

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

PRINTED: 09/05/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505483</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/25/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALASKA GARDENS HEALTH AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220 SOUTH ALASKA STREET TACOMA, WA 98408</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Alaska Gardens Health and Rehab on 8/6/14, 8/14/14 &amp; 8/25/14. The sample included 17 residents out of a census of 106. The sample included 16 current residents and the records of 1 former resident.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#3027809 #3031238 #3019356 #3021326</p> <p>The survey was conducted by: Tara Hawks, RN, BSN</p> <p>The surveyor is from: Department of Social and Health Services Aging and Long-Term Support Administration Division of Residential Care Services District 3, Unit B PO Box 45819, MS: N27-24 Olympia, WA 98504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>D Longen-Shinn</i> 9/15/14 Residential Care Services Date</p>	F 000	<p style="text-align: center;"><b>DISCLAIMER CLAUSE</b></p> <p style="text-align: center;">PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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*[Signature]* *[Title]* 9/15/14

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 it was determined that the facility failed to ensure treatment to obtain pain relief was provided for 1 of 3 Sample Residents (#1) reviewed for pain. This failure placed Resident #1 at risk for unrelieved pain.</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility in [REDACTED] 2014 from a hospital. Review of Resident #1's medical record revealed she had been diagnosed with chronic pain related to an open wound, a [REDACTED]</p> <p>Observations on 8/6/14 at 11:30 a.m. revealed Resident #1 lying in bed. Further observations revealed each time the resident moved in bed she would grimace and report pain with movement.</p> <p>Review of Resident #1's medical record revealed a BIMS test (a test of cognitive function) that indicated she was cognitively intact.</p> <p>Review of the facility incident log revealed an</p>	F 309	<ol style="list-style-type: none"> <li><b><i>How corrective action accomplished for the identified residents?</i></b> Resident 1 was reassessed for pain and pain medications were readjusted per physician orders. Resident was also referred resident to a pain clinic.</li> <li><b><i>How you will identify other residents with the potential of being affected by the same practice?</i></b> Residents receiving narcotic pain relievers will be monitored to validate that medication is being given as directed and residents will be reviewed to check for effectiveness.</li> <li><b><i>Address what measures will be put in place to ensure deficient practice will not recur.</i></b> Licensed nurses have been re-educated to validate that narcotic pain medications are given as ordered. Licensed nurses have been re-educated on narcotic pain policy and document.</li> </ol>	

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F 309	<p>Continued From page 2</p> <p>investigation of an allegation made by Resident #1 stating she did not receive pain medications on 7/11/14. Further review of the investigation revealed Resident #1 reported she had asked the nurse several times for pain medication and did not get them.</p> <p>Review of Resident #1's record revealed physician orders for narcotic pain medications. Resident #1 received [REDACTED] (pain medication) three times daily at 8:00 a.m., 4:00 p.m., and midnight. In addition to the routine pain medication, Resident #1 had another physician's order for [REDACTED] (pain medication) to be given every three hours as needed for pain.</p> <p>During an interview on 8/6/14 at 11:30 a.m. Resident #1 reported she was having more pain than normal on 7/11/14 and had asked the nurse for her pain medication that can be given every three hours. Resident #1 reported the nurse just told her it was not time and would walk out of the room. Resident #1 reported she was in bed all day on 7/11/14 due to increased pain and feeling like it hurt too much to move.</p> <p>Review of staff scheduling revealed Staff C had worked two shifts on 7/11/14 and was assigned to Resident #1's care from 7:00 a.m. to 11:00 p.m., sixteen straight hours.</p> <p>Review of the facility's investigation revealed a written statement from Staff C reporting that she had administered the medication that was ordered every three hours as needed one time, at 12:00 noon, during her 16 hour shift.</p> <p>During an interview on 8/6/11 at 11:35 a.m. Resident #1 reported she normally takes the pain</p>	F 309	<p><b>4 How will the plan be monitored to ensure the solutions are sustained? Resident Care Managers or designee will audit MARS weekly for 4 weeks and then bi-weekly for 2 months to validate pain policy is being followed and findings brought to CQI monthly for 3 months or until compliant.</b></p> <p><b>5. The DNS is responsible for compliance</b></p> <p><b>Compliance date September 25, 2014</b></p>	

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F 309	Continued From page 3 medication that is ordered every three hours as needed several times every day. Review of Resident #1's Medication Administration Record (MAR) revealed documentation indicating the medication was administered multiple times daily.  Further review of the facility's investigation revealed a typed summary of the investigation (not signed by staff) indicating the nursing assistant who worked day and evening shifts were interviewed and confirmed Resident #1 had requested pain medications on 7/11/14.  Resident #1 had a history of treating pain with narcotic pain relievers. Resident had a physician's order for nursing staff to administer a pain medication every 3 hours as needed for pain. Resident #1 reported to nursing staff she was having pain and requested the as needed pain medication. Staff C reported administering the medication one time over a 16 hour period. Statements from other staff members from both day and evening shift confirmed Resident #1 had asked for pain medications during their shift.  Failure to administer pain medications as ordered by the physician placed Resident #1 at potential risk for experiencing increased pain without relief.	F 309			
F 514 SS=E	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	F 514			

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F 514	<p>Continued From page 4 systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to ensure medical records accurately and completely documented care provided, management of pain and response to treatment for 13 of 15 Sampled Residents (#s 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 &amp; 13). This failure placed residents at potential risk for inadequate treatment related to physicians not having access to documentation of the resident's current status.</p> <p>Findings include:</p> <p>Review of the facility's policy entitled Administration of Medications revealed directives to nursing staff that they should document on the Medication Administration Record (MAR) whenever a medication, including PRN (as needed), is administered. Additionally, the policy indicates staff should regularly check the inventory of controlled medications to the MAR to ensure medications are documented.</p> <p><b>RESIDENT #1</b> Review of Resident #1's medical record revealed she had physician orders for a controlled substance used to treat pain. One of the</p>	F 514	<p><b><i>How corrective action accomplished for the identified residents?</i></b> Residents #1, 6,7,8&amp; 11 MARS have had pain assessments updated and pain is being managed with documentation. Residents # 2,3,4,5,9,10,12 and 13 no longer reside in the facility</p> <p><b><i>How you will identify other residents with the potential of being affected by the same practice?</i></b> Residents in the facility are at risk for the failed practice. Rounds were completed to validate effective pain medication management is in place.</p> <p><b><i>Address what measures will be put in place to ensure deficient practice will not recur.</i></b> Licensed nurses will be re-educated on accurate pain medication documentation .</p>	
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F 514	<p>Continued From page 5</p> <p>medications was scheduled to be given 3 times daily and the other was to be given every 3 hours as needed (PRN).</p> <p>During an interview on 8/6/14 at 11:30 a.m. Resident #1 reported she had not received all of her pain medication on 7/11/14.</p> <p>Review of Resident #1's MAR for 7/11//14 revealed Staff C documented that she administered [REDACTED] (pain medication ordered for every 3 hours) two different times on 7/11/14.</p> <p>When compared to the controlled substance log the [REDACTED] every 3 hours as needed was only signed one time. In a written statement Staff C reported she only administered the medication 1 time. Staff C documented on the MAR administering the medication 2 times, but only documented on the controlled inventory 1 time.</p> <p>Further review revealed discrepancies between the MAR and the inventory sign out book. Comparisons made for the first 15 days of July revealed on only 3 of the 15 days the inventory count sheet matched the number of narcotics signed on the MAR. On 8 of the 15 days there were more narcotics documented as being removed from the controlled inventory than what was documented as actually being administered to the resident.</p> <p><b>RESIDENT #2</b> Resident #2 also received controlled narcotics for pain relief.</p> <p>The first 15 days of July were also reviewed for Resident #2. Of the 15 days, there was only one</p>	F 514	<p><b><i>How will the plan be monitored to ensure the solutions are sustained?</i></b></p> <p>Random audits will be completed by Resident Care Managers or designee will audit MARS weekly for 4 weeks and then bi-weekly for 2 months to validate documentation is completed accurately. All findings will be brought to CQI monthly for three months or until compliant.</p> <p><b><i>The DNS is responsible for compliance</i></b></p> <p><b><i>Compliance date is September 25, 2014</i></b></p>		

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F 514	<p>Continued From page 6</p> <p>day in which the documentation on the MAR matched the documentation on the narcotic inventory.</p> <p>Further review indicated during the first 15 days of July there were 32 more narcotic pills signed out of the inventory than were documented as being given.</p> <p>During an interview on 8/14/14 at 1:20 p.m. Staff B reviewed the documentation but reported she did not know why there was a discrepancy.</p> <p><b>RESIDENT #3</b> During an interview on 8/25/14 at 11:45 a.m. Resident #3 reported he had pain in his face and head related to [REDACTED]</p> <p>Resident #3 re-admitted to the facility on [REDACTED] 14. Resident #3's July 2014 MAR from 7/18/14 to 7/28/14 revealed of the 11 days reviewed only 1 day had documentation of medication administered on the MAR that matched the documented amount of pills signed out of the inventory book. The other 10 days reviewed had more narcotic pills signed out of the inventory book than what was documented as given.</p> <p>During an interview on 8/14/14 at 1:25 p.m. Staff B was shown the discrepancies. Staff B reported she would look into the documentation but believed the nursing staff was not documenting accurately.</p> <p><b>RESIDENT #s 4, 5, 6, 7, 8, 9, 10, 11, 12 &amp; 13</b> During a return visit to the facility on 8/25/14 Staff B reported she had done an audit of additional narcotic records. Staff B had documented review of the narcotic records for 12 additional residents.</p>	F 514		

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F 514	<p>Continued From page 7</p> <p>Of the 12 residents reviewed by facility staff, 10 residents (Resident #s 4, 5, 6, 7, 8, 9, 10, 11, 12 &amp; 13) were missing documentation related to administration of controlled substances.</p> <p>During the same interview on 8/14/14 at 1:25 p.m. Staff B reported she had determined the facility did not have missing medications but the discrepancies were all related to poor documentation.</p> <p>Failure to accurately document the amount of pain pills administered and the effects of the medications left residents at risk for potential overdose and/or inaccurate assessments of their pain regimens.</p>	F 514			