

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

PRINTED: 07/16/2014
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 06/18/2014
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 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Fidalgo Care Center on 6/18/2014. A sample of 3 closed records was selected.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#3015553</p> <p>The survey was conducted by:</p> <p>Leslie Martin, B.S.H.S.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Disability Services Aging and Long-Term Support Administration 3906 172nd St NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: 360-651-6850 Fax: 360-651-6940</p> <p><i>Lisa Cramer for District 2 Unit A</i> Residential Care Services Date 7/16/14</p>	F 000	<p>RECEIVED JUL 29 2014 ADSA/RCS Smokey Point</p> <p>IDR AMENDED by Lisa Cramer</p>	

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

TITLE

(X6) DATE

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 201 SS=D	<p>483.12(a)(2) REASONS FOR TRANSFER/DISCHARGE OF RESIDENT</p> <p>The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;</p> <p>The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>The safety of individuals in the facility is endangered;</p> <p>The health of individuals in the facility would otherwise be endangered;</p> <p>The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a nursing facility, the nursing facility may charge a resident only allowable charges under Medicaid; or</p> <p>The facility ceases to operate.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a notice of transfer to 2 of 3 (1, 2) residents reviewed. This failure denied the residents the opportunity to exercise their appeal rights, and advocacy contact information.</p>	F 201			

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F 201	<p>Continued From page 2</p> <p>Findings include:</p> <p>RESIDENT 1 Resident 1 was admitted to the facility on [REDACTED] 14, with diagnosis to include advanced [REDACTED]. The resident was transferred to an assisted living facility on [REDACTED] 14, because the facility could not meet the residents needs.</p> <p>Record review revealed, there was no evidence of the following:</p> <ul style="list-style-type: none"> - Notice of transfer given to the resident or family member. - Physician documentation that the resident's needs could not be met in the facility - Discharge summary <p>RESIDENT 2 Resident 2 was admitted to the facility on [REDACTED] 14, with diagnosis to include [REDACTED]. The resident was alert and oriented. Closed record review revealed, the resident was transferred to an assisted living facility on [REDACTED] 14. There was no evidence that the resident received a notice of transfer.</p> <p>In an interview with the Director of Nursing (DNS) on 6/18/14 at 11:15 a.m. The DNS stated she was not aware of the notice of transfer or discharge form nor its requirements. After reviewing the resident's records, she further verified that the above resident's had not received a notice.</p>	F 201	<p>1. Resident 1 received transfer/discharge notice on [REDACTED] 14. Notice was sent to resident's representative, Ombudsman, and RCS DA.</p> <p>Resident 2 stated she received transfer/discharge notice on [REDACTED] 14 and signed the notice at that time.</p> <ol style="list-style-type: none"> 1. All residents receive transfer/discharge notices that meet the regulatory requirements prior to discharge. 2. Transfer/discharge notices will be issued by the Resident Care Coordinator/Director of Nursing Services and filed as soon as possible in the resident's record. 3. Monthly audits of transfer/discharge notices x 3, then as needed. 4. Corrected by 8/1/14. 5. DNS responsible for correction. Administrator to oversee compliance. <p>8/1/14 And Ongoing</p>

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