

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

PRINTED: 02/04/2013
FORM APPROVED
OMB NO. 0938-0391

1416

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2013
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NAME OF PROVIDER OR SUPPLIER HARMONY HOUSE HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 RIVER PLAZA BREWSTER, WA 98812
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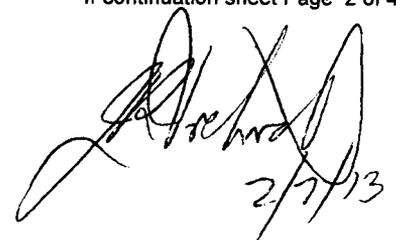
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Harmony House on 1/14/13, 1/15/13, 1/16/13, and 1/17/13. A sample of 35 residents was selected from a census of 43. The sample included 31 current residents and 4 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>Mara Ryan, BSW Linda Loffredo, RN Lisa Harting, RN Colleen Daniels, RN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 1, Unit A 316 W. Boone Avenue, Suite 170 Spokane, Washington 99201-2351</p> <p>Telephone: (509) 323-7302 Fax: (509) 329-3993</p> <p><i>[Signature]</i> Residential Care Services Date 2/4/13</p>	F 000	<p>RECEIVED</p> <p>FEB 11 2013</p> <p>DSHS AD&A RCS SPOKANE WA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE owner/adm	(X6) DATE 2/7/13
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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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>After the survey team informed supervisory staff of allegations the resident was interviewed and allegations thoroughly investigated. The resident at that point denied any allegation and the investigation was identified to be unsubstantiated. The staff was re educated on specific resident issues in effort to be made aware of his individual concerns. This was done 1-17-13.</p> <p>The general staff was re educated and given written material from "The Purple Book" that defines the numerous descriptions of abuse. They were reinstructed on recognition, initial investigation and reporting. This was completed on 2-6-13 at the all staff meeting.</p> <p>The Nursing supervisory staff was re- educated on the recognition and appropriate investigation at the Mandatory Nurses meeting on 2-6-13.</p> <p>The DNS will continue to investigate all allegations for thorough review.</p> <p>DNS will ensure compliance.</p>	<p>01-17-13</p> <p>02-06-13</p> <p>02-06-13</p>	



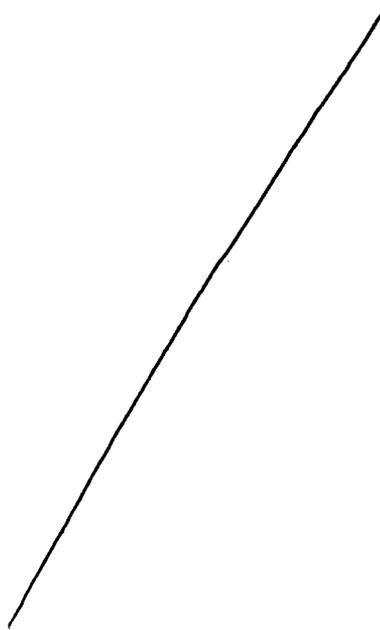
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F 225	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure allegations of abuse were thoroughly investigated in order to rule out abuse and neglect, and to report the incidents to the State as required under 48 CFR 483.13(c)(1)(3)(4) for 1 of 2 residents (#24) with allegations of abuse in a sample of 35. Findings include: Resident #24 had diagnoses that included Multiple Sclerosis (MS), anxiety and depression. The resident was alert, oriented and able to make his needs known. He required extensive assistance of staff with most activities of daily living. During an interview on 1/15/13 at 10:00 a.m., the resident was asked if staff had yelled or been rude to him. He stated that some of the staff are rude to him. He stated that he once told staff that he had a problem with his roommate and they told him to mind his own business. On 1/16/13 at 2:45 p.m., Staff #A stated that she accompanied the resident to an appointment on Monday 1/14/13. She stated that she overheard the resident tell the staff at the physician's office that staff at the facility are rude and they don't help him. Staff #A stated she reported this information to Staff #B after the appointment. Per record review on 1/17/13, the facility had not logged the allegation, conducted a thorough investigation or called the state hotline and there were no plans to do so due to the fact the facility did not see the resident's statement as an allegation.	F 225			

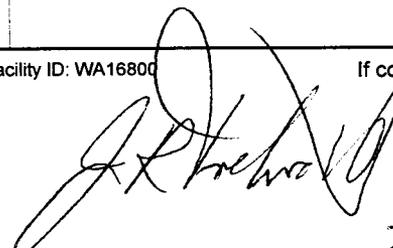
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2/7/13

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F 225	<p>Continued From page 3</p> <p>On 1/17/13 at 10:20 a.m., Staff #B stated she was one of the nurse aides' supervisors. She confirmed that Staff #A came to her and told her the resident made a complaint at the physician's office and she thought that Staff #C was going to follow up with this and took no further action with this information.</p> <p>During an interview on 1/17/13 at 10:35 a.m., Staff #C stated she didn't recall being told the resident had made a complaint on Monday. Staff #C stated that the resident made comments all the time about the facility staff not liking him. She stated that when Social Services goes into talk with the resident he often tells them everything is fine.</p> <p>Failure to identify and conduct an investigation for a resident's allegation of abuse places them at risk for unrecognized abuse.</p>	F 225		
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 2/7/13