home before her Medicare benefits were exhausted. The facility did not issue a Notice of Medicare Non-coverage letter prior to discharge informing her medicare coverage would end at the time of discharge and how to appeal the facility decision to end Medicare coverage. In an interview on 8/20/14 at 2:00 p.m., Staff #A confirmed the facility should have issued the notice prior to discharge On 8/20/14 at 2:20 p.m., Staff #B stated she was responsible for issuing the liability notices and had no additional information regarding why the notice was not issued as required.	F 156		10/10/14	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate	F 315	<u>F 315</u>  The facility shall continue to evaluate residents with a decline in urinary continence such that highest practicable level of urinary function may be maintained.  1. Director of Nursing reviewed and updated the care plan to	10/10/14	

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F 315	<p>Continued From page 4</p> <p>treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to evaluate a decline in urinary continence for 1 of 3 residents reviewed for urinary incontinence (#26) in a sample of 24. The resident was placed at risk for not maintaining the highest practicable level of urinary function. Findings include:</p> <p>Resident #26 had diagnoses including dementia. Upon admission to the facility, the resident was being treated for a urinary infection, and required extensive assist of one staff for activities of daily living.</p> <p>The comprehensive care plan did not include a specific care plan for urinary incontinence.</p> <p>Review of the most recent facility assessment dated 5/21/14 revealed the resident had a decline, and was frequently incontinent of urine.</p> <p>Per record review, there was no evaluation of the decline in continence, and no specific care plan interventions developed to restore as much continence as possible.</p> <p>In an interview on 8/20/14 at 9:50 a.m., the resident stated when she had a "kidney" infection, she felt like she needed to go a lot and did not like staff to put her on a schedule.</p> <p>On 8/20/14 at 10:30 a.m., Staff #C stated staff was offering toileting as the resident as allowed. In addition, Staff #C stated she had planned to complete a separate care plan for the resident's urinary incontinence but had not yet done so.</p>	F 315	<p>address urinary incontinence of resident (#26).</p> <ol style="list-style-type: none"> <li>2. Director of Nursing or designee shall audit current residents who are incontinent of bladder by 9/22/14 to ensure they have been assessed for incontinence with care plan interventions established for each resident to promote highest functional level possible.</li> <li>3. Director of Nursing to inservice Licensed Nurses by 9/25/14 related to assessment of residents incontinent of bladder as well as care plan interventions to promote highest functional level for the resident.</li> <li>4. Director of Nursing or designee to audit records of residents incontinent of bladder each month to ensure there is a current assessment with Care Plan in place. DON to report findings monthly to QA Committee meeting beginning September 2014 for evaluation and follow-up until a lesser frequency is deemed appropriate.</li> </ol>	10/10/14	

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