

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

PRINTED: 07/22/2013  
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 07/17/2013
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 July 17, 2013. A sample of 3 residents was selected from a census of 83 residents. The sample included 3 current residents.</p> <p>The following was a complaint investigated as part of this survey: #2831391</p> <p>The survey was conducted by: [REDACTED] R.N.</p> <p>The survey team is from: Department of Social &amp; Health Services Aging &amp; 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> 7/22/13 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>	
F 309 SS=D	<p>483.25 PROVIDE CARE SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p>	F 309		

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

TITLE

(X6) DATE

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 309	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews the facility failed to provide ongoing, accurate assessments following a change in the resident's condition and facilitate timely medical treatment for 1 of 3 residents (#1) reviewed for change of condition. Resident #1 potentially experienced deterioration in her overall condition as a result of the delay in obtaining medical treatment. Findings include:</p> <p>Resident #1: Review of Progress Notes dated 6/14/13 revealed the resident fell when she missed her wheelchair seat and landed on her left hip. She was transferred to the Emergency Room (ER) where x-rays revealed she had a [REDACTED] [REDACTED] was performed on [REDACTED] 13. The resident experienced significant complications following the [REDACTED] to include respiratory failure. She was placed on oxygen therapy in the hospital to keep her oxygen saturation level above 90%.</p> <p>Readmitted 6/25/13 a progress note at 5:30 p.m. revealed the resident was alert and oriented to person, place, and time with clear speech similar to her condition before the [REDACTED]. The resident was receiving continuous oxygen therapy. Her abdomen was soft and non-tender to palpation.</p> <p>Review of documentation by Staff A (Physical Therapist) dated 6/27/13 revealed the resident was "very lethargic" and required constant supervision during her therapy session due to her lethargy</p>	F 309	<p><b>F309 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p><b>Corrective actions for residents affected</b></p> <p>Resident #1 has been re-assessed and is currently receiving appropriate medical treatment for resident's acute and chronic condition</p> <p><b>Identifying other residents having the potential to be affected, and what corrective action will be taken</b></p> <p>The facility has assessed all other residents of the facility for acute changes of conditions and ensured timely, appropriate treatment is being received.</p> <p><b>Measures and systemic changes to prevent recurrence;</b></p> <p>Licensed staff have been inserviced on identification and communication of changes of condition. Resident Care Managers have been inserviced on following up with changes of condition</p> <p><b>Monitoring Corrective Action for sustained corrections;</b></p> <p>Resident Care Managers or designees will do routine alert charting audits and floor rounds with licensed staff to ensure all changes of condition are identified and residents are receiving appropriate treatment</p>	
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F 309	<p>Continued From page 2</p> <p>An interview on 7/17/13 at 2:05 p.m. with Staff A revealed the resident was more lethargic on 6/27/13 than she had been the day before (6/26/13), when she conducted her initial evaluation of the resident. She stated you could wake her up but then she would fall back to sleep. Staff A stated her therapy session on 6/27/13 was between 9-10:00 a.m. and nursing was aware of the resident's lethargy.</p> <p>Review of Progress Notes by Staff B (Licensed Nurse) dated 6/27/13 at 1:00 p.m. did not address the resident's lethargy but stated the resident was alert, ate fair, stable vital signs, and her lungs were clear. She was on four liters of oxygen and her oxygen saturation level was 92%.</p> <p>There was no further nursing assessment of the resident until 6/28/13 at 4:15 a.m. (15.5 hours later) by Staff C, which stated the resident slept for long periods, and was alert with no complaints of pain.</p> <p>Nursing documentation on 6/28/13 at 9:10 a.m. by Staff B stated the resident's oxygen saturation level was 81% on 4 liters of oxygen, she had no urine output for 24-30 hours, her abdomen was firm and distended, and was "in and out of alertness." The physician was notified and the resident was transferred to the ER.</p> <p>Review of hospital records dated 6/28/13 revealed the resident was admitted to the hospital with _____ a _____ supply), _____, _____, and _____. The resident had been _____ at 11:18 a.m. by ER staff with 1400 milliliters of urine obtained.</p>	F 309	<p>Any identified issues will be corrected immediately, this process will be reviewed for 3 months to ensure compliance then as needed.</p> <p>Director of Nursing responsible.</p> <p>Date of compliance: 8/5/13</p>	

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F 309	Continued From page 3  Despite the above documentation on 6/27/13 at 1:00 stating the resident ate fair during meals review of the Meal Monitor flowsheet revealed she refused breakfast and lunch that day.  An interview on 7/18/13 at 6:19 p.m. with Staff C revealed the resident slept the entire night shift and he did not awaken her. He stated he did not listen to the resident's lungs and was unaware of her critical condition in the hospital following her [REDACTED]. He stated he assumed she had urine output during that shift as nursing assistant (NA) staff would have informed him if she had not voided.  Staff B stated during an interview on 7/17/13 at 1:45 p.m. there was no monitoring of the resident's intake and urinary output following her readmission to the facility on [REDACTED] 13. She stated she was informed by NA staff on 6/28/13 that the resident had not urinated during the dayshift on 6/27. Evening and night shift staff had also reported to her on 6/28/13 the resident had not voided on their shifts.  An interview on 7/17/13 at 1:50 p.m. with Staff D (NA who cared for the resident on the dayshift), revealed the resident was "not herself since admission from the hospital, was sleepy and not making any sense."  On 7/17/13 at 1:36 p.m. Staff E (Director of Nursing) stated facility policy was that alert charting was to be done by licensed nursing staff on new admissions every shift for seven days.  Despite the resident's significant change in	F 309			

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F 309	Continued From page 4 condition relative to complications with her [REDACTED] and [REDACTED] problems following [REDACTED], staff did not perform timely and accurate assessments when her cognition and physical condition changed as evidenced by a lack of: intake and output monitoring, lung and mentation assessments, accurate assessments, and alert charting per facility policy.	F 309		
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