

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

PRINTED: 12/10/2013
FORM APPROVED
OMB NO. 0938-0391

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 C 12/06/2013
NAME OF PROVIDER OR SUPPLIER FIDALGO CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1105 27TH STREET ANACORTES, WA 98221		
(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 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure management of indwelling catheters per recognized standards of practice for 2 of 4 sample residents (1, 2). The failed practice placed residents at risk for the wrong treatment and related complications.</p> <p>Findings include:</p> <p>Resident 1 was admitted [redacted]/13 after a [redacted] resulting in [redacted]. He had diagnoses of [redacted] and [redacted] and required an [redacted] (to [redacted] from the [redacted]).</p> <p>On 12/6/13 at 9:40 a.m. Resident 1 was interviewed. According to the resident his [redacted] was changed by a Licensed Nurse (LN) as a routine procedure recently [redacted]/13). He stated there was [redacted] return and things seem to be fine at first but the longer it was in the more uncomfortable he became. The following day he was sent to the hospital for</p>	F 315	<ol style="list-style-type: none"> The nursing staff requested & received orders for [redacted] for resident #1 & resident #2 on [redacted]-13. Resident #1 & Resident #2 have since discharged. The Director of Nursing Services (DON), or her designee, has reviewed the clinical records of current resident's. There are no residents with indwelling catheters. There are two residents with suprapubic catheters with valid orders and medical justification. The DON on 12/6/13 in-serviced the licensed staff on the medical justification/supporting diagnosis for the use of indwelling catheters along with the need for a physician order. The DON will include information on the medical justification/supporting diagnosis for the use of indwelling catheters in the orientation of new licensed personnel. The DON or designee will review the clinical records of all residents with indwelling catheters at least monthly for continued justification. The DON will monitor through clinical record review, at least monthly for three months, then at least quarterly to assure indwelling catheters are only used when there is a valid medical justification. The results of these findings will be reviewed in the monthly Quality Assurance Meeting. 	12-20-13	

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F 315	<p>Continued From page 2</p> <p>evaluation. He was diagnosed with a [REDACTED], received [REDACTED] and an [REDACTED] and returned to the facility the same day, with orders for [REDACTED] to complete treatment of the [REDACTED]. He stated he was fine now.</p> <p>Review of the clinical record revealed there had been no physician order for [REDACTED] of the [REDACTED], specifying type and size of [REDACTED] to used for Resident 1 or how often the [REDACTED] should be changed. A fax transmission to the physician on [REDACTED]/13 stated the resident had no current orders on how often to change the [REDACTED] and asked if it should be changed every 30 days. The physician response was an order to [REDACTED] the [REDACTED] as needed if it [REDACTED] as routine replacement was not recommended.</p> <p>The LN documentation on the evening of 11/25/13 stated the [REDACTED] had been changed using a [REDACTED] and had resulted in a quick return of clear [REDACTED]. The resident had tolerated the procedure well.</p> <p>Upon entry to the facility any policies and procedures related to Indwelling Catheter use was requested from the Director of Nursing Service (DNS). The DNS provided the "Indwelling Catheter Protocol." The protocol provided guidelines for care of the resident who had an indwelling catheter, including signs and symptoms to report, positioning and emptying of the catheter bag, and procedure for catheter care/cleansing.</p> <p>Resident 2 was admitted to the facility [REDACTED] 2013 with diagnoses of [REDACTED] and a long-standing history of intermittent [REDACTED].</p>	F 315	<p>5. The DON is responsible for overall compliance with oversight from the Executive Director.</p>	12-20-13

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F 315	Continued From page 3 Review of the clinical record revealed Resident 2 had a [REDACTED] the end of [REDACTED] 2013 and was treated with [REDACTED]. He again began exhibiting signs and symptoms of potential [REDACTED] the last week of [REDACTED] 2013. He developed severe pain with [REDACTED] and was transferred to the emergency room for evaluation [REDACTED]/13. He returned with an [REDACTED] in place related to [REDACTED] retention. Nursing documentation, upon his return, did not include an assessment of type and size of [REDACTED] the resident had. There were no physician orders for continued use of the [REDACTED]	F 315		