

02/25/13 - Umbud/HCS/THFCU

PRINTED: 02/25/2013  
FORM APPROVED  
OMB NO: 0938-0391

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

1446

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/11/2013
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NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES - SALMON CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NE 139TH STREET VANCOUVER, WA 98686
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at ManorCare Health Services of Salmon Creek on 02/11/2013. A sample of 6 residents was selected from a census of 98. The sample included 3 current residents and the records of 3 former and/or discharged residents.</p> <p>The following complaints were investigated:</p> <p>#2747759 #2747843 #2739502</p> <p>The survey was conducted by: [REDACTED], RN, MS</p> <p>The survey team is from: Department of Social &amp; Health Services Aging &amp; Disability Services Administration Residential Care Services, District 3, Unit D 5411 East Mill Plain Blvd., Suite 203 Vancouver, WA 98661</p> <p>Telephone: 360-397-9550 Fax: 360-992-7969</p>	F 000	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p style="text-align: center;"><b>RECEIVED</b> MAR 7 - 2013 DSHS/ADSA/RCS</p>	3/15/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE Admin. Director	(X6) DATE 3/7/13
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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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F 000 F 204 SS=D	<p>Continued From page 1 Residential Care Services Date 483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG</p> <p>A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a safe and orderly discharge from the facility for 1 of 6 residents (# 1) when they did not ensure the Resident had proper supplies and services arranged for skin care for the Resident's ostomy site. This failure placed the Resident at risk for skin problems, for other complications and for a delay in obtaining needed services.</p> <p>Findings include: Resident #1 was admitted on [REDACTED] 2012 with diagnoses to include [REDACTED], [REDACTED] failure and a [REDACTED]. Resident #1 also had a [REDACTED] (a surgically created opening in the [REDACTED] for [REDACTED]) that required care, observation and ostomy supplies. According to the Minimum Data Set (MDS), an assessment instrument, dated 01/15/2013, the Resident required extensive assistance of 1 or 2 persons for most activities of daily living (ADL) care. The Resident was alert and oriented.</p> <p>According to therapy progress notes, Resident #1 had made functional gains with Physical, Occupational and Speech Therapy during the</p>	F 000 F 204	<p>F 204 ManorCare of Salmon Creek strives to provide sufficient preparation and orientation to Residents to ensure safe and orderly transfer or discharge from our center.</p> <p>Residents 1 remains discharged from the center.</p> <p>Current Residents with discharge / transfer plans were reviewed and confirmed to have an understanding of needs associated with transfer / discharge including but not limited to equipment.</p> <p>Education was provided to Licensed Nurses that Resident / caregiver education begins at admission. LNs also educated that Resident / caregiver must provide return demonstration or provide statement of understanding following verbal review and then such must be documented to Resident's medical record prior to discharge from center.</p>	3/15/13

03/07/2013 THU 12:42 FAX

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02/28/2013 THU 12:24 FAX

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F 204	<p>Continued From page 2</p> <p>rehabilitation stay and was discharged to home with the assistance of a 24 hour care giver on 01/18/2013. A referral was made for the Resident to be seen by Physical, Occupational and Speech Therapy in the home after discharge.</p> <p>No information was available in the medical record relating to the Resident's general skin condition or the condition of the ostomy site and surrounding skin at the time of discharge. No information was available regarding whether the care giver had knowledge of how to manage the colostomy or if the appropriate supplies were available.</p> <p>On 02/11/2013 at 02:05 p.m., Licensed Nurse (LN) A stated "We do skin checks on every resident every week. A resident with an ostomy would only be charted on by exception, if there was a problem with the _____."</p> <p>At 03:40 p.m., the Director of Nursing stated "The caregiver (for Resident #1) called back here on 01/23 (6 days after discharge) and talked to our Social Worker, then to the Nurse Manager with concerns about the ostomy. She told us she did not have the correct supplies. She said the skin around the ostomy was in real poor shape, because the stoma (opening) was about 1 inch and she had removed a 3 1/4 inch _____ bag from the site. She had a Doctor's appointment on the day of discharge so I don't know why she didn't tell her Doctor. I don't know how the Resident could have had the wrong size _____ supplies that she said were on the Resident. The caregiver contacted Home Health and arranged for a Nurse to come out (on 01/24,</p>	F 204	<p>Interdisciplinary Team (IDT) members received education regarding process for thorough / accurate communication of Resident's discharge needs across disciplines, prior to Resident's discharge / transfer.</p> <p>Discharges / transfers will be audited by IDT prior to Resident discharge / transfer. Trends, if any, will be reviewed by QA Committee for further recommendations.</p> <p>Administrator is responsible for compliance.</p>	3/15/13
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F 204	Continued From page 3 7 days after discharge}and make sure the skin and equipment were satisfactory."  At 04:32 p.m., Director of Care Delivery (DCD) E stated "After we received the complaint from the care giver, we started looking at ways to improve communication during discharge preparations."	F 204		3/15/13