

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

PRINTED: 03/26/2013
FORM APPROVED
OMB NO. 0938-0391

1392

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505367	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/21/2013
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NAME OF PROVIDER OR SUPPLIER WILLOW SPRINGS CARE AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 4007 TIETON DRIVE YAKIMA, WA 98908
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Willow Springs Care and Rehabilitation on 3/14/13, 3/15/13, and 3/21/13. A sample of 6 residents was selected from a census of 69. The sample included 3 current residents and the records of 3 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2763145 #2763615</p> <p>The survey was conducted by:</p> <p>██████████, R.N. ██████████, R.N.</p> <p>The survey team was from:</p> <p>Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, District 1, Unit D 3611 River Road, Suite 200 Yakima, Washington, 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>Robert Antuony</i> Residential Care Services Date F 279 483.20(d), 483.20(k)(1) DEVELOP</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> <p style="text-align: right;">Received Yakima RCS APR 5 2013</p>	
				F 279

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jamara Avula RN</i>	TITLE <i>Director of Nursing</i>	(X6) DATE 4/5/13
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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 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 279 SS=D	<p>Continued From page 1</p> <p>COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop comprehensive care plans for 2 of 6 residents reviewed (#1 & #4). Deficient practice included a lack of a fall care plan for Resident #1 who had recurrent falls. This failure placed the resident at risk for injuries. Resident #4 was admitted after a [REDACTED] replacement and there was no care plan to guide staff in managing the resident's pain. The omission placed the resident at risk for inadequately managed pain. Findings include:</p>	F 279	<p>Resident #1 has had their comprehensive care plan updated by the Restorative Director to include the resident's fall risk.</p> <p>Resident #4 has since been discharged from the facility. The resident was admitted to the facility with routine and PRN pain medications. The resident's pain was managed daily with the resident being able to notify nursing staff of pain and request pain medications as needed.</p>	4/08/2013

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F 279	<p>Continued From page 2</p> <p>Resident #1: Review of the medical record revealed the resident was admitted to the facility on [REDACTED] 2012 with diagnoses that included [REDACTED] and and an [REDACTED]. The 11/22/2012 comprehensive assessment revealed the resident was cognitively intact, required extensive two person assistance to transfer between surfaces, and could not walk without staff assistance to stabilize her. The resident used a walker and a wheelchair for mobility and was identified to have shortness of breath with exertion such as walking. The assessment summary documented that Resident #1 was "at risk for falls related to impaired balance and impaired mobility secondary to CHF (congestive heart failure) exacerbation" and required a (fall) care plan to "minimize risks."</p> <p>Per record review on 3/14/13, there was no fall prevention care plan even though the resident was assessed as being at risk for falls and had fallen on five occasions between 12/3/12 and 3/9/13.</p> <p>On 3/15/13 at approximately 12:45 p.m. Staff Member B, a Licensed Nurse, stated he could not find a fall prevention care plan for Resident #1.</p> <p>On 3/15/13 at approximately 4:00 p.m. Staff Member C, the Director of Nursing, was informed that Resident #1 did not have a plan of care to prevent falls and she stated there should have been a care plan.</p> <p>Resident #4: Review of the medical record revealed the resident was admitted on [REDACTED]/13 with multiple diagnoses including a [REDACTED]. Skilled therapy services were</p>	F 279	<p>Licensed Nurses have been inserviced on Care Planning. An audit was completed and all residents who have been identified of being at risk for falls or required pain management have had their care plan updated.</p> <p>Resident Care Managers along with the Restorative Director will continue to assess the residents fall risk and pain upon admission to the facility. Care plans will be initiated upon admission to the facility based on the findings in these assessments.</p> <p>Care plans will be reviewed and revised by the interdisciplinary team quarterly and as a resident's status changes.</p> <p>Random audits on care plans will be completed by the DNS or designee for accuracy. All results will be reported to the QA Committee for review and follow up as needed.</p> <p>Director of Nursing will monitor to ensure compliance.</p> <p>Administrator to oversee.</p>	

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F 279	Continued From page 3 ordered in conjunction with her rehabilitation. There were physician orders for multiple, as needed, pain medications, including [REDACTED] (a [REDACTED] pain medication) 5 milligrams 1-2 tablets every 3 hours (as needed), to address the resident's pain. A [REDACTED]/13 pain assessment, on the day of admission, identified that the resident had experienced frequent, moderate pain over the last five days. She was able to notify staff of her pain and had been receiving the narcotic pain medication for relief. On 3/14/13 the resident's plan of care was reviewed. There was no plan with interventions and goals pertaining to management of the resident's pain. On 3/14/13 at approximately 5:00 p.m., Staff Member C, stated no pain care plan was found. Failure to develop comprehensive care plans placed the residents at risk of unmet needs and/or potential harm. Staff did not have a consistent guide with resident specific interventions.	F 279			
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and	F 514			

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F 514	Continued From page 4 services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure the clinical record of 1 of 1 resident (#4) reviewed in conjunction with missing narcotics, was complete and accurate and reflected the current condition of the resident. The medication administration record (MAR) did not did not contain all the doses of narcotic pain medication contained on the narcotic dispensing sheet. Failure to document medication administration and pain assessments disallowed staff the opportunity to view an accurate representation of the resident's condition. In addition, it did not allow for an accurate reconciliation of narcotics for the resident. Findings include: Resident #4: Review of the medical record revealed the resident was admitted on [REDACTED]/13 with multiple diagnoses including a [REDACTED]. There was a [REDACTED]/13 physician order for [REDACTED] a [REDACTED] pain medication, 5 milligrams 1-2 tablets every 3 hours as needed to address the resident's pain. A [REDACTED]/13 pain assessment, on the day of admission, identified that the resident had experienced frequent, moderate pain over the last five days. She was able to notify staff of her pain and had been receiving the narcotic pain medication for relief. Review of the January 2013 and February 2013 MARs revealed the resident had received a total	F 514	Resident #4 has since been discharged from the facility. Licensed Nurses were inserviced on PRN pain medication administration. The inservice reviewed the policy and procedure for accurate documentation in a resident's electronic health record, patient's individual Narcotic Record and a Pre and Post pain assessments. Licensed Nurses will be inserviced on the PRN Pain Documentation policy and procedure upon hire. Medical Records along with the DNS will conduct random audits to ensure the accuracy of the residents Electronic Medication Administration Record, Individual Narcotic Record and Pre and Post Assessments. Director of Nursing will monitor to ensure compliance. Administrator to oversee.	4/08/2013	

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F 514	<p>Continued From page 5 of 16 [REDACTED] tablets beginning on [REDACTED]/13 and ending on 2/05/13.</p> <p>On 3/21/13 Resident #4's Individual Patient's Narcotic Record was reviewed. The record noted that on 2/01/13 five doses (10 tablets of [REDACTED] were signed out but only four doses were in the MAR as administered. Dose #2 (two tablets) was signed out of the narcotic record by Staff Member D less than two hours after administration of dose #1 per the MAR. However, there was no documentation in the MAR or the nursing progress notes that dose #2 was administered.</p> <p>The February 2013 MAR did not document any [REDACTED] doses were administered on 2/02/13 or on 2/03/13 but the narcotic record recorded four doses (8 tablets) were removed by Staff Member D, a Licensed Nurse, during that timeframe. The narcotic record erroneously documented 2/01/13 rather than 2/02/13 but the times before and after identified the actual date.</p> <p>On 2/04/13 Staff Member D signed out 2 doses (4 tablets) of [REDACTED] during the day shift but only documented administering one dose in the MAR during that timeframe. The February MAR documented that the last dose of [REDACTED] was administered on 2/05/13 but multiple doses were signed out on the narcotic sheet through 2/14/13. Only 16 of the 40 pills signed out in the narcotic record were documented as given on the MAR. Additionally, there was a lack of associated pain assessments in the medical record during the timeframes of the missing documentation in the MARs.</p>	F 514		

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F 514	Continued From page 6 On 3/21/13 at approximately 1:50 p.m., Staff Member C, the Director of Nursing, stated there was a lack of consistent documentation in Resident #4's medical record related to the pain medication administration (and associated nursing assessments related to the level of pain as well as the resident's response to the medication). Nursing staff had signed out narcotics on the narcotic sheet for the resident and failed to document that the medication was administered. When interviewed on 3/21/13 at approximately 5:00 p.m., Staff Member D stated she had administered the medication to Resident #4 but had failed to consistently document the administration on the MAR due to her heavy workload and computer issues.	F 514			