

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

PRINTED: 09/23/2014
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 09/08/2014
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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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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Washington Center for Comprehensive Care on 09/03/2014 and 09/08/2014. A sample of 7 residents were selected from a facility census of 140.</p> <p>The following were complaints investigated as part of the survey: #3033238; #3036737</p> <p>The survey was conducted by:</p> <p>Diane Kirse, RN, BSN Nursing Home Complaint Investigator Department of Social and Health Services Administration Residential Care Services 20425 72nd. Ave. S, Suite 400 Kent, WA 98032-2388 Office: (253) 234-6083 Fax: (253) 395-5070</p> <p><i>Bonnie A. Shea</i> 9/24/14 Residential Care Services Date</p>	F 000	<p><i>This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long-term care providers. This plan of correction does not constitute an admission of liability or wrongdoing on the part of the facility, nor does it constitute any specific agreement with statements of fact and conclusions as presented in the statement of deficiencies.</i></p> <p>DSHS/SADS/RCS OCT - 7 2014 RECEIVED</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Ramayet DeBorja</i>	TITLE NURSING HOME ADMINISTRATOR	(X6) DATE 10/03/14
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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 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=G	<p>Continued From page 1 HIGHEST WELL BEING</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: The facility failed to report an acute femur fracture in a resident (Resident #1) to the doctor, resulting in a three-day delay in treatment. The delay in treatment resulted in acute blood loss as well as pain and discomfort over the three-day period. This delay placed the Resident at considerable risk for the development of other complications, which had the potential to result in loss of life.</p> <p>Findings include: The facility admitted Resident #1 on 02/27/2014 with a diagnosis of anemia, pressure ulcers, atrial fibrillation (an irregular heart rate), arthritis, pulmonary hypertension (heart failure) and was on chronic oxygen therapy. She was also receiving Coumadin, a blood-thinning agent that placed her at high risk for bleeding. She was assessed to be at high risk for falls.</p> <p>On 08/10/2014 she suffered a fall in her room. The facility investigation showed she was being assisted by the nursing assistant when she started to feel weak in both legs and was lowered to the floor. She complained of pain in the left</p>	F 309	<p>Resident #1 has returned to the facility and is continuing to receive treatment for current medical conditions.</p> <p>All current and future residents who have unexpected stat and or critical x-ray, diagnostic or lab values/will have those values called to the provider and read verbatim from the report. The report will also be faxed to the providers and placed in the residents chart.</p> <p>Education on handling of critical results was completed by all LNs and CCM will follow up with needed resident treatments.</p> <p>The DNS or their designee will be responsible for follow up on this process.</p>	<p>10/10/2014</p> <p>RECEIVED OCT - 7 2014 DHS/IDSNRCS</p>

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F 309	<p>Continued From page 2</p> <p>knee. The physician was called and an X-rays was ordered. The X-ray report came in two pages to the facility by fax. Page one of the report revealed no hip fracture. At the end of the first page the report states " continued on page 2. "</p> <p>The second page of the report showed the Resident had a displaced left femur fracture. Documentation on the report showed the nurse on the unit called the results to the physician on the same date. It was later learned that the nurse failed to read page two to the physician.</p> <p>A review of the nursing documentation for 08/10-08/12/2014 revealed the Resident had pain with movement of her leg and on 08/11/2014 rated her pain as 9/10 (severe pain). The records showed that she remained in bed and her intake was poor. She was " grimacing when moving or applying pressure to the BLE (bilateral lower extremities). "</p> <p>On 08/12/2014 at 03:36 PM, the nurse assessed the resident ' s complaint of " generalized discomfort " . She noted that the Resident had an area of " purplish bruising to her right dorsal foot and great toe " with pain when touched. An X-ray was obtained showing a fracture of her right great toe. The nurse also noted the Resident had " increased edema (swelling) to her right thigh area and lower extremity " .</p> <p>On 08/13/2014 at 08:30 PM, the facility was notified by the lab that the Residents hematocrit (blood count) was low at 17.7 (normal is 40-50). The doctor was called and the Resident was sent to the emergency department.</p> <p>The hospital records showed that upon arrival to the hospital on [REDACTED] 2014, she was found to</p>	F 309		

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F 309	<p>Continued From page 3</p> <p>have a left distal femur fracture (a fracture of the long bone just above the knee). She was diagnosed with " acute blood loss anemia " due to bleeding at the fracture site. She required a transfusion of 2 units of blood to correct her low blood count. In addition, her INR (measurement of clotting time) was "supratherapeutic at 4.2 " (blood was taking too long to clot) which increased her blood loss. As she was on Coumadin to thin her blood, it was stopped and vitamin K was required to reverse the effects of the Coumadin. She was also given four units of fresh frozen plasma to help her blood clot. Due to the need for a blood transfusion, the Resident suffered from acute congestive heart failure, requiring the use of Lasix (a diuretic to manage excessive fluid in the body) with use of additional Lasix after discharge.</p> <p>The facility determined that the injury was missed because the nurse who received the initial X-ray report on 08/10/2014 failed to read the entire X-ray report to the doctor over the phone. In an interview with Staff A, the Director of Nursing on 09/08/2014 at 03:30 PM, he verified the fracture was not found until the chart was reviewed on the following Monday. He stated that now the facility also requires that results be called to both the nurse on the unit and the director of nursing. There was no established mechanism to communicate results directly to the physician.</p> <p>Failure to establish a system to ensure lab, X-ray, and other test results are communicated to the physician in an accurate, direct and timely manner places residents at risk for delays in care and potential decline in their condition.</p>	F 309	<p style="text-align: center;">RECEIVED OCT - 7 2014 DSHS/ADS/ARCS</p>	

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