

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

PRINTED: 05/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

1429

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/21/2013
NAME OF PROVIDER OR SUPPLIER  FOREST VIEW TRANSITIONAL HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5129 HILLTOP ROAD EVERETT, WA 98203		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Forest View Transitional Health Center on 05/16/13 and 05/21/2013. A sample of 6 current residents were selected from a census of 59 residents.</p> <p>The following complaints were investigated as part of this survey: 2803645, 2804494, 2802730, 2804647</p> <p>The survey was conducted by: <del>XXXXXX</del> BSHS</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services Aging &amp; Disability Services Administration Residential Care Services, Region 3, Unit B 3906 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>Ann Louise Jacobs</i> 5/23/13</p>	F 000			

JUN 08 2013  
ADSA/RCS  
Region 3

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Ann Louise Jacobs* Administrator 6/6/13

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 241 SS=E	<p>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> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to provide care in a timely manner for 4 out of 6 (1, 2, 3 and 4) residents interviewed. Failure to answer call lights in a timely manner contributed to the resident 's feelings of helplessness and embarrassment.</p> <p>Findings include:</p> <p>Resident 1 was admitted to the facility on [REDACTED]/11, with diagnoses to include [REDACTED].</p> <p>During an interview on 05/16/2013 at 12:45 p.m., the resident stated the facility had a shortage of aides and at times had to wait a long time for her call light to be answered. She further stated, " It should never be that there aren't enough people to care for us. I have waited over an hour and a half for someone to come help me. It makes me feel helpless, I almost had an accident in my pants. "</p> <p>Resident 2 was admitted to the facility on [REDACTED]/11 with diagnosis to include the [REDACTED].</p>	F 241	<p>F241</p> <p>Resident 1,2, 3 &amp; 4 are all still residents living at Forest View currently.</p> <p>Social Services and or Administrator will meet with resident 1, 2, 3, and 4 to review information shared about call lights and concerns involving poor response time.</p> <p>Resident meet and greet was held to meet the new Administrator and Director of Nursing on 5/31/2013. Open forum for discussion with no issues of call lights at that time.</p> <p>Call light audits randomly being done with a minimum of 3 per week for the first two weeks and 1 time a week for the next 4 weeks and then randomly thereafter.</p> <p>Staffing patterns were reviewed and changes made to better meet residents needs and create greater opportunity to answer call light efficiently</p> <p>In-services with management, nursing staff and small group training on the floor will be done to increase knowledge of expectations for staff to answer call lights, review expectation in responding quickly and to meet our residents needs.</p> <p>Resident 1, 2, 3, and 4</p> <p>In-service will be done in response to dignity issues surrounding timely answering of call lights.</p>		

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F 241	<p>Continued From page 2</p> <p>During an interview on 05/16/2013 at 1:30 p.m., the resident stated she had waited up to an hour for assistance to go to the restroom. She further stated that because she needed the assistance of two aides and the use of a sliding board, she felt helpless waiting so long.</p> <p>Resident 3 was admitted to the facility on [REDACTED]/10 with diagnosis to include [REDACTED].</p> <p>During an interview with the resident 's wife on 05/16/13 at 2:15 p.m., she stated, her husband has had to wait too long for his call light to be answered. She further stated that the week prior, he had to wait so long that he had a [REDACTED] in his pants. " My husband has always been so meticulous, he was very upset. "</p> <p>Resident 4 was admitted to the facility on [REDACTED]/11 with diagnosis to include [REDACTED].</p> <p>During an interview on 05/16/2013 at 3:00 p.m., she stated she had waited for over an hour for her call light to be answered and ended up [REDACTED] on herself. She further stated, " I felt so bad, I was embarrassed. "</p> <p>During the interviews, the resident's and resident's spouse also stated that the facility had recently hired more staff and the wait time had improved.</p>	F 241	<p>Issues Identified with call light audits will be reviewed with members of the facility QA committee and recommendations made to correct the issues. Administrator or designee will bring issues identified to QA and will meet at least quarterly and more frequently as needed.</p> <p>Responsible Person: Administrator, DNS, RCM's, and SDC.</p> <p>Completion by: 6/13/2013</p>		

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F 241	Continued From page 3  In an interview with the Director of Nursing (DNS) on 5/21/13 at 9:00 a.m., he acknowledged having hired new aides to assist with the response to the call lights.	F 241			