

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2014
NAME OF PROVIDER OR SUPPLIER AVALON HEALTH & REHABILITATION CENTER - PASCO			STREET ADDRESS, CITY, STATE, ZIP CODE 2004 N 22ND AVENUE PASCO, WA 99301		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Avalon Health & Rehabilitation Center - Pasco on 6/02/14. A sample of 7 residents was selected from a census 78. The sample included 6 current residents and the record of 1 former and/or discharged resident.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#3005862 #3007850 #3013646</p> <p>The survey was conducted by:</p> <p>Priscilla Becker, R.N. Patti Rose, R.N.</p> <p>The survey team was from:</p> <p>Department of Social & Health Services Aging & Long-Term Support Administration Residential Care Services, District 1, Unit C 3611 River Road, Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>[Signature]</i> 6/14/14 Residential Care Services Date</p>	F 000	<p>This Plan of correction constitutes the facilities "Credible Allegation of Compliance" with the following deficiencies.</p> <p>*Note: this Plan of Correction constitutes my written allegation of compliance for the deficiencies noted. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was noted correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Received Yakima RCS JUN 27 2014</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *Administrator* (X6) DATE: *6-23-14*

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 226 SS=E	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to protect facility residents from potential financial exploitation. The facility hired an individual, Staff Member A, with a pending criminal charge, if later converted to a conviction would have been disqualifying for employment at the facility. Deficient practice involved a lack of timely follow-up to check on the legal status of the employee. Two of two sampled residents (#1 & #2) brought allegations of potential theft/misappropriation of their money, the direct responsibility of Staff Member A. Other facility residents were also at potential risk of financial exploitation. Findings include but were not limited to:</p> <p>Review of the facility "Employee Hiring and Screening Procedures" noted: "2. criminal background checks" and 3. checking OIG (Office of Inspector General) exclusion listings prior to hire and periodically thereafter (as applicable), and 4. reference checks."</p> <p>Resident #1: Review of the medical record revealed the resident was admitted to the facility on [REDACTED] 14 with Medicaid pending as her pay source. Her medical diagnosis included multiple sclerosis. The resident planned to discharge to a</p>	F 226	<p>F-226 483.13(c) DEVELOPMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>It is the policy of Avalon Health and Rehab to develop and implement written policies and procedures that prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property.</p> <p>1.Employee in question has been terminated effective 6-6-14</p> <p>2.All employee records were audited for any disqualifying criminal background in accordance with the DSHS Secretary's list of crimes and negative action for use by ALTSA, Residential Care Services for Nursing Homes, Assisted Living Facilities and Adult Family Homes. Avalon Care Inc. completed a random audit of the trust account and found no negative findings. An audit of facility deposits was completed against resident accounts with no negative findings. All resident accounts reviewed were credited appropriately for money received.</p> <p>3.A review of the screening and hiring procedure was completed. A change to the policy includes "...No employee will be hired if they have a (PENDING) status on any negative action that is on the Secretary's list from DSHS.</p>		

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F 226	<p>Continued From page 2</p> <p>lesser care setting when her condition had improved.</p> <p>According to a 3/11/14 social service entry, the resident's family member and two friends were present for a care conference. The resident's two friends agreed to assist her with the Medicaid application and her financial affairs.</p> <p>A 3/27/14 facility investigation revealed that on 3/21/14 Staff Member A, the Administrative Service Director (who was responsible for resident trust accounts and other resident related funds), had transported Resident #1 to the bank to cash a check for approximately \$1,400.00. On 3/27/14 the resident alleged Staff Member A had taken her money.</p> <p>Review of Staff Member A's personnel file revealed a date of hire of 10/16/13. An 11/01/13 criminal background check identified the employee had a pending criminal charge from 3/12/13 that would have disqualified her from working in the nursing home setting if it became a conviction. The background document had an "OK" and the facility Administrator's initials present on the face of the document. There was no evidence of another background re-screen for Staff Member A to check on the current legal status.</p> <p>During a 4/17/14 on-site investigative visit, following the theft allegations by Resident #1, the status of Staff Member A's background was discussed with the Administrator and he decided to perform another criminal background check. Despite telephone inquiries approximately weekly with the Administrator, the approved criminal background check had reportedly not arrived.</p>	F 226	<p>4.The Administrator was educated on the procedure for reviewing backgrounds and familiarized with the secretary's list of crimes and negative actions. This was completed on 6-6-14</p> <p>5.Audits will be completed on all new hires for completion of the new hire packet. This audit will include but not limited to OIG, References, and background checks with the State approved method. Audits will also be completed monthly on employees that are in need of an updated background check (every two years) The identified employees will be reviewed by payroll and approved or denied by the Administrator. Results from the audits will be taken to the Quality Assurance Committee for further review.</p> <p>6.The Administrator will ensure compliance.</p>	6-23-14
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 226	<p>Continued From page 3</p> <p>On 6/02/14 at approximately 11:10 a.m. and 2:15 p.m., the facility Administrator stated prior to Staff Member A's employment she had disclosed there would be an issue with her criminal background check (involving pending charges and money). According to the Administrator, Staff Member A stated she had made repayment arrangements and the charges would be dropped after she had completed her repayment. No actual documents were provided or obtained by the facility at that time to verify the accuracy of Staff Member A's account. The Administrator stated he reviewed the issue with a corporate contact and signed off on the background check with the "OK". There was no plan to re-screen Staff Member A (prior to the initial Department of Social & Health Services (DSHS) Investigation on 4/17/14); she would be re-screened at the routine interval for all the employees (every two years).</p> <p>Additionally, the Administrator stated Staff Member A was responsible for requesting and receiving the background screens and it seemed unusual that the facility had not received the screen, approximately six weeks had passed. The Administrator (and Director of Nursing) also recalled Resident #2, an alert resident, had recently brought up concerns about her trust account funds and perceived irregularities (also the responsibility of Staff Member A).</p> <p>On 6/02/14 at approximately 12:00 noon, Staff Member A produced a 5/29/14 document stating her background check could not be completed due to the data that was submitted. The employee denied any further issues or police involvement pertaining to the theft allegation by Resident #1.</p>	F 226			

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F 226	Continued From page 4 Review of the Washington Courts website on 6/04/14 revealed new pending criminal charges on 6/02/14 pertaining to Staff Member A. The facility failed to implement their policy sufficiently to protect residents from potential financial exploitation.	F 226		