

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

PRINTED: 07/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/03/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED SEATTLE - NORTHGATE	STREET ADDRESS, CITY, STATE, ZIP CODE 10631 8TH AVE NE SEATTLE, WA 98125
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Kindred Seattle-Northgate on 06/25/2014-07/03/2014. A sample of, 5 residents and 4 closed records, was selected from a census of 21.</p> <p>The following complaint was investigated as part of this survey: #3017417</p> <p>The survey was conducted by: Cathy Prentice, MN, R.N.</p> <p>The survey team is from: Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 2, Unit C Creekside Two 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (253) 234 6003 Fax: (253) 395 5071</p> <p><i>Delinda Ureig</i> Residential Care Services Date 7/8/2014</p>	F 000	<p style="text-align: center;">RECEIVED JUL 20 2014 DSHS/ADSA/RCS</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>7/24/14</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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</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 interview and record review, the facility failed for 1 of 5 residents sampled (Resident #1), to consult with the resident's facility physician in a</p>	F 157	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 157</p> <ol style="list-style-type: none"> 1. Resident #1 no longer resides in the facility. 7/29/14 2. Current patient medical records were audited for consultation orders not transcribed or reviewed with the primary care physician. 3. A new system for handling consulting physician orders written outside the facility has been implemented. Consultant orders are to be written on the yellow facility form sent with each patient to an outside appointment. Nursing staff have been instructed to review this form upon return of the patient, if the form is not received, to call the consulting physician. New orders obtained through outside appointments will be reviewed with the primary care physician upon receipt. All new physician orders are audited daily for accuracy in follow through of orders. This process now includes consultant reports. 4. The DNS or designee will monitor this process through the clinical rounding procedure each weekday morning. 	

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F 157	<p>Continued From page 2</p> <p>timely manner, for a recommended treatment change, related to the resident's medical history and complex medical needs, and in a second instance, failed to consult with the facility physician at all for another treatment change for over a month. This failure placed the resident at risk for less than optimal medical treatment and outcomes.</p> <p>Findings include:</p> <p>According to record review of facility medical records on 07/03/2014, Resident #1 was admitted to the facility in [REDACTED] with multiple medical conditions as well as a need for treatment of a deep wound. According to the facility Minimum Data Set (MDS) assessment dated 06/05/2014, Resident #1 needed extensive assist with most activities and was alert and oriented with BIMS score 15/15.</p> <p>Review of the Hospital Discharge Summary and Instructions dated [REDACTED] revealed, Resident #1 was started on a steroid medication, [REDACTED] milligrams, daily for polymyalgia rheumatica: an inflammatory condition that causes muscle pain and stiffness in the body, at the hospital, and was to have further change in dosing per primary physician recommendations. In addition, the Discharge Physician Orders dated [REDACTED] said to refer to this same primary physician for further questions and to report lab results after discharge to the facility.</p> <p>Review of the facility Admission Physician Orders</p>	F 157	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>		

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F 157	<p>Continued From page 3</p> <p>dated [REDACTED] revealed, Resident #1 continued the steroid medication at the facility, [REDACTED] milligrams per day, as recommended.</p> <p>Further review of the facility investigation dated 05/20/2014 revealed, Resident #1 had an appointment with the "PCP" (primary Care Provider) on [REDACTED]. The facility report further revealed, the primary physician sent a recommendation to the facility on 05/09/2014, for the steroid medication, [REDACTED] to be reduced to 10 milligrams per day. According to the facility investigation, the facility staff failed to review the recommendations for treatment change with the facility Physician promptly, and the review and subsequent medication change for a decrease in the [REDACTED] to 10 milligrams per day did not occur until 05/13/2014, four days after it was received by the facility.</p> <p>Additional record review revealed, a subsequent followup appointment note from the same primary physician on 06/03/2014 for Resident #1, noting a recommendation dated 06/03/2014, for another treatment change to the steroid medication, [REDACTED] decrease to 5 milligrams per day, related to concern for the wound infection and osteoporosis. The physician note also stated the primary physician was the provider for Resident #1 for the past "25 years".</p> <p>Review of the facility medical record for Resident #1 revealed, no documentation in the Progress Notes, Physician's Orders, Physician Notes or otherwise, that this recommendation to decrease</p>	F 157	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	

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the [REDACTED] to 5 milligrams was ever reviewed with the facility physician for Resident #1.

Further record review on 07/03/2014 of the Medication Administration Record dated June 2014 and July 2014 revealed, Resident #1 had been receiving, and was still receiving the 10 milligram dose of [REDACTED], even though it was recommended to be decreased to 5 milligrams about a month ago. The record also indicated Resident #1 was awaiting surgery for the wound next week on [REDACTED].

In an interview on 07/03/2014 at 12:40 p.m., Staff A, an administrative employee, confirmed the recommendations from the primary provider recommended changes in treatment twice during the residents stay at the facility in the past few months, and the facility staff failed to review the treatment change recommendations promptly with the facility physician for Resident #1 as stated above.

In the interview on 07/03/2014 at 12:40 p.m., Staff A stated when a resident returns from an appointment in the community, the facility staff are to check for recommendations for treatment, and reweiv them promptly with the facility physician.

The facility failure to review and communicate treatment recommendation changes with the facility physician twice during the resident's stay at the facility, which led to Resident #1 having a 4 day delay in a steroid medication decrease, and

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F 157	Continued From page 5 subsequently a month later, a 31 day delay in the steroid medication decrease, placing the resident at risk for compromised medical conditions.	F 157		

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