

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

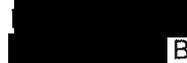
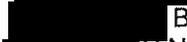
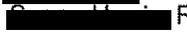
PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

1371

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505216	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2013
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NAME OF PROVIDER OR SUPPLIER FIDALGO CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27TH STREET ANACORTES, WA 98221
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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)	(X6) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey (QIS) conducted at Fidalgo Care Center on 9/3/13, 9/4/13, 9/5/13, and 9/6/13. A sample of 19 residents was selected from a census of 37. The sample included 17 current residents and the records of 2 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p> R.N., BSN  BSHS  R.N., MSN  R.N., BSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, Region 3, Unit B 3906 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>Expence Parker</i> 9/11/13 Residential Care Services Date</p>	F 000	<p>RECEIVED SEP 23 2013 ADSA/RCS Smokey Point</p>	
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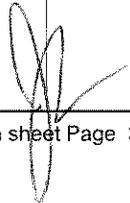
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Joe Stulik</i>	TITLE EXECUTIVE DIRECTOR	(X6) DATE 9/19/13
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting 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 285 SS=D	<p>483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR</p> <p>A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.</p> <p>A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission;</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>(ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission--</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).</p>	F 285	<p>The facility will ensure Pre-Admission Screening and Resident Review (PASRR) assessments are accurately completed for all current and future residents.</p> <p>Resident 18 PASRR corrected to indicate a Level II evaluation is required. Compass Mental Health has been contacted to indicate a Level II evaluation is required. Compass Mental Health has been contacted and agrees to perform Level II evaluation. Resident 18 is currently stable and has made no further negative statements related to dying. She takes medications for anxiety and depression, and is being monitored.</p>	10/18/2013	

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F 285	<p>Continued From page 2</p> <p>(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure Pre-Admission Screening and Resident Review (PASRR) assessments were accurately completed for 2 of 3 sample residents (18 and 78). Failure to ensure PASRR assessments were completed accurately placed these residents at risk for receiving less than necessary services for mental health needs.</p> <p>Findings include:</p> <p>RESIDENT 18 This resident was admitted to the facility on [REDACTED] 2 with diagnosis to include [REDACTED] and [REDACTED] and required a Level II PASRR evaluation.</p> <p>Review of the resident's PASRR Level 1, dated 5/24/12, incorrectly documented a Level II PASRR evaluation was not required.</p> <p>During an interview with the facility Social Worker on 9/5/13 at 12:45 p.m., he stated he was aware the resident should have had a Level 2 PASRR and was currently working on getting one.</p> <p>RESIDENT 78 This Resident was admitted to the facility on [REDACTED] 13 with diagnosis to include [REDACTED] and [REDACTED]</p>	F 285	<p>Resident 78 PASRR was corrected to indicate a Level II evaluation is required. Compass has been contacted and agrees to perform Level II evaluation. Resident 78 is currently stable and is being monitored for negative statements related to dying. She takes medications for anxiety and depression and is being monitored.</p> <p>PASRR assessments will be reviewed for all current residents and corrections will be made if indicated.</p> <p>Social Services (SS) will monitor PASRR assessments for accuracy and completion for all new admissions. SS will confer with Mental Health Professional at Compass Mental Health to ensure a thorough understanding of PASRR assessments.</p> <p>Nursing and SS to review PASRRs for accuracy and intervention during quarterly psychotropic reviews. Results will be discussed at monthly QA meetings.</p> <p>The Director of Nursing Services will complete random audits of PASRR assessments on new admissions each month to ensure accuracy. The Director of Nursing Services will ensure compliance.</p> <p style="text-align: right;"></p>

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F 285	<p>Continued From page 3</p> <p>The resident's Level 1 PASRR, dated 3/18/13, incorrectly documented the resident did not have any mental health indicators, therefore a Level 2 PASRR was not requested.</p> <p>During an interview with the facility Social Worker on 9/5/13 at 12:45 p.m., he stated he was not aware the resident required a Level 2 PASRR and would follow up on it.</p>	F 285		