

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

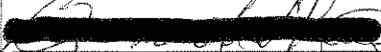
PRINTED: 10/20/2013  
FORM APPROVED  
OMB NO. 0938-0391

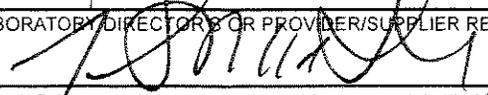
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/16/2013
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NAME 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	<p>INITIAL COMMENTS</p> <p>This report is the result of an Unannounced, Abbreviated Survey conducted at Washington Center for Comprehensive Rehabilitation on 10/16/2013. A sample of 10 residents were selected from a census of 148. Of the 10 sampled residents, four (Resident #1, 3, 9 and 10) were selected for review of side rail use.</p> <p>The following complaints were investigated as part of this survey:</p> <p>2890854</p> <p>The survey was conducted by:</p> <p> RN, BSN Nursing Home Complaint Investigator Department of Social and Health Services Aging and Disability Services Administration Residential Care Services 20425 72nd. Avenue S Kent, WA 98032-2388 Phone: (253) 234- 6000 Fax: (253) 395-5070</p> <p> 10/20/13 Residential Care Services Date</p>	F 000	<p>RECEIVED</p> <p>NOV 4 2013</p> <p>DSHS/ADSA/RCS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 10/31/13
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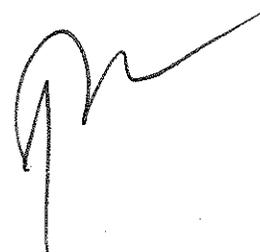
Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to fully assess, analyze risk and hazards, plan, implement and evaluate the use of side rails (bed rails) for three (Resident #1, #9 and #10) of four sampled Residents who were using side rails. The use of side rails carries an inherent risk for increased accidents and harm to residents. The use of side rails has the potential to restrict the residents' access to the living environment and increased the risk for resident entrapment and injury.</p> <p>Findings Include:</p> <p>Resident #9 Resident #9 was admitted to the facility with [REDACTED] and an [REDACTED]. He was observed to have 1/2 side rails on his bed. The Resident had poor safety awareness and was not able to use the call light. He was assessed to be at risk for falls and was "strong" and able to get out of bed on his own. He was unable to make decisions for himself.</p> <p>On [REDACTED] 2013, he suffered an unwitnessed fall which resulted in trauma to his [REDACTED] and</p>	F 323	<ol style="list-style-type: none"> <li>1. Resident #9: Following further assessment an alternative high-low-bed was implemented and side rails and mattress no longer in use. Residents #1, #9, and #10 received updated risk-and-benefit reviews and assessments, consents, and specific risk-benefit details were reviewed with DPOA. Updated care plans reflect current needs and wishes. Physician orders are in place for each resident.</li> <li>2. All current residents utilizing side rails of any kind have received updated assessments and reviews of risk-benefits with appropriate party. For future residents requesting side rail placement for mobility or other purpose a comprehensive assessment, analysis of risk/benefit, will be completed, and physician order obtained prior to consent and implementation. All restraint devices will be reviewed with each MDS completion.</li> <li>3. The facility has revised the physical restraint policy. A revised informed consent for physical restraints with individualized risk/benefits have been adopted and completed in all residents utilizing devices. All LNs received education on the new policy and forms.</li> <li>4. The DON or her designee will do an audit quarterly to evaluate the implementation of the new policy and forms. Report will be given to QA.</li> <li>5. Date of Plan Of Correction completion November 15, 2013.</li> </ol>	11/15/13 

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F 323	<p>Continued From page 2</p> <p>██████ He required treatment in the ████████ department. Upon return to the facility the staff implemented a scoop mattress and continued with his bed in the low position with an alarm. The Resident's family was informed of the fall and insisted that bed rails be applied to his bed.</p> <p>Observation and record review showed that side rails were implemented for this Resident and continued to be in place. In an interview with Staff A RN, RCM (Resident Care Manager) on ████████/2013 at 11:35 AM, he stated that he spoke with the family by phone and explained the risks and hazards of using bed rails and that there was a potential for the Resident to climb over the rails. He stated that he told the family that rails were not recommended for use with this Resident. He stated the Resident gets out of bed on his own and does not use the rails to turn. He stated that the family insisted on the rails being used anyway and that they would "take responsibility" if the Resident was injured. However a facility "Restraint/ Mobility/ Safety Device" form was completed which stated the reason for use was "safety, comfort and reposition" even though the staff had determined that rails were not appropriate for use.</p> <p>The facility assessment of the Resident showed him to be at risk for climbing over the rails. The facility implemented the use of rails at the insistance of the family, even though they had determined there was the potential for harm.</p> <p>The facility may not use a specific medical intervention that they deem inappropriate, even if demanded by the Resident or surrorgate decision maker. Failure to implement an appropriate plan based on the assessed safety needs of the</p>	F 323	<p>RECEIVED NOV 4 2013 DSHS/ADSARCS</p>	

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F 323	<p>Continued From page 3</p> <p>resident, placed the resident at risk for entrapment, injuries and decreased quality of life.</p> <p>Resident # 10 Resident #10 was admitted with [REDACTED] difficulty and had a history of [REDACTED]. He was observed to have 1/2 side rails on his bed. There was a physician order dated 08/16/2013 for "[REDACTED]" for "[REDACTED]". A review of the "[REDACTED]" form revealed there had been no assessment of the Resident's health issues or diganoses that contributed to the need for use of the device. Risks associated with the use of the [REDACTED] was not assessed.</p> <p>A review of the care plan revealed the Resident had bed rails for "safety". In an interview with Staff B, LPN, RCM (Licensed Practical Nurse, Resident Care Manager) on 10/16/2013 at 01:30 PM, he stated the Resident has rails for weakness, confusion and loss of balance. There was no assessment of how the rails would assist the resident with these problems. There was no assessment or evaluation of other interventions had been attempted or utilized prior to the implementation of bed rails.</p> <p>Failure to fully assess the need for bed rails and to determine the risks and benefits associated with their use placed the resident at risk for entrapment, injuries and decreased quality of life.</p> <p>Resident #1 Resident #1 was admitted to the facility with a [REDACTED], a history of [REDACTED] and [REDACTED]. She was observed to have 1/2 side [REDACTED] on her bed. There was a physician order dated 01/02/2013 for the use of side [REDACTED] for [REDACTED].</p>	F 323	<p style="text-align: center;">RECEIVED NOV 4 2013 DSHS/ADSARCS</p>	

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F 323	Continued From page 4  A review of the [REDACTED] form from January 2013 revealed no assessment related to her health issues, risks or benefits of using the rails. There was no plan of care for use of the rails. No reassessment for continued use of the rails had been done since the time of implementation in January 2013. There was no evidence of other alternatives that had been considered or attempted prior to the use of side rails. Staff B and D verified that the assessment and evaluation had not been done and that no plan of care had been established. They verified that no re-evaluation for the continued use of bed rails had been done.  The facility policy "Positioning Devices" stated that the decision to apply devices is based on an "individualized assessment" and and evaluation of "less restrictive alternatives." The plan of care will include "goals and approaches related to the identified problem and the need for use of the particular restraint device." The facility policy "Physical Restraints and Mobility, Safety Devices" states that the device should be care planned and "reviewed quarterly and or when any significant change occurs."  The facility failed to follow their own policy for the use of side rails which can be considered a restraint device. Failure to assess and evaluate the risk and benefits, and to establish a plan of care for the use of side rails placed the resident at risk for injury and overall decrease in quality of life.	F 323			

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