

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

PRINTED: 05/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/17/2012
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NAME OF PROVIDER OR SUPPLIER AVALON CARE CENTER - OTHELLO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 495 NORTH THIRTEENTH STREET OTHELLO, WA 99344
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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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INITIAL COMMENTS

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This report is the result of an unannounced Off-Hours Quality Indicator Survey conducted at Avalon Care Center - Othello on 05/14/12, 05/15/12, 05/16/12, and 05/17/12. The survey included data collection on 05/15/12 between 7:00 p.m. and 9:15 p.m. A sample of 22 residents was selected from a census of 22. The sample included 17 current residents and the records of 5 former and/or discharged residents.

The survey was conducted by:

Mara Ryan B.S.W.
Linda Loffredo R.N., B.S.N.
Colleen Daniels R.N., B.S.N.
Lilly Park, B.S., B.A.

The survey team is from:
Department of Social & Health Services
Aging & Disability Services Administration
Residential Care Services, District 1, Unit B
Rock Pointe Tower
316 West Boone Avenue, Suite 170
Spokane, Washington 99201-2352

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[Signature]
Residential Care Services Date 5/31/12

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.

6/28/12

6/28/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Annie Smith ew</i>	TITLE <i>Administrator</i>	(X6) DATE <i>6/17/2012</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 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</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 1 resident(#16) in a sample of 22 was free to make choices regarding her bowel program. Findings include:</p> <p>Resident #16 had diagnoses including [REDACTED] injury and neurogenic bowel and bladder. Per record review, the resident required total assistance with activities of daily living and did not have any memory problems. the resident had a history of constipation.</p> <p>Per review of physician's orders dated May 2012, the resident had a an order for a routine suppository every other day and every other day (opposite the routine order) as needed. The resident had a history of problems with feeling constipated and uncomfortable with her bowels.</p> <p>On 5/14/12 at 1:45 p.m., the resident stated she only had one concern about her care at the facility. The resident said there was a nurse, Staff #B, who wouldn't give her a suppository if she needed it. The resident reported Staff #B would say "you don't need it, it isn't your day." The resident was aware she could have her</p>	F 242	<p>F 242</p> <p>The facility shall continue to ensure that a resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <ol style="list-style-type: none"> 1. Resident # 16 shall be provided reassurance by DON that all Licensed Nurse's shall honor her request for a suppository every day if she feels it is needed in compliance with her current Physicians orders. Director of Nursing shall counsel verbally and in writing Licensed Nurse #B regarding resident #16 and her right to participate in managing her bowel program in compliance with Physicians orders. 2. Director of Nursing and/or designee shall interview the rest of cognitive residents in the facility to ensure that rights of all other residents have been upheld with emphasis on participation in management of medical care. Director of Nursing or designee to provide all Licensed Nurse's 	6/28/12

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F 242	Continued From page 2 suppository daily if she felt she needed it and said she reminded Staff #B of this order. The resident said "this nurse gets mad at me, so I don't even want to ask anymore." The resident said she did not ask for the suppository every day, just when she needed it. She said her stomach hurt and she didn't feel good if she needed it and didn't get it. The resident stated Staff #B acted like she knew what was best for her, "when it was her body and she knew what she needed." On 5/16/12 at 11:30 a.m., Staff #C said the resident's bowel program was always being assessed and confirmed the resident had an order for a suppository every day if needed. Staff #C was informed of the resident's concern involving Staff #B. Staff #C said the nurses are all aware of the resident's bowel movements and patterns and were aware it was the resident's choice to have a suppository if she felt she needed it. The facility was aware of the resident's ongoing concerns regarding her bowel movements and did not ensure she had the right to choose how often she got a suppository, which affected her quality of life.	F 242	inservice training related to residents' rights with particular emphasis on participating in their own medical management. 3. Social Service Director or Director of Nursing and/or designee shall conduct monthly interviews with cognitive resident regarding resident rights including medical management with reporting to Administrator. 4. Administrator to report findings at monthly Quality Assurance Meeting for evaluation and follow-up until a lesser frequency is deemed appropriate.	6/28/12
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.	F 314	F 314 The facility shall continue to ensure that a resident who enters the facility without pressure ulcers does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.	6/28/12

