

10/05/12 - MFCC/Ombud/HIC/Comp - ef

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

PRINTED: 11/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2012
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NAME OF PROVIDER OR SUPPLIER VICTORY HEALTH & REHAB OF BATTLE GROUND LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 510 NORTH PARKWAY BATTLE GROUND, WA 98604
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Victory Health and Rehab of Battie Ground on 10/26/2012. A sample of 9 residents was selected from a census of 67. The sample included 6 current residents and the records of 3 former and/or discharged residents.</p> <p>The following complaints were investigated:</p> <p>#2694464 #2688036 #2699606</p> <p>The survey was conducted by: Rebecca Christiansen, RN, MS</p> <p>The survey team is from: Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 3, Unit D 5411 East Mill Plain Blvd., Suite 203 Vancouver, WA 98661</p> <p>Telephone: 360-397-9550 Fax: 360-992-7969</p> <p><i>John Pierce</i> 11-5-12 Residential Care Services Date</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>B. R. Belfrage</i>	TITLE Administrator	(X6) DATE 11-16-12
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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 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being for 3 of 9 residents (# 3, 4 & 7) when they failed to take action to manage behavioral symptoms demonstrated by residents with dementia. This failure caused patterns of resident conflict to persist, creating unnecessary anxiety and fear for residents involved with or witnessing the conflict.</p> <p><Resident #3> Resident #3 was admitted to the facility on [REDACTED] with a re-admission on [REDACTED] with diagnoses to include [REDACTED]. According to the Minimum Data Set (MDS), an assessment instrument, Resident #3 was alert and oriented to self with periods of 'explosive personality' and 'social isolating'. Resident #3 was independent with activities of daily living.</p> <p>On 10/17, facility accident reports showed Resident #3 was hit by Resident #4 while both residents were in the hallway during a witnessed, unprovoked altercation. Resident #3 sustained a</p>	F 250	<p>Preparation and submission of this plan of correction by, <i>Victory Health & Rehab of Battle Ground</i>, does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.</p> <p>F 250</p> <p>1. Resident # 3 was reassessed by the Resident Care Manager on 10/18/2012 for psychosocial well being and no further concerns were noted. The resident was reassessed on 10/18/2012 by the Social Services Director to ensure that the resident's psychosocial needs were addressed with no further concerns noted.</p>	

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F 250	<p>Continued From page 2</p> <p>bloody nose. Both Residents were redirected. An investigation was conducted with appropriate logging and notification completed. The facility concluded the event was unavoidable because of the mental state of the residents, but did not address how the incident could have been prevented, or how the residents would be managed when they both continued to reside in close proximity to one another. The incident investigation stated "No psychological harm noted." No additional information was available regarding how Resident #3's mental state was evaluated or how the Resident felt about continuing to live near Resident #4. Both residents were mobile without staff assistance.</p> <p>On 10/26, at 01:15 p.m., Resident #3 stated "There are a lot of crazies here that snarl at you. I am not afraid of anyone, but somebody popped me in the nose about a week ago. They told me to just stay away from the guy. I avoid him and I've had no more trouble. If you tell the people working here what you want and what you don't want, they think you are causing trouble, so I try to keep to myself."</p> <p><Resident #4> Resident #4 was admitted to the facility on [REDACTED] and was re-admitted on [REDACTED] with diagnoses to include [REDACTED]. According to the MDS, the Resident was alert to self but had inattention to detail, with difficulty in concentrating and speaking. Resident #4 was easily annoyed and was assessed as requiring supervision with ambulation. Resident #4 had several episodes of altercations with other residents or with staff and had been hospitalized for medication and behavior management on</p>	F 250	<p>Resident # 4 was discharged from the facility on [REDACTED]</p> <p>Resident # 7 was reassessed by the Resident Care Manager on 11/13/12 for psychosocial well being and no further concerns were noted. The resident was reassessed by the Social Services Director on 10/30/2012 with no further psychosocial needs noted.</p> <p>2. An audit was conducted on 10/30/2012 by the Social Services Director of residents to ensure residents had no unidentified psychosocial concerns and no other concerns were noted.</p> <p>3. The facility managers were re-educated on 10/29/2012 by the Administrator regarding identifying and addressing reports of increased behaviors to ensure residents psychosocial needs are being addressed.</p>

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F 250 Continued From page 3
 [REDACTED] The Resident returned to the facility on [REDACTED]

On 09/24, according to facility reports, Resident #4 was found to be standing behind another resident and hanging onto the wheelchair, thus preventing the resident from free movement. The incident was investigated with the plan being to remove the resident to another area of the building with ensuing 15 minute checks.

On 10/17, Resident #4 hit Resident #3 while both residents were in the hallway. Facility actions included "Redirect the Resident."

On 10/26, Resident #4 was observed to be walking freely throughout the 100 and 200 hallways as well as the common areas. The Resident at times was using a walker and at times was walking independently, without staff supervision. The Resident was alert and social, but was unable to recall any recent events. When asked, Resident #4 stated "I don't have problems getting along with any one."

On 10/26 at 04:00 p.m., when asked how other residents are kept safe, the Resident Care Manager (RCM) A stated "We provide staff intervention, redirect residents or try to relocate the residents. That works well if the residents are not ambulatory. I guess we would try changing the medications or providing more attention. He {Resident #7} is very unpredictable so I don't know how we would keep other residents safe. We would just keep an eye on him."

<Resident #7>
Resident #7 was admitted on [REDACTED] with

F 250

The facility staff was re-educated on reporting increased behavior on 11/6/2012 by Staff Development Coordinator.

The Social Services Director was re-educated on 11/8/12 by the Staff Development Coordinator and the Administrator regarding identifying and addressing reports of increased behaviors to ensure that resident's psychosocial needs are being addressed.

4. Beginning the week of 11/23/2012, interviews of residents will be conducted by the Social Services Director or designee to ensure that resident's psychosocial concerns are being addressed weekly for 4 weeks and then monthly for 2 months. A report will be given to the Quality Assurance Committee monthly for 3 months. The Quality Assurance Committee will review and determine if further interventions are needed at that time.

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F 250	<p>Continued From page 4 diagnoses to include [REDACTED]</p> <p>According to the MDS, the Resident had some memory problems but was alert and able to advocate for self. Resident #7 required extensive assistance from staff for ADL care.</p> <p>On 10/26 at 10:20 a.m., Resident #7 stated "I am afraid of someone, I don't remember his name. I saw him hit somebody. I am afraid he will go after me. I can't remember his name, but I will point him out to you."</p> <p>At 11:45 a.m., Resident #7 approached this surveyor and stated "I don't remember the guy's name I was telling you about, but I will show you his room." Resident #7 then propelled his wheelchair from the front lobby to the 100 hallway and pointed to the bed assigned to Resident #4.</p> <p>At 01:20 p.m., Resident #7 located this surveyor and requested accompaniment to the dining area. Resident #7 then motioned toward Resident #4 and stated "That's the one I was telling you about. He is always after me. He thinks I have money, but I am a poor person."</p> <p>No information was found in the record of Resident #7 related to whether his concerns and fears had been identified or addressed.</p> <p>At 03:50 p.m., Nursing Assistant (NAC) C stated "Sometimes I think {Resident #7} is afraid of {Resident #4}. Residents tend to stay away from {Resident #4} because they know he gets agitated very easily. I constantly check on {Resident #4} to keep him away from other residents. I don't think {Resident #7} has been hit</p>	F 250	<p>The Administrator will be responsible for monitoring and follow up.</p> <p>Compliance date 11/23/2012</p>	

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F 250	Continued From page 5 by {Resident #4}, but I am not sure." On 10/24 at 4 p.m., when asked about the recent conflict between Residents #3 & 4, RCM A stated "In defense of {Resident #4}, {Resident #3} is an antagonist. {Resident #4} does not like conflict, {Resident #3} will stand his ground. I don't think other residents have been affected, but I am not sure. These two residents are both re-directable, so we just keep checking on them. We have had cases in the past that were harder to deal harder to deal with. I don't know anything about {Resident #7} being hit. He is paranoid so that might be what is going on."	F 250		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being for 3 of 9 residents (#s 6, 8 & 9) when they did not assess, investigate the cause, or monitor the progress of bruises noted on the resident's extremities. This failure placed the	F 309	F 309 1 Residents # 6 was reassessed by the Staff Development Coordinator on 10/29/2012; the care plan was updated on 10/29/2012 by the Staff Development Coordinator to ensure that interventions and preventative measures are in place to reflect the resident's current condition and needs. Resident # 8 discharged on [REDACTED] Resident # 9 was reassessed by the Staff Development Coordinator on 11/6/2012; the care plan was updated on 11/6/2012 by the Staff Development Coordinator to ensure that interventions and preventative measures are in place to reflect the resident's current condition and needs.	

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F 309	<p>Continued From page 6 residents at risk of not having their care needs recognized and addressed.</p> <p><Resident #6> Resident #6 was admitted to the facility on [REDACTED] with a re-admission on [REDACTED] with diagnoses to include [REDACTED]. The Minimum Data Set (MDS), an assessment instrument showed the Resident as being alert with periods of confusion. The Resident required extensive assistance of 1 person for activities of daily living (ADL) care. At the time of re-admission, the nursing skin assessment stated "Multiple areas of bruising predominately on both upper and lower extremities." The assessment and plan of care did not address the bruising causes or prevention of future bruising.</p> <p>On 10/09, the weekly skin assessment stated "Bruises noted all over body: ongoing and will continue to monitor." On 10/16 and 10/23, the weekly skin assessments reported "Continuing to monitor bruising all over body."</p> <p>On 10/26 at 04:40 p.m., Resident Care Manager (RCM) A stated "I think the bruises on {Resident #6} are unavoidable because of the medication she takes, but I am sure we did not do an assessment. The admission assessment and the weekly skin assessments should identify the size and locations of the bruises. It looks like we were not very thorough and I don't think we have done enough to prevent future problems with bruising."</p> <p><Resident #8> Resident #8 was admitted to the facility on [REDACTED] with diagnoses to include [REDACTED].</p>	F 309	<p>2. A reassessment of skin was conducted on 10/30/2012 by the Resident Care Managers to ensure that there were no previously unidentified bruises, and that interventions were in place per residents care plan</p> <p>3. Facility staff was re-educated on 11/13/2012 by Staff Development related regarding investigation of skin care and preventative measures for bruises.</p> <p>4. Beginning the week of 11/23/2012, the Staff Development Coordinator or</p>		

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F 309	<p>Continued From page 7</p> <p>██████████ According to the MDS, the Resident was alert to self, but was not able to make needs known. The Resident required extensive assistance of 1 staff member for ADL care.</p> <p>On 10/26 at 01:30 p.m., the Resident was observed to have 2 quarter sized bruise on the left arm and 3 quarter sized dark purple bruises on the right forearm. The Resident was not aware of the bruises or how they had been obtained.</p> <p>A review of the medical record showed the resident had a groin rash, but had "No new skin issues." The bruises were not identified or monitored in the record.</p> <p>On 10/26 at 004:35 p.m., RCM B stated "I don't know anything about the Resident having bruises. I should have an incident report from the nurses if there is a bruise, but I don't recall seeing anything. I will check into it."</p> <p>Resident #9> Resident #9 was admitted on ██████████ with readmissions on ██████████ with diagnoses to include ██████████</p> <p>██████████ The Resident was dependent on two care givers for all ADL care. The Resident was not able to answer questions or advocate for self.</p> <p>On 10/16/12, the admission nursing skin assessment showed small areas of bruising on the left and right forearms with scattered echymotic (bruised) areas on the left and right forearms. No additional measurement or monitoring was found.</p>	F 309	<p>designee will complete an audit of skin care needs weekly for 4 weeks and monthly for 2 months to ensure interventions and preventative measures and investigations remain in place. A report will be submitted to the Quality Assurance committee monthly for 3 months. The Quality Assurance committee will review and determine if further interventions are needed at that time.</p> <p>The Administrator will be responsible for monitoring and follow up.</p> <p>Compliance date 11/23/2012</p>	

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F 309	Continued From page 8 On 10/26 at 04:30 p.m., Resident #9 was observed to have extensive bruising from the mid hand area to above the elbow on both arms. When asked, RCM B stated "I was aware that {Resident # 9} had some bruising on the arms because he just readmitted from the hospital. I don't know how the Resident went from small areas of bruising to what we see now. The nurses should let me know when they see something like this. The nursing assistants should be reporting to the nurses. The nurses should initiate an incident report and obtain treatment orders. Then I would begin an investigation the same day or the next day. We should have measured the bruises on admission and we should be monitoring every day. I assume the bruises are related to his medical conditions and medications, but I don't really know."	F 309		