

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

PRINTED: 08/08/2013
FORM APPROVED
OMB NO. 0938-0391

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 08/05/2013
NAME OF PROVIDER OR SUPPLIER FOREST VIEW TRANSITIONAL HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5129 HILLTOP ROAD EVERETT, WA 98203		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Forest View Transitional Health Care Center on 8/2/13 and 8/5/13. A sample of 16 residents was selected from a census of 64. The sample included 15 current residents and 1 former/discharged resident.</p> <p>The following were complaints investigated as part of this survey:</p> <p>2847144, 2839736, 2847279, 2830816, 2845401</p> <p>The survey was conducted by:</p> <p>Rick Woodrum, RN, BSN Joy Kerns, RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Disability Services Administration Residential Care Services, District 2 A 3906 172nd Street NE, Suite 100 Arlington, WA 98223 Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>Terrence D. Dodson</i> 8/8/13 Residential Care Services Date</p>	F 000	<p>RECEIVED AUG 21 2013 ADSARCS Smokey Point</p>		

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

TITLE

(X6) DATE

[Signature]

Administrator

8/21/13

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 167 SS=B	<p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to update their resident survey binder, located in the front lobby by the elevator. By not containing required information, neither residents nor the public would be aware of recent citations and the facility's plan to correct those citations.</p> <p>Findings include: During an interview with the Director of Nursing Services (DNS) at 11:10 a.m. on 8/2/13, she informed the surveyor of a recent citation the facility had received and responded to with a plan of correction. When asked to see the resident survey binder, the surveyor was handed a book with the name Survey on the front side. The binder contained information from past surveys, but was only current to July, 2012. There was no information for the year of 2013, even though the facility had been cited various times during the year. When informed of the missing data, the DNS stated it would be fixed immediately.</p>	F 167	<p>Preparation and/or execution of this plan of correction does not constitute the provider's admission of agreement with the facts alleged or conclusions set-forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>F167</p> <p>The survey binder in the front lobby has been updated with the required information so the residents and public will be aware of recent citations and the facilities plan to correct those citations. All information will be reviewed by the administrator or designee to ensure only appropriate information is posted.</p>	8-23-13	

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F 167	Continued From page 2 Observations on 8/5/13 at 11:12 a.m. revealed the same binder at the elevator. Upon inspection, the required 2013 data was still missing. Additionally, two pages with resident and staff names were located in the binder. In large print, the words "CONFIDENTIAL DO NOT POST" were observed on the top of each page. When asked about the missing data and the confidential information being posted, the DNS and Administrator could not explain why the binder had not been updated or why confidential information was located in the binder.	F 167		
F 311 SS=E	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to monitor and implement the application of physician ordered splints to 7 of 7 residents (Residents 1-7) reviewed for splint usage. Additionally, Residents 6 and 7 received too many applications of splints. This failure placed the residents at risk for a decline in functional abilities. Findings include:	F 311	F311 Resident #1- has been discharged. Resident # 2- Resident has been assessed to ensure current splint is appropriate; orders have been updated as needed. Care plan has been updated as appropriate to reflect current plan. Staff has been in-serviced on proper use and times splints are to be applied and removed. Documentation will be recorded in restorative flow sheets. Resident # 3- Resident has been assessed to ensure current splint is appropriate; orders have been updated as needed. Care plan has been updated as appropriate to reflect current plan. Staff has been in-serviced on	8-23-13

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F 311	Continued From page 3 Unless otherwise noted, the record review of splints was for the months of April, May, June and July 2013, and was conducted on 8/5/13. Due to their medical conditions, none of the residents were able to be interviewed. RESIDENT 1 This resident admitted to the facility in [REDACTED] of 2011 with a diagnosis of a cranial bleed. According to the latest Minimum Data Set (MDS) dated June, 2013, the resident was dependant upon staff for all activities of daily living. Knee splints were ordered to be worn 4 hours a day, twice a day, for a total of 8 hours per day, 6 times per week. According to the facility Restorative Aide Plan of Care Record, the resident failed to have the splints applied for 8 days in April, 12 days in May, 10 days in June, and 7 days in July for a total of 37 days in four months. Additionally, when the splints were worn, the record indicated it was for only 4 hours per day and not the physician ordered 8 hours. RESIDENT 2 This resident admitted to the facility in [REDACTED] 2012 with a diagnosis [REDACTED] neglect as the result of a stroke. The resident had a physician order for a left upper extremity splint to be used 3 times per week. According to the facility Restorative Aide Plan of Care Record, the resident failed to have the splint applied for 1 day in April, 5 days in May, 5 days in June, and 3 days in July for a total of 14 days. RESIDENT 3 This resident admitted to the facility in [REDACTED] of 2002 with a diagnosis of anoxic brain damage and contractures of the upper arm. The resident	F 311	proper use and times splints are to be applied and removed. Documentation will be recorded in restorative flow sheets. Resident # 4- Resident has been assessed to ensure current splint is appropriate; orders have been updated as needed. Care plan has been updated as appropriate to reflect current plan. Staff has been in-serviced on proper use and times splints are to be applied and removed. Documentation will be recorded in restorative flow sheets. Resident # 5- Resident has been assessed to ensure current splint is appropriate; orders have been updated as needed. Care plan has been updated as appropriate to reflect current plan. Staff has been in-serviced on proper use and times splints are to be applied and removed. Documentation will be recorded in restorative flow sheets. Resident # 6- Resident has been assessed to ensure current splint is appropriate; orders have been updated as needed. Care plan has been updated as appropriate to reflect current plan. Staff has been in-serviced on proper use and times splints are to be applied and removed. Documentation will be recorded in restorative flow sheets. Resident # 7- Resident has been assessed to ensure current splint is appropriate; orders have been updated as needed. Care plan has been updated as appropriate to reflect current plan. Staff has been in-serviced on proper use and times splints are to be applied and removed. Documentation will be recorded in restorative flow sheets.		

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F 311	<p>Continued From page 4 was dependant upon staff for all needs. Dynasplints were ordered to be worn on both wrists, elbows, and legs for 4 hours per day, 5-7 times a week.</p> <p>According to the facility Restorative Aide Plan of Care Record, using five days as a minimum, the resident failed to have the splints applied for 4 days in April, 14 days in May, 5 days in June, and 4 days in July for a total of 27 days.</p> <p>RESIDENT 4 This resident admitted to the facility in [REDACTED] 2011. Diagnosis included traumatic brain injury. The resident was dependant upon staff for all needs. A physician order included a right wrist splint to be worn each day. However, the order was not clarified as it did not indicate how many hours per day the resident was to wear the splint. According to the facility Restorative Aide Plan of Care Record, the splint was not applied for 12 days in April, 16 days in May, 15 days in June, and 11 days in July for a total of 54 days.</p> <p>RESIDENT 5 This resident admitted to the facility in [REDACTED] 2012 with a diagnosis of dementia and required the help of 1 staff member for activities of daily living. The resident had a physician order for ankle and knee Dynasplints, 4 hours per day, 3 times per week, to alternate each day between the ankles and knees. To successfully comply with this order, the facility would have had to apply the splints for 6 days per week. During a record review it was revealed the resident did not have splints applied for 7 days in April, 10 days in May, 12 days in June, and 13 days in July. A total of 42 days were missed.</p>	F 311	<p>Residents in the facility will be reviewed quarterly with their MDS schedule by therapy or restorative RN for any restorative needs. Current residents identified as requiring a restorative plan of care prior to their quarterly MDS will be evaluated by therapy on Restorative RN and program will be implemented. Residents living in the facility have been reviewed by restorative RN for any restorative needs.</p> <p>The facility now has a restorative RN to oversee all restorative programs. Restorative RN's responsibilities is to ensure programs are carried out as care planed, review daily documentation make changes to programs when identified by restorative staff also to refer to therapy when appropriate. Restorative RN will document quarterly evaluation of each program.</p> <p>Dates when corrective action will be completed August 23, 2013.</p> <p>DNS is responsible to ensure correction.</p> <p>Problems with restorative audits will be reviewed with members of the facility QA committee and recommendations made to correct the issues. QA will meet at least monthly and more frequently as needed.</p> <p>Responsible Person: DNS, RCM's, and SDC.</p> <p>Completion by: 8/23/2013</p>		

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F 311	<p>Continued From page 5</p> <p>RESIDENT 6 This resident admitted to the facility in [REDACTED] of 2009 with a diagnosis of dementia and a stroke. The physician ordered Dynasplints to be applied to both legs for 6-8 hours per day, 3 times a week. When reviewed, the resident actually received too many days of splint usage with 5 days in April, 4 days in June, and 4 days in July. In the month of May, there is no indication the resident received any restorative program therapy, including the application of splints, from May 23rd to the 31st.</p> <p>RESIDENT 7 This resident admitted to the facility [REDACTED] 2012 with diagnosis of dementia. During a review of the resident's treatment sheet for July, 2013, it was revealed the physician had ordered braces to be applied for 4 hours a day, 3 times a week. The resident was actually receiving too many days of splint usage at 4 times per week.</p> <p>During multiple observations on 8/5/13, no splints were observed to be in place for any of the above residents. When interviewed at 1:00 p.m., Staff A, the Restorative Aide explained she had been reassigned to work as a nursing assistant related to another staff member calling in sick. When asked if there was a policy to have someone else apply the splints later in the day, she stated there were no other employees trained to do that.</p> <p>Staff B, the Restorative Nurse was interviewed the same day at 1:30 p.m. She confirmed she was aware of inconsistencies with the Restorative Program related to staffing and splints not being applied. She said another nursing assistant had been trained, but was not currently assigned to The Program.</p>	F 311			

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F 311	Continued From page 6 The Director of Nursing Services (DNS) was interviewed on 8/5/13 at 1:45 p.m. She informed the surveyor the program had not been utilized correctly for several months. Additionally, the DNS was aware of instances when the Restorative Aide was being reassigned to work on the floor as a nursing assistant. This is a repeat citation from the annual survey dated 6/25/12	F 311			