

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

PRINTED: 05/06/2013
FORM APPROVED
OMB NO. 0938-0391

1433

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/24/2013
NAME OF PROVIDER OR SUPPLIER REGENCY AT THE PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 420 SOUTHEAST MYRA ROAD COLLEGE PLACE, WA 99324		
(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 Regency at the Park on April 23, 2013 and April 24, 2013. A sample of 7 residents was selected from a census of 81 residents. The sample included 7 current residents and the records of 1 former/discharged resident.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2786064 #2786129 #2788557</p> <p>The survey was conducted by: ██████████ R.N.</p> <p>The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, District 1, Unit C 3611 River Road, Suite 200 Yakima, Washington 98902</p> <p>Telephone (509) 225-2800 Fax: (509) 574-5597</p> <p><i>[Signature]</i> 5/7/13 Residential Care Services Date</p>	F 000	<p>F000 Initial Comments</p> <p>This Plan of Correction is being submitted in compliance with specific regulatory requirements. Neither its completion nor contents should be construed as an admission by this provider of the validity of any findings or citations contained herein.</p> <p style="text-align: right;">Received Yakima RCS MAY 17 2013</p>		
F 156 SS=D	<p>483.10(b)(5) - (10), 488.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and</p>	F 156			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Kathleen* TITLE *interim administrator* (X6) DATE *5/16/13*

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 156	<p>Continued From page 1</p> <p>responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section; A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section</p>	F 156	<p>F 156 NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>Corrective actions for residents affected Residents #1,2,3 and their legal representatives have been notified in writing of trust procedure changes.</p> <p>Identifying other residents having the potential to be affected, and what corrective action will be taken</p> <p>All residents with a trust account and entitled to Medicaid benefits have been notified in writing of trust charges and hair care services provided by the beautician</p> <p>The legal representatives for residents with a trust account and entitled to Medicaid benefits have been notified of trust changes and hair care services provided by the beautician</p> <p>Measures and systemic changes to prevent recurrence; Appropriate staff have been educated on communication of changes in covered Medicaid benefits within the facility in regards to the regulation.</p> <p>Monitoring Corrective Action for sustained corrections; Any further changes of in Medicaid covered benefits within the facility will be audited by the Administrator to ensure compliance.</p> <p><i>date certain 5/16/13</i></p>	
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F 156 Continued From page 2
1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.

A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.

The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.

The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.

This REQUIREMENT is not met as evidenced by:

F 156

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F 156	<p>Continued From page 3</p> <p>Based on record review and interviews the facility failed to inform 3 of 14 sampled residents (#'s 1, 2, and 3) in writing when changes were made to charges in the services offered by the facility to residents, entitled to Medicaid benefits. Residents were not informed in writing, of charges for hair care services provided by the beautician. Findings include:</p> <p>Resident #1: Admitted to the facility on [REDACTED] 06 with [REDACTED]. Review of a nursing assessment dated 3/16/13 noted the resident was alert and oriented.</p> <p>An interview with the resident on 4/24/13 at 11:20 a.m. revealed she did not realize until recently the facility was charging her for haircuts by the beautician. She stated her legal representative made her aware of the charges as she was the one who received the quarterly statement of her trust account.</p> <p>During a telephone interview on 4/23/13 at 9:30 a.m. with the resident's legal representative she stated the resident's haircuts by the beautician were always being paid by the facility until approximately 1.5 years ago at which time money was taken out of the resident's trust account to pay for them. She stated neither her or the resident had been informed verbally or in writing of the change. The resident had been receiving monthly haircuts since her admission to the facility.</p> <p>Review of the resident's Resident Fund Activity form revealed a trust account for the resident was established on 9/30/07. Despite the resident having monthly haircuts by the beautician since</p>	F 156		
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F 156	<p>Continued From page 4</p> <p>being admitted to the facility review of her trust account noted she was not billed for a haircut until 9/5/11 (over five years later).</p> <p>Resident #2: Admitted to the facility on [REDACTED] 09. A telephone interview on 5/3/13 at 1:00 p.m. with the resident's guardian revealed neither she or the resident had received any notification in writing of changes in the charges of haircuts performed by the beautician. She stated that previously the facility was not billing for haircuts and then "suddenly we were getting billed." She stated the resident did not have a trust account thus she wrote checks out directly to the beautician on 12/9/11, 5/5/12, 9/24/12, and 11/12/12 to pay for the haircuts.</p> <p>Resident #3: Admitted to the facility on [REDACTED] 05. Review of the resident's Resident Fund Activity form revealed money was taken from the resident's trust fund beginning on 11/10/11 for a haircut given by the beautician on 9/11/11.</p> <p>A telephone interview on 5/3/13 at 1:00 p.m. with the resident's guardian revealed facility staff had not notified her or the resident of changes in the charges for haircuts performed by the beautician. She stated she remembered being called by a staff member stating the resident needed more money in her trust account to pay for the haircuts, which prior to that time were being paid for by the facility.</p> <p>A telephone interview on 4/25/13 at approximately 1:00 p.m. with Staff Business Office Manager A noted the facility was paying for all the haircuts for residents on Medicaid prior to 7/1/11. A second telephone interview on 4/29/13 at approximately</p>	F 156		
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F 156	<p>Continued From page 5</p> <p>2:30 p.m. revealed the corporate account field manager had instructed the facility Administrator to send a 30 day notice on 5/3/11 to residents/legal representatives to inform them of the new charges for haircut services by the beautician effective 7/1/11.</p> <p>Despite instructions being given to facility staff relative to prior written notification of the above new charges there was no evidence notices were ever sent to residents/legal representatives.</p>	F 156		