

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

1425

PRINTED: 12/31/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/23/2013
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NAME OF PROVIDER OR SUPPLIER  REGENCY CARE CENTER AT MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 1355 WEST MAIN STREET MONROE, WA 98272
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Regency Care Center at Monroe on 12/20/13 and 12/23/13. A sample of 5 residents was selected from a census of 85. The sample included 3 current residents and records of 2 former/discharged residents.</p> <p>The following complaints were investigated:</p> <p>2921115 2928075 2929189</p> <p>The survey was conducted by:</p> <p>██████████, MS, RN-BC</p> <p>The survey team is from: Department of Social &amp; Health Services Aging and Long Term Services Agency Residential Care Services, District 2, Unit B 3906 172nd St. NE Suite 100 Arlington, WA 98223 Telephone (360) 651-6850 Fax (360) 651-6840</p> <p><i>[Signature]</i> Residential Care Services Date 1/2/14</p>	F 000	<p>This plan of correction is prepared and submitted as required by law. Submitting this plan of correction does not admit that the deficiency listed on this form exists nor does the facility admit to any statements, findings, facts or conclusion that form the basis for the alleged deficiency. The facility reserves the right to challenge in legal and/or regulatory or an administrative proceeding the deficiency, statements, facts and conclusions that form the basis for the deficiency.</p> <p>JAN 14 2014 ADSA/RCS Smokey Point</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE	(X6) DATE 1/13/14
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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  F 225	<p>An investigation was completed and Reported on Allegation from Resident 1</p> <p>Resident #1 discharged from the facility.</p> <p>Employee# 1 is no longer at the Facility.</p> <p>Employee #3 is no longer at the facility</p> <p>Employee #2 and 4 received an Education regarding investigation and Reporting Incidents.</p> <p>An investigation was completed and reported on allegation from Resident 1.</p>	1/15/14
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F 225	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow their policy for abuse/neglect investigation on one of five reviewed facility investigations. Failure to identify an allegation by Resident 1 of inappropriate touching of an unidentified female resident as an allegation of abuse, suspend staff to protect residents during the investigation, interview residents and staff, notify appropriate authorities, and develop a plan to prevent future reoccurrence placed residents at risk of future abuse/neglect.</p> <p>Findings include:</p> <p>Resident 1 was admitted in early [REDACTED] 2013 for [REDACTED] and intravenous [REDACTED] therapy for a current [REDACTED]. Her Minimum Data Set assessment, dated 11/16/13, identified her memory and recall abilities as good (13/15 points on the memory assessment tool). She had no mood or behavior issues identified. On [REDACTED]/13 Resident 1 transferred to the hospital for acute change in condition.</p> <p>On 12/02/13, a family member of Resident 1 returned to the building and spoke with Staff 1 and Staff 2. During that meeting, the family member told the staff Resident 1 alleged she witnessed inappropriate touching by an unknown male staff towards an unnamed female resident.</p> <p>On 12/20/13 at 12:15 Staff 3 reported on 12/05/13 Staff 4 told the therapy staff of the allegation made by Resident 1. Staff 3 stated none of the male staff were suspended during the investigation. None of the male staff were interviewed or asked to write written statements.</p>	F 225	<p>An education was given to the staff members regarding abuse reporting, and conducting an investigation.</p> <p>An audit was complete by the Administrator and/or designee to ensure no further incidents were not investigated.</p> <p>An audit will be completed for the next thirty days on abuse reporting and conducting an investigation.. Results will be reported to the QA/QI committee.</p>	

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F 225	<p>Continued From page 3</p> <p>Staff 3 reported Staff 4 informed the therapy staff on 12/06/13 that the investigation was completed and there was no allegation of any sexual abuse.</p> <p>At 1:03 p.m., Staff 4 reported she learned of an allegation of inappropriate behavior by a male therapist in early December. She pulled all male staff from two female residents (Resident 1 and Resident5). She did suspend any of the male staff or interview any of the male staff. Staff 4 had no information why these components of a complete investigation were not performed. Staff 4 stated Staff 1 told her the next day that the investigation was over. Staff 4 had no information of any of the details of that investigation, including any plan(s) to prevent future reoccurrence. Additionally, Staff 4 recalled learning of a request from Resident 1 that she did not want a specific male staff to work with her. Staff 4 stated she failed to inquire why and for what reason Resident 1 did not want the identified male staff to care for her. Instead Staff 4 removed Staff 5 from any future assignment to Resident 1 without any additional information.</p> <p>At 4 p.m., Staff 1 reported she was present when a family member of Resident 1 reported the allegation of inappropriate behavior by an unidentified male staff. Staff 1 stated she failed to inquire for details of the allegation, failed to investigate what was " inappropriate ", failed to suspend male staff to protect residents during an investigation of the allegation, failed to notify the state Hotline, and failed to log the allegation in the facility incident log as required by federal regulation and Washington State Code.</p> <p>At 4:33 p.m., Staff 2 reported she was present when a family member of Resident 1 reported the</p>	F 225		

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F 225	Continued From page 4 allegation of inappropriate behavior by an unidentified male staff. She stated Staff 1 led the meeting. Staff 2 did not ask what was " inappropriate " .  Review of the facility incident log revealed no entry of the allegation made on 12/05/13. There was no evidence of facility documentation of a complete and thorough investigation including written statements by male staff, interviews with residents, suspension of male staff during the investigation to protect residents, notification to physician/family/state hotline, or a plan to prevent reoccurrence.	F 225		