

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

PRINTED: 11/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/30/2014
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NAME OF PROVIDER OR SUPPLIER  AVAMERE OLYMPIC REHABILITATION OF SEQUIM	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 5TH AVENUE SOUTH SEQUIM, WA 98382
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Avamere Olympic Rehabilitation of Sequim on October 30, 2014. A sample of 5 current residents and 2 former residents was selected from a census of 85.</p> <p>The following complaints were investigated. 3046825 3048515 3048786 3049494 3050094</p> <p>The survey was conducted by:</p> <p>Catherine Litsiba, R.N., B.S.N., Complaint Investigator</p> <p>The Complaint Investigator was from:</p> <p>Department of Social &amp; Health Services Aging and Long-Term Support Administration/AL TSA Division of Residential Care Services P.O. Box 45819 Olympia, WA 98504-5819 Telephone: 360-664-8432 Fax: 360-664-8451 Residential Care Services</p> <p>Date: 11/21/14</p>	F 000	<p style="text-align: center;"><b>RECEIVED</b> <b>DEC 04 2014</b> <b>DSHS/ADSA/RCS</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jeannie Russell RN</i>	TITLE Director of Nursing	(X6) DATE 11/21/14
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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 the 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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure the resident and/or representative was notified when treatment was altered. The</p>	F 157	<p>F 157</p> <ol style="list-style-type: none"> <li>1. Resident #2 discharged on [REDACTED] Resident records have been audited to identify residents at risk. Residents medical records have been updated, physicians and responsible party (contact #1) have been notified as indicated.</li> <li>2. The facility will notify the physician, resident and/or responsible party for changes in condition; including abnormal lab values and medication changes.</li> <li>3. Physician, resident and/or responsible party notification will be documented in the resident record. Documentation will be monitored by the DNS and/or RCM. Monitoring results will be tracked and reviewed during monthly Quality Assurance meeting until compliance maintained for 3 consecutive months then quarterly thereafter.</li> <li>4. Licensed Nurses have been educated on notification of the physician, resident and/or responsible party. Staff development responsible for staff education.</li> <li>5. Director of Nursing is responsible for monitoring/correction. The Administrator is responsible for compliance.</li> </ol> <p>Date of Compliance: 11/24/14</p>	11/24/14 11/24/14 11/24/14 11/24/14	

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F 157	<p>Continued From page 2</p> <p>facility also failed to ensure abnormal lab values were communicated to the physician in a timely manner for 1 of 7 (#2) residents reviewed. The failure to notify the resident and/or representative of the change in treatment did not allow them to participate and make knowledgeable decisions regarding their care. The failure to ensure the physician was aware of abnormal laboratory results placed the resident at risk for worsening condition and delay in treatment.</p> <p>Findings include: Resident #2 was admitted to the facility [REDACTED] She had diagnoses to include [REDACTED] [REDACTED] Resident #2 according to the Minimum Data Set (MDS - assessment tool) was alert and oriented and able to make her needs known. She was admitted to the facility with physician orders to include [REDACTED] (anti-seizure medication) 500mg in the morning and 750mg in the evening.</p> <p>On 6/23/14 resident representative signed a consent and acknowledgement for the resident to receive [REDACTED] 500mg in the morning and 750mg in the evening. The facility had provided resident representative information regarding potential side effects and potential benefits.</p> <p>On 7/17/14 Resident #2 was seen by physician. It was determined she was lethargic and her therapy participation was affected by the lethargy. The physician wrote orders to change the [REDACTED] from the original order to, [REDACTED] 500mg in the morning and 500mg in the evening.</p> <p>There was no evidence in the medical record, the resident and/or representative were notified of the</p>	F 157			

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F 157	<p>Continued From page 3</p> <p>decrease in the [REDACTED] and the potential side effects.</p> <p>Physician ordered valproic acid [REDACTED] level to be drawn on [REDACTED] and again on [REDACTED]. There was no baseline [REDACTED] level found in the medical record.</p> <p>On [REDACTED] the [REDACTED] level was 52.4 (level between 50.0 and 100.0 was considered therapeutic) the physician was notified and there were no new orders. On [REDACTED] the [REDACTED] level was reported to be 39.1 which was below therapeutic levels.</p> <p>There was no evidence in the medical record the physician, resident and/or representative were notified of the low [REDACTED] level.</p> <p>Resident #2 was sent to the emergency room on [REDACTED] for [REDACTED] and had not returned to the facility.</p> <p>In separate interviews with Licensed Nurses (LNs) A &amp; B they stated if a laboratory value was abnormal (low or high) they would call or fax the physician to see if there were new orders. They also stated they would document in the nurses notes and place the resident on alert (increased monitoring/assessing and charting for 72hours). LNs A &amp; B stated the laboratory was supposed to send copies of the results to the facility and to the physician but if the results were abnormal they would fax and/or call the physician anyway to ensure they were aware of the results.</p> <p>In faxed documents from the facility received by the investigator on 11/3/14 the physician made the following statement: " ...Any labs or</p>	F 157		
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F 157	Continued From page 4 diagnostics ordered through (named medical center) are reported directly to providers electronically. We do not need (facility) staff to fax a copy of results to us. This is redundant and does not add to patient care. "  Documentation received via fax from the facility on 11/3/14 the Assistant Director of Nurses provided a copy of an in service education to be provided to staff directing staff to fax or call the physician if there are abnormal laboratory results to ensure the physician had received them and to determine if there were new orders.	F 157			