DEPARTMENT OF HEALTH AND HU N SERVICES
CENTERS FOR MEDICARE & MEDIC. D SERVICES

PRINTED: 04/27/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	505126		C 04/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON HEALTH & REHABILITATION CENTER - PASCO	2004 N 22ND AVENUE PASCO, WA 99301

(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	INITIAL COMMENTS This report is the result of an unannounced Abbreviated Survey conducted at Avalon Health & Rehabilitation Center - Pasco on April 20, 2012 and April 23, 2012. A sample of 5 residents was selected from a census of 82 residents. The sample included 5 current residents. The following were complaints investigated as part of this survey: 12-04-11255 12-04-11164 12-04-10945 12-04-11300 12-04-11071 12-04-10709 12-03-09530 The survey was conducted by: Patti Rose, R.N. The survey team is from: Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 1, Unit C 3611 River Road, Suite 200 Yakima, Washington 98902 Telephone (509) 225-2800 Fax: (509) 574-5597 4/27/12 Residential Care Services Date	F 000	Received Yakima RCS MAY 10 2012	
F 250 SS=E	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social	F 250		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 5/09/12

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 250	Continued From page 1 services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to ensure medically related social services were provided to 3 of 3 residents (#'s 1, 2, and 3) following allegations of abuse. Additionally, there was no documentation the residents were assessed in a timely manner after the allegations were made. This failure placed residents at risk for unrecognized psychological harm. Findings include: Resident #1: Review of the resident's plan of care revealed she was alert and oriented and required extensive assistance with care due to her diagnosis. Review of a facility investgation report noted on 4/8/12 the resident alleged rough handling during positioning and belittling statements by a nursing assistant (NA). The investigation report noted interventions to ensure the resident remained free from potential abuse included placing the resident on Social Services (SS) alert charting to determine if any psychological harm occurred. An interview with the resident on 4/20/12 at 1:10 p.m. revealed she had informed the NA that when she was being repositioned it hurt her. She stated the NA was trying to rush as she had other residents to care for at that time. The NA was no longer assigned to care for her.	F 250	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 Facility, of the Executive Director or any employees, agents, or other individuals who draft or may be discussed in this response. 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 correctness of any conclusions set forth in the 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 the Plan of Correction with 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.	5/15/12

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F 250	Continued From page 2 Despite the resident's allegation of abuse by a staff member review of the resident's medical record revealed no assessment or follow-up by staff following the allegation. Resident #2: Review of a facility investigation report revealed on 4/12/12 the resident alleged a NA had gotten mad at her for having to use the bedside commode two-three times during her shift stating, "you should have gone the last time I put you on the toilet." She stated the NA then cleaned her roughly. The investigation noted the resident was to be placed on SS alert charting to determine if any psychological harm occurred as a result of the incident. Review of the resident's medical record revealed no assessment of the resident to determine psychological harm until 4/19/12 (seven days following the allegation). No social services was provided to the resident following the allegation. Resident #3: Admitted to the facility on [redacted]12 following surgery for a fractured left hip. Review of documentation on 4/5/12 revealed the resident required extensive assistance with toileting and transfers due to her recent surgery and history of falls. Review of a facility investigation report revealed on 4/10/12 the resident alleged a NA was rough during a transfer from her bed to the wheelchair. The resident stated the NA "throws me around like a rag doll." The investigation report stated the resident was to be placed on SS alert charting to determine if any psychological harm occurred.	F 250	F-250 Residents #1, #2 and #3's were monitored and did not suffer from any unrecognized psychological harm after the allegation of potential abuse or neglect. Facility investigation could not substantiate the allegations of abuse or neglect. No other resident exhibited any sign of psychological harm. The Administrator, Social Service Director and Director of Nursing Services have been re-educated to immediately place residents on alert charting for potential signs or symptoms of unrecognized psychological harm after an allegation of abuse or neglect is made. Staff were re-educated of signs or symptoms of unrecognized psychological harm during an all staff meeting on May 11th, 2012. The Director of Social Services will monitor for compliance daily through daily stand-up meetings, the Grievance reporting system, and the Social Service alert charting book. The Administrator or designe will ensure compliance through immediate mandatory reporting of potential abuse or neglect and through the Quality Assurance meeting.	5/15/12

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F 250	Continued From page 3 Review of the resident's medical record revealed no assessment of the resident for psychological harm following the incident, nor evidence social services was provided. An interview with the resident on 4/23/12 at 1:10 p.m. noted she was unable to recall being hurt by staff during a transfer. "It probably wasn't a big deal or I would have remembered it." An interview with the Administrator on 4/23/12 at 3:00 p.m. revealed there had been no assessments or follow-up by SS probably because SS was not made aware of the allegations made by the 3 residents.	F 250		