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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/26/2013
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NAME OF PROVIDER OR SUPPLIER JOSEPHINE SUNSET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9901 272ND PLACE NORTHWEST STANWOOD, WA 98292
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(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
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F 000 INITIAL COMMENTS

F 000

This report is the result of an unannounced abbreviated complaint survey conducted at Josephine Sunset Home on March 26, 2013. A sample of 6 residents was selected from a census of 152. The sample included 5 current residents and the record of 1 former and/or discharged resident.

The following complaints was investigated as part of the survey:
2764483
2779956

The survey was conducted by:
_____, RN, MSN
_____, RN, MSN

The survey team is from:

Department of Social & Health Services
Aging & Disability Services Administration
Residential Care Services, Region 3, Unit B
3906 172nd Street NE, Suite 100
Arlington, WA 98223

Telephone: (360) 651-6850
Fax: (360) 651-6940

Robert Crawford 4/2/13
Residential Care Services Date

The submission of this plan of correction does not constitute admission by the provider of any fact or conclusion set forth in the statement of deficiency. This plan of correction is being submitted because it is required by law.

APR 12 2013
ADSNR/PCS
PREB0113

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Thompson</i>	TITLE <i>Administrator</i>	(X6) DATE <i>4-11-2013</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.

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

PRINTED: 04/01/2013
FORM APPROVED
OMB NO. 0938-0391

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F 226 483.13(c) DEVELOP/IMPLMENT
SS=D ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility failed to fully develop and operationalize abuse prevention procedures to protect Resident 1, one of six sample residents reviewed from the facility's incident log, during an abuse investigation. Failure to ensure consistent monitoring of Resident 1 during the investigation placed her at potential risk for harm.

Findings include:

Resident 1 was admitted in [REDACTED] of 2011. Her medical history included [REDACTED] and [REDACTED]. The most recent MDS (Minimum Data Set) assessment dated 02/10/13 indicated the resident had no cognitive impairment. Her daily medications included an [REDACTED] and [REDACTED] medications. Review of a facility incident report dated 02/27/13 revealed the resident had made an "accusation" that "A few men keep coming in my room at night and getting on top of me." The facility called this incident in to the State hotline and in that report used the word "rape."

F 226

F 226

The facility followed established abuse prevention protocol for response to allegations of sexual abuse. The resident was immediately assessed and it was determined there was no evidence of sexual abuse. The resident was immediately monitored every 15 to 30 minutes during the course of the investigation.

2-27-13

There are no other residents in a similar situation.

5-8-13

The facility has reviewed and updated the abuse prevention policy and procedure. The licensed nurse will assess and determine the frequency of monitoring based upon the resident's individual situation. A monitoring flow sheet was created to document the checks per the determined frequency.

5-8-13

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In an interview on 03/26/13 at 11:00 a.m., Resident 1 reported that a male person "jumps on me at night." She said that it had happened more than once at the facility, most recently on the previous night. She said that "some staff know about it," and that staff told her to "scream and yell if something is happening." She said she was afraid because "it happens so often." The details of this interview were reported to the facility Director of Nursing after the interview.

In an interview on 03/26/13 at 1:20 p.m., the Resident Care Manager (RCM), Staff A, said that after Resident 1's initial allegation on 02/27/13, nurses did "frequent charting." She said, "Usually we keep it [the charting] on the nurse's cart." When asked how frequently this charting occurred, she said, "every 15 to 30 minutes." When asked where this was documented, she referred to the nursing MAR (medication administration record) for Resident 1. Upon review, this document did not have an area to document checking Resident 1 every 15 to 30 minutes after the incident occurred.

Staff A was asked how the NAs (nursing assistants) knew how to care for particular residents. She said NAs look at the nurses' record to see how to care for residents. She referred to a book at the nurses' station with a form that included "Issues" about residents that were passed on from nurses to the NAs. For Resident 1, the issue "psychological distress" was included. This form did not include specific care interventions related to the psychological distress.

Review of Resident 1's NA care directives with Staff A revealed that "frequent checks" was

F 226

Facility staff will be in-serviced on policy revisions and monitoring flow sheet completion.

5-8-13

The charge/unit nurse will review the flow sheets daily to ensure monitoring has been provided.

5-8-13

The DNS/designee will report compliance of implementing and completing monitoring flow sheets at the Quality Assurance Committee meeting. The Committee will review this monthly for six months and then quarterly thereafter. Revisions to facility policy and/or procedure will be initiated if indicated.

5-8-13

ongoing

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written twice on this form, without specific frequency intervals identified. Staff A said that "frequent checks" meant "about every 15 to 30 minutes." Staff A did not know the process for verifying that the checks of the resident were actually done. She said she would try to locate where "frequent checks" was defined in facility policy.

In an interview at 1:25 p.m., the DNS said that "frequent monitoring" meant that "we look in on them at least every 15 to 30 minutes. We don't have a form for that." She said that the NAs "know they have to look in the room," and that "they have to sign that they are following the care plan for their shift." She said there was a purple form in the nursing MAR that the nurses signed documenting that Resident 1 was checked.

Review of the current nursing MAR for Resident 1 revealed an undated purple form with a printed order dated 01/19/10 to "Monitor for signs or symptoms of psychological harm every shift: decrease in appetite, increase in isolation, change in usual sleep pattern, tearfulness, fearful statements." Boxes were filled in with the sign "-" to indicate the behavior was "not observed" between day one and day five of the unidentified month for every shift, at which point the documentation stopped. There was no documentation of frequent checks of the resident every 15 to 30 minutes on this form.

In an interview at 1:30 p.m., Staff C, an NA working on Resident 1's hallway, said that frequent checks should be documented "on the nurse's cart." When asked how she would know if a resident on frequent checks was actually

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being observed every 15 to 30 minutes, she said, "We just know within ourselves," and "We just try to go down the hall and look." Another NA on that unit, Staff D, who was present for this interview, said that documentation of frequent checks "depends on the situation." When asked how many residents were assigned to one NA on the night shift in Resident 1's unit, the NAs said that there were 19 residents for one NA.

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