

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 C 02/19/2013
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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	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Regency at Northpointe on 2/13/13, 2/14/13, and 2/19/13. A sample of 10 residents was selected from a census of 102. The sample included 8 current residents and 2 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <table border="0"> <tr><td>#2730276</td><td>#2753064</td></tr> <tr><td>#2750213</td><td>#2748484</td></tr> <tr><td>#2746749</td><td>#2748010</td></tr> <tr><td>#2745639</td><td>#2743791</td></tr> <tr><td>#2753040</td><td>#2741307</td></tr> </table> <p>The survey was conducted by:</p> <p>██████████, R.N., B.S.N. ██████████, R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 1, Unit B 316 W Boone Ave., Ste 170 Spokane, WA 99201</p> <p>Telephone: (509)323-7300 Fax: (509)329-3993</p> <p><i>K. Stein</i> 2/27/13</p>	#2730276	#2753064	#2750213	#2748484	#2746749	#2748010	#2745639	#2743791	#2753040	#2741307	F 000	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Regency at Northpointe does not admit that the deficiencies listed on the CMS Form 2567L exist, nor does the center admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The center reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.</p> <p>F 318 Range of Motion Resident Specific Facility LN nursing staff has reviewed and re-assessed residents #10 and #6 restorative nursing program to ensure that they have received the appropriate treatment and services to increase their range of motion and/or to prevent further decrease in range of motion</p> <p style="text-align: right;">RECEIVED MAR 11 2013 DSHS ADMIN SPOKANE WA</p>	
#2730276	#2753064													
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Adorein</i>	(X6) DATE <i>2/11/2013</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.

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F 000 Continued From page 1
Residential Care Services Date
F 318 483.25(e)(2) INCREASE/PREVENT DECREASE
SS=D IN RANGE OF MOTION

F 000
F 318

Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, it was determined the facility failed to consistently provide restorative services for 2 of 6 residents (#6, 10) reviewed with limited range of motion and requiring restorative treatment. Findings include:

1. Resident #10, per record review, had diagnoses that included [REDACTED]. The resident was alert and oriented and able to make his needs known. He required total assistance with all activities of daily living (ADL's). The resident's restorative flow sheet for January and February 2013 included directions for passive range of motion (PROM) to both his [REDACTED] and [REDACTED]. This was to be done up to 6 times per week for 15 minutes. The restorative flow sheet for January 2013 was reviewed and the resident received PROM 10 out of a possible 31 times for the month. The restorative flow sheet for February 2013 had 5 out of 14 times documented for the month. Per interview on 2/14/13, Resident #10 stated

Other Residents
Facility LN nursing staff has reviewed and re-assessed other residents who have been identified in need of an restorative nursing program and have ensured that they have received the appropriate treatment and services to increase their range of motion and/or to prevent further decrease in range of motion.

F 318 Range of Motion Facility Systems
Licensed Nursing staff has been educated upon hire regarding facilities nursing restorative programs. In addition, Restorative /Nursing Assistants Certified (R/NAC) have also been re-in serviced regarding facilities restorative nursing programs to include the program, frequency and documentation related to the residents restorative nursing program.

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 the program changed in January and since then he has not been getting range of motion from the aides. He stated he has noticed he was sore and his joints were stiffer.
 On 2/19/13 at 12:50 p.m., Staff #B stated that January 2013 changes were made and the floor aides were now doing restorative programs with the residents. She stated it had been a difficult transition and confirmed residents were not consistently getting restorative programs done.
 2. Resident # 6, per record review, had diagnoses that included history of a [REDACTED]. The resident had no memory impairments and was able to make her needs known. She required extensive assist with most activities of daily living (ADL's)
 The resident's restorative flow sheet for January and February 2013 included directions for both passive range of motion (PROM) to right upper extremities including the hand and active range of motion (AROM) to left upper extremities. This was to be done up to 6 times per week for 5-10 minutes as tolerated.
 The restorative flow sheet for January 2013 was reviewed and the resident received PROM and AROM 9 out of 31 days for the month. The restorative flow sheet for February 2013 had no documentation that PROM and AROM had been completed.
 On 2/14/13 at 3:00 p.m., Resident #6 was observed in bed with her right hand in a closed position. When asked to demonstrate if the resident could open her right hand, she picked up her right arm with her left hand and pushed open her fingers. The resident stated it was painful to move her arm and to open her fingers. The resident was asked if she received range of

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Monitor
 The DNS (Director of Nurses) and/or designee will conduct frequent weekly review for residents that have been placed on a restorative nursing program. Any concerns will be addressed immediately and discussed with the QA (Quality Assurance) committee monthly x 2 months. The QA committee may adjust the frequency of the monitoring, as it deems appropriate after that time.
Date of Compliance
 March 5, 2013

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 motion and she stated it had been awhile since the aide had done that.
 On 2/19/13 at 12:50 p.m., Staff #B stated that January 2013 changes were made and the floor aides were now doing restorative programs with the residents. She stated it had been a difficult transition and confirmed residents were not consistently getting restorative programs done.
 The facility's failure to ensure the residents restorative program was consistently implemented placed residents at risk for further decline in ROM.

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