

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/03/2014
NAME OF PROVIDER OR SUPPLIER LANDMARK CARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 710 NORTH 39TH AVENUE YAKIMA, WA 98902	
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Landmark Care and Rehabilitation on 1/03/14. A sample of 3 residents was selected from a census of 90. The sample included 3 current residents.</p> <p>The following was a complaint investigated as part of this survey:</p> <p>#2927769</p> <p style="text-align: right;">Received Yakima ROC JAN 17 2014</p> <p>The survey was conducted by: [REDACTED] R.N. [REDACTED] R.N.</p> <p>The survey team was from: Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 1, Unit D 3611 River Road, Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p>[REDACTED SIGNATURE] 1/7/14</p> <p>Residential Care Services Date 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p>	F 000	<p>ADDENDUM TO PLAN OF CORRECTION</p> <p>Submission of the Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in the Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non compliance or admissions by the facility.</p>	
F 309 SS=D		F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **1-17-14**

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 309	<p>Continued From page 1</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide necessary care and services for 1 of 3 sampled residents (#2) to ensure their vital signs remained within an acceptable range to promote optimal health and well-being. Resident #2 exhibited periodic low pulse rates that were not assessed timely and reported to appropriate entities to facilitate follow-up care. Findings include:</p> <p>Resident #2: Review of the medical record revealed the resident had multiple medical diagnoses including [REDACTED] (high [REDACTED]), [REDACTED], and [REDACTED] (an abnormal [REDACTED]). The resident received a daily blood thinner, [REDACTED] to aid in preventing clot formation. The resident also received aspirin that impacted bleeding time. In addition, Resident #2 received a daily medication for management of her hypertension.</p> <p>The plan of care contained interventions related to the anti-coagulant, [REDACTED] administered in conjunction with the [REDACTED]. However, there were no interventions related to monitoring the resident's vital signs, specifically the pulse rate to assess the rate and how the resident was tolerating it. No parameters for the pulse were</p>	F 309	<p>F 309</p> <ol style="list-style-type: none"> 1. Resident #2 was transported to ER for evaluation on [REDACTED]/2013 via ambulance immediately following an incident. Assessments were completed by licensed nurse and EMT immediately ; Resident #2 is routinely seen by physician in and out of the facility. Resident #2 has referral to cardiologist for further evaluation. 2. *Review of current resident's vital signs for the past 3 months with abnormalities reported to physician (s). * Review of current residents with DX of atrial fibrillation to ensure planning with interventions in place. Resident with DX of atrial fibrillation will have weekly apical pulse and blood pressure with abnormal reported to physician. 3. In-service to licensed nurse staff on the following: *Timely assessment of abnormal vital signs and reporting physician. 	
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F 309	<p>Continued From page 2 noted.</p> <p>Review of the computerized vital sign records revealed a low pulse rate was identified as 60 and below. On 11/14/13 at 1:08 a.m. and on 11/15/13 at 1:35 a.m., the resident's pulse rate was documented as ●. On 11/16/13 at 4:29 a.m. her pulse rate was ● UDT (Unable to determine). Another low pulse rate of ● was documented on 11/19/13 at 1:13 a.m. No further vital signs, including pulse rates, were noted on the document until 12/13/13 (nearly one month later).</p> <p>Nursing entries between 11/26/13 and 11/28/13 noted some evidence of rectal bleeding from hemorrhoids and a high lab value pertaining to the blood clotting. Per physician directives, the ● was held until the value returned to normal and the bleeding subsided. Staff monitoring did not include vital sign monitoring.</p> <p>According to nursing entries and investigative documents, the resident experienced a fall in the shower on ●/13 at 6:10 a.m. No vital signs were observed in the medical record or investigative documentation pertaining to the incident. The resident was transported to the hospital for further treatment.</p> <p>On 1/03/14 at approximately 11:20 a.m. Staff Member A, the Investigative Nurse, stated no vital signs were taken in conjunction with the fall incident.</p> <p>Review of the hospital documents, a consultation from a Cardiologist, revealed the resident had presented to the Emergency Room with " heart rates in the ●s. Blood pressure has been high at ● systolic (the upper value in the blood</p>	F 309	<p>*Ensure vital signs are obtained with every fall, unless not safe for the resident.</p> <p>*Care planning related to cardiac diagnosis</p> <p>*Licensed nurse's staff to review/sign the vital signs sheets each shift to ensure review of vital signs.</p> <p>In-service to NAC staff on the following:</p> <p>*Report all abnormal vital signs to licensed nurse for assessment</p> <p>*Guidelines for obtaining vital signs and parameters for reporting.</p> <p>4. Monthly vital signs will be obtained during the dayshift. Licensed nurse staff will review/sign the vital sign sheet to ensure review and assessment of any abnormal vital signs and assess any abnormalities.</p> <p>5. Corrective action will be completed by 1/24/2014</p> <p>6. Director of nursing will be responsible to ensure correction.</p>	1-24-14
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2014
FORM APPROVED
OMB NO. 0938-0391

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F 309	<p>Continued From page 3 pressure reading.)" Further treatment continued.</p> <p>When interviewed on 1/03/13 at approximately 2:10 p.m., Staff Member B, the resident's Nursing Care Manager, stated she was unaware the resident had been experiencing the pulse rates. She also stated she was unable to find a care plan with specific interventions pertaining to monitoring the resident's and . Her vital signs were taken on a monthly schedule unless she was sick and they would be taken more often. They should have taken the vital signs with the fall incident. After reviewing the nursing entries, Staff Member B stated she was unable to locate any assessments pertaining to the resident's pulse rates recorded in mid-November. No other vital signs were noted after that timeframe (until after her return from the hospital post-fall), nearly a month later.</p> <p>On 1/03/14 at approximately 3:45 p.m., Staff Member C, the Lead Nursing Assistant, stated monthly vital signs were typically taken at night by the nursing assistants. Abnormal values were to be reported to the nursing staff. A sheet identified an abnormal pulse as below 60 and above 100. Staff Member C stated thereafter, typically the next day, she entered the values into the computer as a part of the resident's medical record.</p> <p>Staff Member D, the night shift Licensed Nurse, stated the monthly vital signs were typically taken on the night shift by the assigned nursing assistant. The staff were to report abnormal pulse rates to the nurse. Staff Member D stated she had not been notified of the resident's low</p>	F 309		
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F 309	Continued From page 4 pulse rates. If she had been aware of a pulse rate of ● she would have re-checked the pulse and completed an assessment. There were similar findings when Staff Member E, the Day Shift Charge Nurse, was interviewed (on 1/06/13 at approximately 2:10 p.m.). Staff Member E stated she was unaware of the low pulse rates over the prior timeframe, nearly a month, and the lack of follow-up. On 1/04/13 at approximately 11:46 a.m., Resident #2's legal representative stated she had not been notified about the resident's abnormal heart rates or of any follow-up until the resident was hospitalized on ●/13.	F 309			