

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

PRINTED: 06/27/2013
FORM APPROVED
OMB NO. 0938-0391

1364

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505513	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/24/2013
NAME OF PROVIDER OR SUPPLIER STAFFORD HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SOUTH 224TH STREET, DES MOINES, WA 98198		
(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	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Stafford Healthcare on 06/24/2013. The current census was 79. The closed record of one discharged resident was reviewed.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2831734</p> <p>The survey was conducted by:</p> <p>██████████ RN, MSN, Complaint Investigator</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 2, Unit F 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (253) 234-6048 Facsimile: (253) 395-5070</p> <p><i>Mike Anbesse</i> 06/28/13 Residential Care Services Date</p>	F 000	<p>The statements made in this plan are not an admission of guilt and do not constitute an agreement with the alleged deficiencies. This plan of correction is being completed because it is required by law.</p> <p style="text-align: center;">RECEIVED JUL 12 2013 DSHS/ADS/RCS Region 4</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Administrator

7-11-13

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=D	<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 interview and record review the facility failed to ensure polices and procedures for reporting abuse were operationalized for one, (Resident #1) of five residents reviewed for abuse. Failure to report alleged abuse to the State or local police had the potential to place all vulnerable residents at risk of being abused.</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility with diagnoses of [REDACTED] and [REDACTED] and [REDACTED] and [REDACTED] according to Minimum Data Sets performed on 04/11/13, 04/18/13 and 05/2/13. Resident #1 was reviewed as a closed record and was not available for interview.</p> <p>Review of the facility's 06/24/13 evidence of investigation revealed Resident #1 alleged Staff F touched Resident #1 inappropriately. The facility investigated the allegation and ruled out abuse but none of the seven staff aware of the allegation, (Staff A, B, C, D, E, or F) notified the State or the local police.</p>	F 226	<p>Resident #1 no longer resides in the facility.</p> <p>The deficiency related to F-226 has been corrected in a lasting and timely manner by in-servicing staff related to the requirements of reporting allegations of abuse. All allegations of abuse will be reported according to regulation. Administrator and DNS will monitor for ongoing compliance.</p> <p>Date of Compliance 8-05-13</p>	8-05-13	

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F 226	<p>Continued From page 2</p> <p>According to the facility's undated, Suspected Abuse of Vulnerable Adult Policy; Abuse means the willful action or inaction that inflicts injury..." The policy further instructed, "Any staff member having reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, will immediately report the occurrence to the department of social and health services."</p> <p>Staff A and B, interviewed on 06/24/13 at 8:30 a.m. said they used Washington State's Purple book to make decisions about reporting. These staff referenced the decision-tree Appendix H. This Appendix included the statement, "In general, there is presumption that abuse has occurred whenever there has been some type of impermissible, unjustifiable, harmful, offensive, or unwanted contact with a resident. This presumes that instances of abuse of any resident (whether comatose, cognizant or not) causes physical harm, pain, or mental anguish." In this case Resident #1 alleged inappropriate touching. Appendix H also instructed the reader to "Report suspected abuse, neglect, financial exploitation immediately..." Appendix D, referenced by the facility, indicated Staff to resident abuse, neglect, mistreatment or negligent treatment...sexual or physical abuse/assault," should be reported to the state complaint unit, department of health, and the local police.</p> <p>Staff A and B said they investigated the allegation before considering the need to notify the State or the police. Once the investigate ruled out abuse these staff indicated there was no need to notify the State or the police.</p>	F 226			

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