

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

PRINTED: 03/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

1437

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/27/2014
NAME OF PROVIDER OR SUPPLIER  GARDEN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 206 SOUTH TENTH AVENUE YAKIMA, WA 98902	
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Garden Village on 2/26/14 and 2/27/14. A sample of 4 residents was selected from a census of 95. The sample included 3 current residents and the record of 1 former and/or discharged resident.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2960441</p> <p>The survey was conducted by: [REDACTED], R.N.</p> <p>The survey team was 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, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p>[REDACTED] 3/10/14</p> <p>Residential Care Services Date</p>	F 000	<p>Our unannounced, complaint investigation was completed on February 27, 2014. The survey process serves as a guide to "measure" the quality of our services. However the final decision of the quality of our services rests with you: our resident, family, doctor and friend of Garden Village.</p> <p>Thank you for your continued interest in Garden Village. As you review this survey report and have any questions about any aspect of it please do not hesitate to ask for assistance.</p> <p>[REDACTED] Administrator</p> <p>Submission of this Response and Plan of Correction is <u>not</u> a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also <u>not</u> to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a</p>	
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p>	F 157		

Received  
Yakima RCS  
MAR 12 2014

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

TITLE

(X6) DATE

[REDACTED SIGNATURE]

Administrator

3/12/14

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 157	<p>Continued From page 1</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide timely physician notification following a significant change of condition for 1 of 3 sampled residents (#4) experiencing changes of condition. Failure to notify the physician timely</p>	F 157	<p>Plan of Correction within ten (10) calendar days of receipt of the survey report as a condition to participate in the Title 18 and Title 19 programs.</p> <p>The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the facility.</p> <p><b>F-157 483.10(b) (11) Notify of changes (injury/decline/room, etc)</b></p> <p>Resident was a short stay and has discharged.</p> <p>Policy and procedure reviewed and revised by DNS. A copy was given to all LNs.</p> <p>LNs in-serviced by DNS relative to importance of physician notification and avoid assuming it's a behavior.</p> <p>Nursing Administration will conduct random chart audits to ensure timely physician notification for 30 days.</p>	<p>1/17/14</p> <p>3/6/14</p> <p>3/6/14</p> <p>Ongoing</p>

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F 157	<p>Continued From page 2</p> <p>of the resident's recurrent oxygen desaturation and changes in her vital signs allowed for a potential delay in treatment and possible deterioration in the resident's condition. Findings include but were not limited to:</p> <p>Resident #4: Review of the medical record revealed the resident was admitted to the facility on [REDACTED]/13 with multiple diagnoses including a [REDACTED] health condition and [REDACTED] related complications. A hospital physician's documentation, dated 12/10/13, also identified past medical diagnoses such as [REDACTED] and [REDACTED] but there was no mention of any [REDACTED] conditions. The [REDACTED]/13 admission nursing assessment documented the resident's oxygen saturation level (sat) was [REDACTED]% (within an acceptable range) on room air.</p> <p>A 12/26/13 nursing entry documented the resident was alert and oriented, able to make her needs known, had clear speech, and was pacing in the hallway. Her vital signs included a blood pressure reading of [REDACTED] (elevated from normal range), a temperature of [REDACTED], a pulse rate of [REDACTED] and a respiratory rate of [REDACTED]. The resident complained of back pain and pain medication was provided. A 12/27/13 nursing entry noted the resident was independent with her activities of daily living but used a wheelchair at times due to weakness. Entries on 12/28/13 documented the resident was up ambulating independently and went out for lunch.</p> <p>Review of a 12/30/13 1:35 p.m. nursing entry revealed the resident was having "violent tremors stating it was hard to breathe". The resident's oxygen saturation level read [REDACTED]% initially and then [REDACTED]% on room air. The nurse was unable to</p>	F 157	Please see page 1 & 2 of 6 for Provider's Plan of Correction		

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F 157	<p>Continued From page 3</p> <p>obtain a blood pressure or pulse due to the resident's tremors. The resident reported some anxiety. Oxygen was placed at ● liters per minute to enhance her comfort. The physician was notified and directed the nurse to give the resident's routine anti-anxiety medication early. A physician's order was written to administer oxygen at ● liters per minute as needed to keep the resident's oxygen saturation level at ●●●●%.</p> <p>Another 12/30/13 nursing entry later in the evening noted the resident had been walking in the hallway that evening and was independent with her activities of daily living. There was a plan for follow-up with mental health staff the next morning.</p> <p>The nursing entry, dated 12/31/13 documented the resident had increased anxiety at the beginning of night shift with complaints of pain and insomnia. The resident's oxygen saturation had dropped to ●% on room air and oxygen was applied at ● liters per minute. Vital signs were obtained except for a temperature reading. At midnight the resident received narcotic pain medication and ●●●● and she had calmed by 12:30 a.m. The resident appeared to get to sleep at approximately 2:30 a.m.</p> <p>Day shift vital signs noted the resident's temperature was elevated at ●● degrees Fahrenheit and her pulse was also elevated at ●●</p> <p>Despite the resident having two significant episodes of oxygen desaturation in less than 12 hours, without a diagnosis of a respiratory condition, and the onset of a fever, the physician was not notified of the resident's change in</p>	F 157	Please see page 1 & 2 of 6 for Provider's Plan of Correction		

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F 157	<p>Continued From page 4 condition.</p> <p>According to a 12/31/13 9:00 a.m. nursing entry, the resident was sent out for a mental health appointment at a local agency.</p> <p>Documentation from the 12/31/13 mental health visit at 9:00 a.m. noted the resident had a temperature reading of [REDACTED] degrees and her pulse was [REDACTED].</p>	F 157	Please see page 1 & 2 of 6 for Provider's Plan of Correction	
	<p>A 1/02/14 nursing entry (a late entry for 12/31/13) by Staff Member A, a Licensed Nurse (LN), documented that on 12/31/13 the resident had returned from an appointment with a "panic attack." The resident was shaking. Oxygen was started. The resident had a temperature of [REDACTED] degrees. The resident was covered with multiple blankets. The resident was provided water and her blankets were removed. Her temperature was then found to be [REDACTED] degrees. No further respiratory distress was identified. Evening shift vital signs revealed a temperature of [REDACTED] degrees.</p> <p>Staff Member B, a Social Worker, documented on 12/31/13 at 4:00 p.m. that the resident was interviewed but was found to appear distracted and repetitive.</p> <p>During an investigative interview, an Anonymous Witness stated that on 12/31/13 at approximately 5:00 p.m., Resident #4 was observed lying half way off her bed. She appeared disoriented and was sweating profusely. The resident only mumbled when spoken to. The resident's condition was reported to a nurse on-duty.</p> <p>The 12/31/13 nursing entry at 5:15 p.m.</p>			

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F 157	<p>Continued From page 5</p> <p>documented the resident had an elevated temperature of [REDACTED] degrees. A call was placed for the physician. Another provider responded and there was an order to transfer the resident to the hospital. A follow-up call to the hospital later on [REDACTED]/13 revealed the resident was admitted for [REDACTED] (a systemic [REDACTED] originating from the [REDACTED]) and a [REDACTED] infection.</p> <p>On 2/27/13 at approximately 12:25 p.m., Staff Member A, Licensed Nurse, stated that if the resident's saturation level came back to normal (referencing the resident's second desaturation event, during the night of 12/30/13 going into 12/31/13) physician notification might be delayed until morning. Although not found or referenced in the nursing entries, Staff Member A stated perhaps a fax was sent to the physician the morning of 12/31/13 to update the physician on the resident's condition.</p> <p>On 2/28/14 at approximately 10:52 a.m., a call was made to the physician's clinic. No documentation was located noting that the facility had contacted them on 12/31/13 to report the resident's change of condition after the second desaturation episode and the resident's temperature elevation (prior to the 12/31/13 contact around dinner time).</p> <p>Facility staff presumed the resident's symptoms, including oxygen desaturation and shaking, were related to [REDACTED] attacks and were not reported to the physician timely following the second oxygen desaturation episode and the onset/persistence of the temperature elevation.</p>	F 157	Please see page 1 & 2 of 6 for Provider's Plan of Correction		