

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

PRINTED: 07/29/2013
FORM APPROVED
OMB NO. 0938-0391

1398

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505296	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/25/2013
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NAME OF PROVIDER OR SUPPLIER ST FRANCIS OF BELLINGHAM	STREET ADDRESS, CITY, STATE, ZIP CODE 3121 SQUALICUM PARKWAY BELLINGHAM, WA 98225
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at St. Francis of Bellingham on 07/25/13. A sample of 3 residents were selected from a census of 106. The sample included 2 current residents and the records of 1 former and/or discharged resident.</p> <p>The following complaint was investigated as part of this survey:</p> <p>2843759</p> <p>The survey was conducted by:</p> <p>██████████ MS, RN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging and Long Term Care Support Residential Care Services, District 2, Unit B 3906 172nd St NE, Ste 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 FAX: (360) 651-6940</p> <p><i>[Signature]</i> Residential Care Services Date</p>	F 000	<p>This plan of correction is being submitted pursuant to the applicable federal and state regulations. Nothing contained herein shall be construed as an admission that the Facility violated any federal or state regulation or failed to follow any applicable standard of care.</p> <p style="text-align: right;">RECEIVED AUG 14 2013 ADS/RCS Smokey Point</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 8/9/13
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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=G	<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 interview and record review, the facility failed to prevent an accident for Resident 3. Failure to consistently follow the facility policy for cooling hot beverages resulted in harm of second degree burns for Resident 3 and placed other residents at risk of injury.</p> <p>Findings include:</p> <p>Resident 3 was admitted in [REDACTED] 2013 for rehabilitation after hospitalization for a recent [REDACTED]. Speech therapy identified she had [REDACTED] and [REDACTED] that prevented her from holding her cup for drinking or utensils for eating. Resident 3 required "close supervision" while eating or drinking. Additionally, Resident 3 had some memory impairment contributing to poor safety awareness.</p> <p>On 07/12/13 about 6:45 p.m., Resident 3 was seated in her wheelchair in the dining room. She asked Staff 2 for a cup of coffee. Staff 2 took a cup from Resident 3's tray and filled it with hot coffee. Staff 2 gave Resident 3 the cup of coffee and transported her via wheelchair to the nursing station on the unit where she resided. Staff 2 did</p>	F 323	<p>The facility will continue to 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>Resident #3 care plan reviewed to ensure accurate and clear interventions provided for staff on amount of assistance required with oral intake.</p> <p>. Reviewed with Staff #2 the Hot Beverage Service Policy and Following the Care Plan as it relates to amount of assistance required with nutritional intake.</p> <p>Completed 100% audit of all Care Plans for residents with Close Supervision required for nutritional intake to ensure they are accurate and clear.</p> <p>Reviewed with all staff the Hot Beverage Service Policy and Following the Care Plan.</p>	

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F 323	<p>Continued From page 2</p> <p>not cool the hot coffee with ice as stated in the facility policy for residents at safety risk. Staff 2 did not stay to supervise Resident 3 while she drank her coffee. About 07:15 p.m., Staff 3 heard Resident 3 yell and observed spilled coffee all over her lap.</p> <p>On 07/25/13 at 1:38 p.m., Staff 1 reported care plans are posted in each resident's room. The care plan for Resident 3, dated 07/01/13, identified interventions for nutrition. These interventions included positioning Resident 3 upright and sitting upright for 20-30 minutes after finishing a meal. It noted she used a lidded cup for all fluids and beverages. She was unable to hold onto her cup related to her weakness and confusion at times. Resident 3 required "close supervision" while eating or drinking for observation of any choking and/or coughing. Staff 1 reported Staff 3 failed to notify any other staff that Resident 3 was at the Nursing Station and needed close supervision while drinking. During the investigation, Staff 3 told Staff 1 she failed to cool the hot beverage as mandated by the facility hot beverage policy.</p> <p>Review of the facility investigation revealed they followed their policy and notified the physician and family of Resident 3 in a timely manner. Nursing assessment identified a second degree burn, 9 x2.5 centimeters (cm) with a fluid filled blister measuring 6 x 2 cm on the right inner thigh of Resident 3. The entire burn area was red. Resident 3 "screamed" and reported the pain as "hurts a whole lot" on the facial pain scale (5 of 6 faces, 6 being the worst pain). The physician ordered ice packs and a dry dressing to the affected area of the right thigh. The facility concluded Staff 2 failed to follow the policy for</p>	F 323	<p>As part of our ongoing QA process, we will Continue to perform hot beverage service audits at least monthly. When 100% compliance (staff clearly articulating and demonstrating policy) continues for three months, then will go to quarterly and as needed as determined by the QAPI committee.</p> <p>RCM to conduct audit & DNS to ensure compliance.</p> <p>Will continue to monitor and report any procedural errors through our QA process and bring identified issues/trends to our QAPI committee for follow up.</p>	<p>7/19/13 and ongoing</p>	

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F 323	Continued From page 3 hotbeverage cooling for residents at safety risk and failed to closely supervise Resident 3 to prevent any accident(s).	F 323		
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