

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

IDR AMENDED

1394

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/11/2013
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NAME OF PROVIDER OR SUPPLIER WASHINGTON CENTER FOR COMPREHE	STREET ADDRESS, CITY, STATE, ZIP CODE 2821 SOUTH WALDEN STREET SEATTLE, WA 98144
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(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
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F 000 INITIAL COMMENTS

F 000

This report is the result of an unannounced Abbreviated Survey conducted at Washington Center for Comprehensive Rehabilitation on 1/11/13. A sample of five residents was selected from a census of 156, and included the record of one discharged resident.

The following complaints were investigated:

- 2734874
- 2735202
- 2736811

The survey was conducted by:

██████████ MSN, RN, Complaint Investigator

The survey team is from:

Department of Social and Health Services
Aging & Disability Services Administration
Residential Care Services, Region 4, Unit C
20425 72nd Avenue South, Suite 400
Kent, Washington 98032-2388

Telephone: (253) 234-6004
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Anda Lance for the IDR Program Manager 3-26-13
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Admiral Streetor TITLE

(X6) DATE
4.5.13

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 000 F 309 SS=D	Continued From page 1 Residential Care Services Date 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure transportation was available for one (#1) of five residents requiring transportation to dialysis appointments. Failure to arrange for transportation and ensure the resident received dialysis contributed to the development of elevated blood levels of potassium precipitating an irregular heart rhythm for which the resident was hospitalized. Findings include: According to the facility's service contract with the kidney center, "...The...Center will cooperate with the facility in coordinating the plan of care. This may include...2) transportation coordination.." Resident #1 was admitted to the facility for [REDACTED] and required transportation to [REDACTED] appointments three times a week according to 12/21/12 admission documents. Review of progress notes revealed the resident attended scheduled [REDACTED] appointments	F 000 F 309	Although Washington Care Center does not agree with the findings of 2567, we are submitting the following plan of correction as required by Federal and State Law. Resident #1 did have routine transportation set up by the facility to NWKC as was also stated in 2567, quoting the dialysis center staff as having told the facility to make arrangements for transportation for the dialysis of the resident after 12/22/12. This was done by the staff and confirmed with the Dialysis Center staff 12/28/12, (as documented) for the resident to have a standing pick up and ride for all future dialysis days with the transportation company. The facility was made aware on 01/02/2013 that the transportation computers did not advance the schedules with the beginning of the New Year. The resident was offered transportation to go to dialysis on 01/01/2013 and she declined, as she is able to do. This conversation was noted in NWKC documentation and WCC documentation. Her subsequent hospitalization was not for high levels of potassium, but for symptoms of fluid overload related to her congestive heart failure .	

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F 309 Continued From page 2 through 12/29/12. A 1/1/13 progress note indicated the resident missed the morning session.

Interview with the Director of Nursing (1/11/13 at 8:20 a.m.), Residential Care Manager (1/11/13 at 9:12 a.m.), and the Licensed Nurse (1/11/13 at 8:00 a.m.) revealed no staff could explain why transportation was not available for the resident's trip to [REDACTED] on 1/1/13. Interview with the transportation company on 1/11/13 at 2:00 p.m. revealed no person from any agency made arrangements for Resident #1's transportation to the [REDACTED] center on 1/1/13. Interview with the [REDACTED] center on 1/14/13 at 10:55 a.m. revealed initial transportation arrangements were made by the hospital prior to the resident's discharge. The [REDACTED] center staff indicated subsequent transportation arrangements were to be made by the facility and provided a 12/22/12 11:29 a.m. [REDACTED] center progress note indicating [REDACTED] center staff spoke with facility staff about the need to make arrangements for transportation to [REDACTED] appointments scheduled after 12/29/12. This meant the facility was required to ensure the 1/1/13 and subsequent transportation arrangements were in place.

The resident missed her scheduled morning appointment at [REDACTED] on 1/1/13 due to lack of transportation. Although the facility arranged another [REDACTED] appointment later in the day on 1/1/13 the resident refused to go. The resident was admitted to the hospital the following day with complaints of chest pain and was discovered to have elevated potassium levels which the hospital attributed to not receiving [REDACTED]

F 309 The schedules of all other dialysis patients have been reviewed for accuracy of transportation schedules.

The case managers and charge nurses and schedulers are aware that the New Year dialysis transportation must be confirmed verbally and not to count on the prescheduled rides that work for the other 364 days each year. The DNS will monitor compliance

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