

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

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

1432

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505369	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2013
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NAME OF PROVIDER OR SUPPLIER REGENCY AT NORTHPOINTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EAST WESTVIEW COURT SPOKANE, WA 99218
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F 000

INITIAL COMMENTS

F 000

This report is the result of an unannounced Quality Indicator Survey conducted at Regency at Northpointe on 6/24/13, 6/25/13, 6/26/13, 6/27/13, 6/28/13, and 7/1/13. A sample of 37 residents was selected from a census of 97. The sample included 26 current residents, and the records of 11 former and/or discharged residents.

The survey was conducted by:

- ██████████ R.N., B.S.N.
- ██████████ R.N., B.S.N.
- ██████████ B.S.W.
- ██████████ R.N., B.S.N.
- ██████████ R.N., B.S.N.
- ██████████ M.S.W.

The survey team is from:

Department of Social & Health Services
Aging and Long-Term Support Administration
(ALTSA)
Division of Residential Care Services, District 1,
Unit B
316 West Boone Avenue, Suite 170
Spokane, Washington 99201-2351

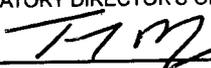
Telephone: (509) 323-7303
Fax: (509) 329-3993


Residential Care Services 7/10/13
Date

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

TITLE

(X6) DATE



Administrator

7/17/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to provide an individualized activity plan for 1 of 3 residents (#114) reviewed for activities in a sample of 37.</p> <p>Resident #114 had diagnoses including [REDACTED] and [REDACTED]. Per record review, the resident required extensive assistance with use of his wheelchair and walker to ambulate. The resident had some memory impairment but was able to make his needs known.</p> <p>Per the record review, the resident was admitted [REDACTED]/13 and an assessment of the resident's preferences for activities was completed on 6/18/13. The resident stated it was very important for him to go outside and to be around animals and that it was not important to him to attend group activities.</p> <p>Per an activity progress note dated 6/19/13, staff documented the resident might attend group activities of choice, however the resident preferred to be in his room. The plan included to invite the resident to attend a group activity in the future, though on the assessment of interests, the resident identified he did not want to be involved with group activities.</p>	F 248	<p>F 248 SS= D</p> <p>Resident #114 preference sheet has been updated to reflect individual preferences.</p> <p>Activity Director will audit all July admissions and quarterly assessments thereafter to ensure individuals activity plans are implemented and accurately reflect resident interests and needs.</p> <p>The activity dept have been educated on implementation of assessed resident interests and ensuring resident activity needs are met with regards to regulation</p> <p>Any noted issues found during the quarterly review / audit process will be addressed and any ongoing trends will be brought to the QA process for evaluation and action.</p> <p>Activity director will monitor to ensure compliance</p>		

7/26/13

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F 248	<p>Continued From page 2</p> <p>Per the comprehensive plan of care, goals included for the resident to participate in group activities with peers if he chooses. There were multiple targeted activities listed for the resident including walking/wheeling outdoors.</p> <p>Per review of the activity flow sheet for the month of June, the resident was not invited to go outside for an activity as noted in his assessment of interest on admission.</p> <p>Per interview on 6/24/13, the resident stated he had a hard time with coordination and moving in his wheelchair. He said he was depressed lately and stated he would "give anything to go outside and just watch nature." He stated no one seemed to have time to take him outside. The resident was tearful during this conversation. The resident said he had no interest in any of the activities except going outside and that he loved animals.</p> <p>In an interview on 6/26/13 at 3:05 p.m., Staff #A stated she worked with the resident before but hadn't seen him for a while and stated his wife comes into visit. Staff #A stated the resident hasn't wanted to come out to activities much.</p> <p>In an interview on 6/27/13 at 9:00 a.m., Staff #B stated the resident was invited to music groups and used to enjoy going to food groups when he was in the facility on a prior stay. However, he hadn't wanted to come to group activities on his current stay. Staff #B stated she was aware the resident was feeling depressed and informed her activity staff to keep checking on him and try to get him out of his room more.</p> <p>Per further interview on the above date, Staff #B was asked how the information from the activity preference sheets were used to ensure each resident's individualized interests were honored. Staff #B stated the information was</p>	F 248		
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F 248 Continued From page 3
used to create the plan of care and it was kept in the activity room as well. Staff #B was informed that during the interview (on 6/24/13) with the resident he stated he wanted to spend time outside and loved animals however the activity flow sheet did not reflect these interests were being followed through with. Staff #B confirmed this hadn't been happening but the activity department would start doing it.

The facility identified the resident's individualized activity preferences on admission however did not ensure they were implemented for increased quality of life.

F 332 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE
SS=D

The facility must ensure that it is free of medication error rates of five percent or greater.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review, it was determined the facility failed to ensure the medication error rate was less than 5%. Medication pass was observed on different shifts with different nurses; 30 medications were observed and 2 errors occurred with medications administered to 2 of 7 residents observed for medication pass (#28, 33) in a sample of 37. The medication error rate was 6%. Findings include:

1. During observation of medication pass on 7/1/13 at 8:10 a.m., Staff #C prepared medications for Resident #28. Included in the medications was an order for a daily dose of a medication to treat her [redacted] that was to be

F 248

F-332

SS = D

Resident #33 and 28 orders have been clarified per resident requests.

Medication audit review has been completed and any other identified issues have been clarified as needed.

F 332

All Licensed nursing staff in serviced regarding protocols to obtain MD orders when resident prefers medications to be given outside of recommended parameters.

Resident care managers will do random medication reviews / audits to ensure compliance. Any further issues will be corrected immediately and communicated to the DNS for further evaluation.

Any noted trends will be brought to the facility QA process for review, evaluation and correction.

DNS will monitor to ensure compliance.

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F 332	<p>Continued From page 4</p> <p>given before breakfast. The resident had eaten breakfast and the medication was given.</p> <p>At 8:15 a.m., Staff #C confirmed the order was for the medication to be given before breakfast and stated the resident liked to take her medications after she had eaten.</p> <p>This constituted one medication error.</p> <p>2. During observation of medication pass on 7/1/13 at 8:20 a.m., Staff #C prepared medications for Resident #33. Included in the medications was an order for a daily dose of a medication to treat her [REDACTED] that was to be given before breakfast. The resident had eaten breakfast and the medication was given.</p> <p>At 8:25 a.m., Staff #C confirmed the order was for the medication to be given before breakfast and stated this resident also liked to take her medications after she had eaten.</p> <p>This constituted one medication error.</p>	F 332			