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

1399

PRINTED: 05/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505355		C 05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY AUBURN LLC	414 - 17TH SOUTHEAST AUBURN, WA 98002

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F 000	INITIAL COMMENTS This report is the result of an unannounced Abbreviated Survey conducted at Regency Auburn on 04/30/13 and 05/2/13. The resident sample of five was based on a census of 72. The following complaint was investigated during this survey: #2799609, #2795827, #2795040 and 2799925 The survey was conducted by: [redacted] MSN, BSN Complaint Investigator The survey team is from: Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 2, Unit F 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388 Telephone: (252) 234-6048 Facsimile: (253) 395-5070 Mike Anbesse 05/09/13 Signature Date	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, **Regency Auburn Rehabilitation Center** does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency." RECEIVED MAY 17 2013 DSHS/ADSA/RCS Region 4	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Travis Scotherm	Administrator	5-16-13

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 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to develop comprehensive care plans, for four of five residents (Resident #1, 2, 3, & 4) reviewed for falls, that were based on scheduled Minimum Data Sets, that accurately described care and services and were oriented to activities of daily living. These failures prevented staff from providing two-person care to Resident #1 who suffered a fall with injury and placed other residents at risk for receiving less than required care and services.	F 279	**F-279** Residents #1, #2, #3 and #4 Activites of Daily Living (ADL's) have been assessed and careplans have been updated. Residents ADL's have been reviewed and careplans have been updated. Resident's careplans will be reviewed after completion of the MDS to ensure accuracy and validation of coding is meeting the resident's needs for ADL's. MDS Coordinator and Resident Care Managers (RCM's) have been educated on the RAI process, Assessment process and Clincal Review process to ensure that the resident's ADL needs are met and careplanned appropriately. Resident's Careplans and MDS will be audited to ensure that resident's needs are accurately careplanned. Results of the audits will be forwarded to QAPI for follow-up if needed. DNS will ensure compliance.	5-24-13

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F 279	Continued From page 2 Findings included: RESIDENT #1 Review of the most recent, 03/17/13, Minimum Data Set (MDS) revealed the facility assessed Resident #1 to require extensive assistance of two staff for bed mobility. The MDS indicated the resident was impaired for decision making but could make her needs known. Previous quarterly MDS's of 12/30/12, and 10/12/12 indicated staff assessed Resident #1 to require extensive two-person assistance with bed mobility. Review of the 07/20/12 annual MDS revealed staff assessed Resident #1 to require extensive assistance with bed mobility and documented this assessment in the Care Area Assessment (CAA), "Resident is alert and can direct her care. However, (Resident #1) is also very weak and debilitated. (Resident #1)...and needs two person assist with transfers and bed mobility. She is weak enough that she takes a long time to eat meals but does finish them...She had needed two person assist with incontinence care and had not been using a toilet or bed pan...Proceeding to (Plan of Care)." Review of the 12/27/12 Care Plan (CP) revealed no instruction indicating how many staff were to provide assistance with bed mobility. A hand written, undated note, on the Activities of Daily Living (ADL) CP, instructed staff to, "Monitor for declines in mobility and inform MD (medical doctor), Therapies (as needed)." The 12/27/12 Care Delivery Guide indicated Resident #1 required one person assistance with bed mobility.	F 279		

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F 279	Continued From page 3 Review of the facility's 04/26/13 evidence of investigation, into Resident #1's 04/25/13 fall from bed, revealed a single staff provided care to Resident #1 at the time of the fall. Staff documented on the investigation, "Inservice (Certified Nursing Assistant) involved - on bed mobility - turning, repositioning when resident is one assist bed mobility." Staff C, the Residential Care Manager, said, in an interview on 04/30/13, "(Resident #1) was a one (person assist) because she only needed a one. I did that care plan. No, I didn't look at the MDS." Staff D and E, Certified Nursing Assistants (CNA), said Resident #1 required only one person assist with bed mobility, in interviews on 04/30/13 at 7:30 a.m. Staff F, the MDS Coordinator, said, in an interview on 4/30/13 at 7:55 a.m., (Resident #1) was, "two person (assist) during the assessment period." On 4/30/13 at 8:45 a.m. Staff B provided copies of February and March 2013 CNA documentation of ADLs for Resident #1. This documentation indicated two CNA staff were consistently providing care to Resident #1, and this included bed mobility. Resident #1, interviewed on 04/30/13 at 8:06 a.m. while still in bed said of the fall, "I remember, (Staff G) pulled me the wrong way..." RESIDENT #2 According to the most recent 02/3/13 quarterly MDS, the facility assessed Resident #2 to require two person extensive assistance for bed mobility.	F 279		

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F 279	Continued From page 4 The 08/27/12 Annual CAA report indicated the Resident #2 experienced [redacted] on [redacted] of the body had problems with balance and had a mobility deficit. Staff documented Resident #2 required "...extensive assistance with bed mobility..." Review, of the recently updated, 04/26/13 CD revealed Resident #2 was independent in bed mobility. The 09/7/12 CP, updated on 04/26/13, indicated Resident #1 was independent in bed mobility. RESIDENT #3 Staff documented on the 12/9/12 CAA, "...Much of (Resident #3's) care is anticipated. (Resident #3) has little or no use of (the [redacted]) side and needs extensive to total assistance with all of her mobility and (Activities of Daily Living). The 03/3/13 MDS indicated Resident #3 still required two person extensive assistance for bed mobility. Three months later the 3/1/13 CD indicated Resident #3 required one person assistance with bed mobility and all other ADLs but transfers. The 12/17/12 CP, updated 3/30/13, did not provide instruction to staff on the resident's bed mobility requirements. RESIDENT #4 The 02/17/13 quarterly MDS indicated Resident #4 required two person extensive assistance with bed mobility. The 02/12/13 CD indicated two staff were required for bed mobility. The 06/8/12 CP, updated, 03/30/13 included no instruction to staff on the resident's requirement for bed mobility. The facility failed to develop CPs based on MDS data and that addressed resident's actual needs	F 279		

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F 279	Continued From page 5 for assistance with ADLs. As a result Resident #1 experienced an avoidable fall and other residents were at risk for having needs unmet.	F 279		
F 323 SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide adequate supervision and ensure safe interventions were implemented to prevent accidents. Failure to develop and implement assessed, resident specific interventions, caused one (Resident #1), of four resident's reviewed for falls, to experience an avoidable fall, from bed during care, resulting in injury. Findings included: Refer to CFR 483.20(k) Comprehensive Care Plans, F-279 Resident #1's 07/2012 Care Area Assessments indicated, "...(Resident) is very weak and debilitated...and needs two person assist with transfers and mobility...(and other Activities of Daily Living(ADL))."According to the most recent quarterly 3/17/13 Minimum Data Set (MDS)	F 323	**F-323** Resident #1 has been assessed and the careplan and care directive has been updated. Resident's careplans, MDS and care directives have been reviewed and updated. Resident's careplans and care directives will be reviewed after completion of the MDS to ensure accuracy and validation of coding is meeting the resident's needs. MDS Coordinator and Resident Care Managers (RCM's) have been educated on the RAI process including the MDS and its purpose, the assessment process and Clinical Review process to ensure that the resident's needs are met and careplanned appropriately.	5-24-13

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F 323	Continued From page 6 Resident #1 had diagnoses of [redacted] and [redacted], was able to make needs known and still required two person extensive assistance for bed mobility. On 4/30/13 at 6:30 a.m., Resident #1 was observed in a bed that was mid-height, not low, with no staff in attendance. On 4/30/13 at 8:06 a.m. Resident #1 said, of a recent 4/25/13 fall, "I remember (Staff G, a Certified Nursing Assistant) pulled me the wrong way...it wasn't on purpose." Resident #1 pointed to their left hand that was dressed with steri-strips and a bruise on the left ear. According to the facility's 4/25/13 evidence of investigation the resident fell out of bed because the aide caring for the resident, "...tried to pull (resident) back...(resident) roll off the bed and hit (resident's) left hand and cut it. (Resident) also hit (Resident's) left side of (resident's) head. (Resident's) ear puffe." The facility's plan of correction was to educate Staff G, "...on bed mobility - turning, repositioning when resident is one assist bed mobility..." Staff C the Residential Care Manager who developed the Care Plan (CP), said in an interview on 4/30/13 at 7:20 a.m., "(Resident #1) was a one (person bed mobility assistance) because she only needed a one (person assistance)." When asked if the MDS was used to develop the CP, Staff C said, "No I did not look at the MDS." Staff F, the MDS Coordinator, said in an interview on 4/30/13 at 7:55 a.m., "I followed the MDS instructions (to establish the number of staff required to provide assistance with ADLs). I use two person care for everyone."	F 323	Resident's Careplans, care directives and MDS will be audited to ensure that resident's needs are accurately careplanned. Results of the audits will be forwarded to QAPI for follow-up if needed. DNS will ensure compliance.	

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F 323	Continued From page 7 According to Staff B, the Director of Nursing, interviewed on 4/30/13 at 8:45 a.m., Resident #1 was, "One person (assistance with bed mobility) until the day of the fall." When asked if the MDS was correct in reflecting a required two person assistance for bed mobility Staff B said the MDS was not an assessment and it was not necessary for the facility to develop a care plan based on the MDS. When asked if two person care to Resident #1 would have prevented the fall Staff B said, "(The Resident) is now two person to provide care." Had the facility utilized the MDS to accurately develop care plans and care directives staff would have sought out direction and implemented assessed two person care as recommended by Staff F and the MDS, preventing the fall.	F 323		

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