

1427

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/17/2014
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NAME OF PROVIDER OR SUPPLIER REGENCY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 726 NORTH MARKESON CHELAN, WA 98816
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Regency Manor on 01/13/14, 01/14/14, 01/15/14, 01/16/14, and 01/17/14. A sample of 30 residents was selected from a census of 45. All sampled were current residents.</p> <p>This survey was conducted by:</p> <p>██████████ R.N. ██████████ R.N. ██████████ R.N. ██████████ R.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging and Long-Term Support Administration Residential Care Services, District 1, Unit D 3611 River Road, Suite #200 Yakima, Washington 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p>██████████ Residential Care Services 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p>	F 000	<p>This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to Long term Care providers. This Plan of Correction does not constitute and admission of liability on the part of the facility. The submission of this plan does not constitute agreement by the facility that the surveyor's findings and/or conclusions are accurate, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</p> <p>The Plan of Correction constitutes our Credible Allegation of compliance.</p> <p style="text-align: right;">Received Yakima RCG FEB - 5 2014</p>	
F 241 SS=E	<p>██████████ Residential Care Services 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p>	F 241	<p>██████████ Residential Care Services 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ██████████	TITLE <i>Administrator</i>	(X6) DATE <i>2/3/14</i>
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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 241	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to promote care for residents in a manner that was respectful and dignified during dining for one resident (#40) who received eye drops in the dining room; and 5 of 30 residents (#52, 48, 23, 30, & 51) who were examined and interviewed by a physician during the breakfast meal in the dining room. Failure to consistently promote dignity in dining services had the potential to negatively impact the residents' quality of life. Findings include:</p> <p>The following observations all occurred on 01/14/14:</p> <p>At 7:42 a.m. during the meal observation in the main dining room, Staff Member D, a Licensed Nurse, gave Resident #40 some pills, then after putting on gloves, she administered eye drops in both of the resident's eyes and handed him a tissue to dab his eyes. Then after a few minutes, the LN gave a second set of eye drops in both of the resident's eyes. Resident #40 was sitting with three other residents during this treatment.</p> <p>At 8:20 a.m. the physician entered the dining room with a wheeled cart that carried several resident charts.</p> <p>At 8:21 a.m. the physician addressed Resident #52 and asked how he felt today. The physician asked the resident to flex and extend his feet. He then listened to the resident's chest and back with a stethoscope. Resident #52 was mentally intact according to his 01/03/14 comprehensive</p>	F 241	<p>F -241</p> <p>Cited Resident: Residents #40, 52, 48, 23, 30 & 51 will have care provided in a manner to promote respect and dignity.</p> <p>All Residents: The facility will promote care for all residents in a manner that is respectful and promotes dignity in dining services.</p> <p>Education/System Review: Facility staff and resident's physicians have been educated to follow the facility standards for promoting a respectful and dignified dining environment.</p> <p>Monitoring: The facility will conduct weekly dignity audits and random observation audits for next 90 days to ensure a dignified dining environment is maintained. The results of the audits and any actions if needed will be reviewed with the Interdisciplinary team and Quality and Performance Improvement Committee (QAPI) and recommendations from QAPI committee will be implemented as needed.</p>	
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JJ 2/5/14

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

PRINTED: 01/27/2014
FORM APPROVED
OMB NO. 0938-0391

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F 241	<p>Continued From page 2 assessment.</p> <p>At approximately 8:22 a.m. while observing the physician interview with Resident #52, Staff Member A, the Director of Nursing, stated "I wish he would not do that, it disrupts the resident's breakfast."</p> <p>At 8:23 a.m. the physician then examined Resident #48. He listened with a stethoscope to the resident's front and back. According to the current comprehensive assessment, Resident #48 had severe mental impairment.</p> <p>At 8:25 a.m. the physician approached Resident #23 and listened to her chest and back with a stethoscope. Then he had the resident squeeze his hand and touch her nose with her right hand. He then moved her [redacted] arm and hand several times and instructed her to "keep using it." Resident #23 had a [redacted] diagnoses and had severe mental impairment according to her medical record.</p> <p>At 8:28 a.m. Resident #30 was being assisted to eat by Staff Member E, a Nursing Assistant (NA). The physician discussed the resident at the table with Staff Member E. Then he listened to her chest and back with his stethoscope and instructed her to "breathe deep." According to the current comprehensive assessment, Resident #30 had severe mental impairment with a diagnoses of [redacted] disease.</p> <p>At 8:31 a.m. the physician listened to Resident #51's chest and back with his stethoscope. The resident's current comprehensive assessment indicated she had moderate impaired mental status with a diagnoses of [redacted] disease</p>	F 241	<p>Responsibility: The Director of Nursing to ensure ongoing compliance.</p>	2/7/14
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2/3/14

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F 241	<p>Continued From page 3 and anxiety.</p> <p>On 01/14/14 at 8:36 a.m. Resident #52 stated he was not bothered by the exam in the dining room, and added that the physician usually goes to his bedroom.</p> <p>On 01/14/14 at 8:38 a.m. Resident #23 stated she did not remember the doctor's visit that morning.</p> <p>There were 30 residents eating breakfast in the dining room during the resident examinations and interviews.</p> <p>On 01/14/14 at 8:45 a.m. the physician stated regarding his examinations in the dining room, "I try to get them when I can, they don't like to have their activities disrupted."</p> <p>Review of the facility medication administration policy dated January 2013 requires nurses to "Observe each resident's privacy and rights in accordance with Applicable Law."</p> <p>On 01/16/14 at 8:35 a.m. Staff Member F, a NA stated she had never seen the physician examine residents in the dining room before.</p> <p>On 01/16/14 at 8:40 a.m. Staff Member B, the charge nurse, stated the nurses are not supposed to give eye drops in the dining room, this should be done in the privacy of the resident's rooms. She also stated she had never seen a physician do resident exams in the dining room before.</p> <p>On 01/16/14 at 8:45 a.m. Staff Member C, a LN stated "you are not supposed to do treatments in</p>	F 241		

Handwritten initials and date:
JF
2/3/14

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F 241	Continued From page 4 the dining room." Treatments should be done in the resident's room for privacy and infection control. He also stated he had not seen physicians do medical exams in the dining room before. On 01/16/14 at 11:30 a.m. the Director of Nursing stated eye drops should not be given in the dining room by the nurses. Furthermore, she had never seen the physician do his examinations in the dining room before, as it was not appropriate.	F 241		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on interviews and observations the facility failed to keep the food preparation area clean and in good repair. Findings include; On 01/16/14 at approximately 11:50 a.m. was observed a 15 foot by 2 feet food preparation counter, to be marred with dingy, dark spots throughout the length of the counter. It also had a missing 1 inch strip of laminate at both ends of the counter. In addition, there was a 24 inch rusted strip behind the vegetable sink faucet. The	F 371	F-371 Cited Resident: 1. To ensure food safety the facility will store, prepare, distribute and serve food under sanitary conditions. All Residents: The facility will keep the food preparation area clean and in good repair. Education/System Review: The kitchen counter tops will be replaced by February 28, 2014.	2/28/14

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2/13/14

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F 371	<p>Continued From page 5</p> <p>second 8 foot by 2 feet prep kitchen counter was marred with light tan spots, 3 rusted over nail heads on one end of the counter, and worn laminate along the edge of the counter. In the middle of the counter was a 2 foot by 8 inch wide opening where staff were storing baking sheets and cutting boards where the bottom surface of the laminate was worn, exposing the particle wood. The bottom edge of the opening had an approximately 8.5 inch missing long piece of laminate.</p> <p>On 01/16/14 at approximately 12:30 p.m. Staff Member G, the Food Service Manager, stated the kitchen counters had been like that for years. She added that she had informed the administrator about the condition of the kitchen. Staff Member H, the administrator, was also in the kitchen and stated she was aware the counters were in need of repair but had made a decision to purchase other kitchen equipment first.</p> <p>Failure to keep the kitchen counters clean and in good repair put the residents at risk for food borne illness related to cross contamination.</p>	F 371	<p>Monitoring: Annual audit of the kitchen will be performed by the Dietary Manager to ensure the facility maintains the food preparation areas in clean condition and good repair. The results of this audit and any actions if needed will be reviewed by the Administrator and with the Interdisciplinary team and Quality and Performance Improvement Committee. (QAPI).</p> <p>Responsibility: The Dietary Manger and Administrator.</p>	
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2/3/14