

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

PRINTED: 07/03/2013  
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 07/01/2013
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NAME OF PROVIDER OR SUPPLIER  REGENCY AT THE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 420 SOUTHEAST MYRA ROAD COLLEGE PLACE, WA 99324
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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 the Park on 6/30/13 and 7/01/13. A sample of 4 residents was selected from a census of 86. The sample included 4 current residents.</p> <p>The following were complaints investigated as part of this survey: #2835724</p> <p>The survey was conducted by: [REDACTED], R.N.</p> <p>The survey team was from:</p> <p>Department of Social &amp; Health Services Aging &amp; Long-Term Support Administration Division of Residential Care Services 3611 River Road, Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>[Signature]</i> 7/3/13 Residential Care Services Date</p> <p>F 309 483.25 PROVIDE CARE SERVICES FOR SS=D HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain</p>	F 000	<p>Received Yakima ROC</p> <p>JUL 12 2013</p> <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>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE administrator	(X6) DATE 7/11/13
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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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	<p>Continued From page 1</p> <p>or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to develop and implement a plan of care to specifically/individually address pain and positioning needs for 1 of 4 sampled residents (#1). Without a specific plan, care was not provided in a consistent, optimal manner. Findings include:</p> <p>Resident #1: Review of the medical record revealed the resident was admitted to the facility on [REDACTED]/13 with multiple diagnoses that included [REDACTED], [REDACTED], and a [REDACTED]. The [REDACTED] 13 admission nursing assessment identified a pressure ulcer on the resident's [REDACTED] (over the [REDACTED]).</p> <p>The resident's plan of care was reviewed. The Resident Status Sheet identified the resident required assistance from one person for repositioning due to lower leg weakness. However, there were no specific directives noting a frequency or specific instructions pertaining to positioning, such as side to side off the pressure ulcer. Review of the nursing care plan revealed that the skin care plan had not been developed and contained no specific interventions or goals.</p> <p>Review of a 6/28/13 Pain Interview document</p>			<p><b>F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p><b>Corrective actions for residents affected</b> Resident #1 plan of care has been reviewed and updated as necessary</p> <p><b>Identifying other residents having the potential to be affected, and what corrective action will be taken</b> Facility has reviewed all other identified residents to ensure their care plans reflect their care currently required</p> <p><b>Measures and systemic changes to prevent recurrence;</b> Facility has educated nursing staff in regards to timely and specific initial care planning to ensure services are being provided and communicated to maintain highest well being.</p> <p><b>Monitoring Corrective Action for sustained corrections;</b></p> <p>Facility will review residents routinely and as needed to ensure care plan is completed timely and specific to resident needs. Any identified issues will be immediately corrected and any identified trends will be brought to QA process</p> <p>Director of Nursing responsible.</p> <p>Date of compliance: 7/11/13</p>	

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F 309	<p>Continued From page 2</p> <p>noted the resident was not currently in pain but had a diagnosis that could cause pain, a pressure ulcer. Review of the July 2013 medication administration record noted that staff were to assess the resident for pain every shift but there was no medication ordered for pain (other than a medication for muscle spasms and a daily low dose [REDACTED]).</p> <p>Observations on 6/30/13 at approximately 10:05 p.m. and 11:22 p.m. and on 7/01/13 at approximately 12:20 a.m. revealed the resident was positioned supine (on her back putting pressure on the area of the pressure ulcer).</p> <p>On 7/01/13 at approximately 1:25 a.m., Staff Member A, a nursing assistant (NA), stated Resident #1 was unable to reposition herself in bed, she required staff assistance for repositioning. When asked about the resident's continued positioning on her back that night, Staff Member A stated the resident was able to request repositioning. Staff Member #1 stated she had just repositioned the resident (off her back) prior to the interview. Observations revealed the resident was on her back for nearly 3 1/2 hours.</p> <p>When interviewed on 7/01/13 at approximately 10:48 a.m. and at approximately 1:58 p.m., cognitively alert Resident #1 stated she had a "bed sore" on her bottom that had developed prior to admission. The resident stated, "If you want to change position, you have to ask." She further stated she was typically only positioned on her side at night. "My butt is very sore." At approximately 10:48 a.m. the resident was in her wheelchair seated on a bed pillow. Her wheelchair otherwise had a sling seat without</p>	F 309		

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F 309	<p>Continued From page 3</p> <p>pressure relief. The resident stated staff generally cleansed her in a timely manner (from bowel incontinence) and applied cream to the area but the area was uncomfortable. It was "not pleasant."</p> <p>On 7/01/13 at approximately 1:15 p.m. Staff Member B, a NA on the day shift, stated they had a protocol to check the resident every two hours and turn her as she requested.</p> <p>On 7/01/13 following the interview with Staff Member B, a document entitled Routine Standards of Care was located in the binder containing the NA flow sheets. The document stated, "Turn and reposition every two hours while in bed or wheelchair if resident unable or needs assist."</p> <p>Positioning observations on 7/01/13 at approximately 10:40 a.m., 11:58 a.m., 12:30 p.m., 1:12 p.m., and 1:58 p.m. noted the resident was either in her wheelchair or lying supine in bed (placing pressure on her bottom).</p> <p>On 7/01/13 at approximately 1:25 p.m. Staff Member C, a licensed nurse (LN), stated Resident #1 did not have any specific pain medication ordered. Staff Member C stated the dressing had been changed earlier that day and the size of the ulcer had not changed but he was unable to stage the ulcer due to the condition of the tissue. There were ongoing incontinent problems and the area was frequently moist and soiled.</p> <p>When interviewed on 7/01/13 at approximately 2:00 p.m. and 2:25 p.m. Staff Member D, an</p>	F 309		

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F 309	Continued From page 4 administrative LN, stated the skin care plan was still being developed. After mention of the resident's report of pain, Staff Member D assessed the resident and stated the resident's current pain appeared to be related to [REDACTED] on her [REDACTED] and a medicated cream could help alleviate the skin discomfort. Follow-up with the physician was planned.  The facility failed to develop a timely and specific plan to coordinate resident care directly after admission. Caregivers were left to interpret the initial directives themselves. The facility was not providing consistent repositioning/necessary pressure relief to promote healing and placed the resident at risk for further skin breakdown. Additionally, the resident was experiencing pain that was not adequately addressed.	F 309			
F 356 SS=C	483.30(e) POSTED NURSE STAFFING INFORMATION  The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census.  The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:	F 356			

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F 356	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to consistently post accurate nurse staffing information as required. Findings include:</p> <p>Observations on 6/30/13 at approximately 8:50 p.m. revealed a document, dated 6/27/13, posted on the wall adjacent to the main entrance. The document contained numbers of R.N.s, (Registered Nurses), L.P.N.s (Licensed Practical Nurses), and C.N.A.s (Certified Nursing Assistants) per shift. Observations in the building of staff working and review of a requested staffing document revealed the posted 6/27/13 staff numbers did not accurately reflect the direct care staff working on 6/30/13 during the evening shift.</p> <p>On 7/01/13 at approximately 9:35 a.m. a document, dated 6/27/13 and appearing to be the same document, was observed posted on the wall in the same location.</p>	F 356	<p><b>F356 POSTED NURSE STAFFING INFORMATION</b></p> <p><b>Corrective actions for residents affected</b> Facility has corrected and revised daily staffing posting to reflect actual hours worked and census in a clear and readable format.</p> <p><b>Identifying other residents having the potential to be affected, and what corrective action will be taken</b> Facility has designated and educated staff members responsibility of daily updating and posting daily staffing of facility to ensure accuracy.</p> <p><b>Measures and systemic changes to prevent recurrence;</b> Facility will review daily staffing sheets routinely to ensure compliance.</p> <p><b>Monitoring Corrective Action for sustained corrections;</b> Any identified issues will be corrected immediately and the process reviewed PRN</p> <p>Staff Coordinator responsible</p> <p>Date of completion: 7/11/13</p>		

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F 356	Continued From page 6 Review of the document identified the date and nursing roles and numbers as noted above. However, no census or total number of hours worked by staff per role was designated.  On 7/01/13 at approximately 4:15 p.m. the facility Administrator was interviewed and was unable to locate the daily census and actual hours worked by the licensed and unlicensed nursing staff directly responsible for resident care per shift.  Failure to accurately post the nurse staff information disallowed residents and visitors a consistent opportunity to review daily staffing levels at the facility.	F 356			