

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

PRINTED: 05/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505367</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW SPRINGS CARE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4007 TIETON DRIVE YAKIMA, WA 98908</b>	
(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)
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Willow Springs Care and Rehabilitation on 04/22/14, 04/23/14, 04/24/14, 04/25/14, 04/28/14, and 04/30/14. A sample of 35 residents was selected from a census of 61. The sample included 23 current residents and the records of 12 former and/or discharged residents.</p> <p>The survey was conducted by: Refugia Botello, RN Lucy Fromherz, RN Melly Thompson, RN Liisa Johnson, RN</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services Aging &amp; Long-Term Support Administration 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>	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.</p> <p>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>

Received  
Yakima RCS  
MAY - 9 2014

*[Signature]* 5/2/14  
Residential Care Services Date

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Lamara Berumea RN* Director of Nursing  
TITLE  
DATE  
*5/7/14*

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 SS=D	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></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 observation, interview, and record review the facility failed to follow the care plan to ensure specialized care was provided for 1 of 1 resident (#132) in the sample receiving [REDACTED] services. Findings include:</p> <p>Resident #132. Admitted on [REDACTED] 14 with a diagnosis of [REDACTED]</p> <p>On 04/24/14 at approximately 2:00 p.m., the resident stated "I have been [REDACTED] ever since I developed the flu sometime last year. I had surgery this week on my [REDACTED] that is going to be [REDACTED]." He added "I get all my treatments at [REDACTED]"</p> <p>Review of the resident's monthly [REDACTED] laboratory results included a fax dated 03/11/14 documented the resident's [REDACTED] level was low at 2.6 (normal range 3.2-4.5). The [REDACTED] recommended the facility discontinue the [REDACTED] (which is used to [REDACTED] levels in patients with [REDACTED] until the resident's</p>	F 309	<p>The facility reviewed recommendations made by DaVita's Registered Dietician with the residents Physician to discontinue the [REDACTED] and increase the resident's protein intake. The Physician was also notified that the resident's [REDACTED] level had increased to 4.0 while continuing to take the [REDACTED] which was beneficial. New orders were received to continue to administer the [REDACTED] with meals twice a day. Resident also received orders to add 4 ounce milk 3 times a week to assist in increasing residents' protein levels. DaVita will continue to monitor laboratory values per Physician orders and communicate any recommendations with the facility. The Resident was updated with all changes to their Plan of Care.</p> <p>All Licensed Nurses were inserviced on processing faxes and Physicians orders. All faxes and Physician orders that are received by Willow Springs Care will require that the Licensed Nurse initial and date the document when it is received by the Licensed Nurse. The Licensed Nurse will then forward the fax or recommendation to the Physician. The Licensed Nurse will then document what was completed in a progress note. DaVita's Registered Dietician will now be notified via phone with any changes per their recommendations.</p>	5/08/14

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F 309	<p>Continued From page 2</p> <p>██████████ level was at or greater than 3.5. The laboratory report also documented the resident's albumin (protein found in the blood used for growth and tissue repair) "is very low." The resident needed to eat "good sources of protein."</p> <p>On 04/30/14 at approximately 1:00 p.m., Staff Member B, the charge nurse, stated we did not start the protein supplement until 04/25/14. (42 days after the facility received the recommendation to increase the resident's protein intake.)</p> <p>On 04/25/14 at approximately 10:00 a.m., Staff Member B, stated she was not aware of the 03/11/14 laboratory results or that "we were to discontinue the ██████████. She added the laboratory results had been misfiled. Staff Member B had no way of concluding who accepted the fax and misfiled the report since it was not initialed by facility staff nor dated.</p> <p>On 04/25/14 at approximately 10:10 a.m., when Staff Member A, the Director of Nursing Services, was informed of the misfiled laboratory results she stated "there needs to be a QA (Quality Assurance) review to address this issue." In addition Staff Member A stated "the procedure is to sign and date the information we get on the fax and contact the primary physician."</p> <p>On 04/25/14 at approximately 10:25 a.m., per a telephone interview the ██████████ Registered Dietitian stated her expectations were that the facility staff were to call her to let her know they had discontinued the ██████████ so "I can update the resident's medication list , I have not gotten a call from anyone in the facility." She added that ██████████ affects the health</p>	F 309	<p>Medical Records will conduct random audits to ensure that the Physician Orders Policy and Procedure is being followed.</p> <p>All findings will be reviewed through the Quality Assurance process.</p> <p>Director of Nursing to ensure compliance. Administrator to oversee.</p>	

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F 309	<p>Continued From page 3 of the resident's bone, "He is very mainourished."</p> <p>Review of the March and April 2014 Medication Administration Records revealed the [REDACTED] had not been discontinued.</p> <p>On 04/25/14 at approximately 12:30 p.m., Staff Member C, a Resident Care Manager stated it was her or the charge nurse's responsibility to review the notes from the [REDACTED] but she was not aware of the 03/14/14 fax, " I have not seen it. "</p>	F 309		