

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

PRINTED: 12/01/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505484	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
NAME OF PROVIDER OR SUPPLIER NORTHWOODS LODGE			STREET ADDRESS, CITY, STATE, ZIP CODE 2321 SCHOLD PLACE NORTHWEST SILVERDALE, WA 98383	
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Northwoods Lodge on 11/18/14, 11/19/14, 11/20/14, and 11/21/14. A sample of 34 residents was selected from a census of 42. The sample included 28 current residents and the records of 6 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>Erika Hurley, MS, CPG Shelly Darnell, BSS Rebecca Kane, RN, MN Nancy Fretland, RN, MSN DeeAnn Taylor-Rivera, RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, District 3, Unit C & D P.O. Box 45819 Tumwater, Washington 98504-5819 Telephone: 360.664.8429 Fax: 360.664.8451</p> <p><i>[Signature]</i> 12/1/14 Residential Care Services Date</p>	F 000	<p>RECEIVED</p> <p>DEC 16 2014</p> <p>DSHS - ADSA RCS - REGION 5</p>	

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

[Signature]

TITLE

Administrator

(X6) DATE

12/12/14

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 164 SS=E	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure residents' privacy was maintained for two residents (#358 & 357) with infections, one resident (#360) whose medical information was discussed in a public area and for two residents</p>	F 164	<p>- WAC 388-97-0360 (1-3) 42 CFR 483.10(e)(1-3)</p> <p>Northwoods Lodge will ensure all patients have personal privacy and confidentiality of his/her personal and clinical records.</p> <p>This deficiency was corrected immediately while the survey team was still in the facility. at the time of the occurrence staff was immediately inserviced /educated about patient privacy and confidentiality specifically not discussing patient information in hallway using patient room numbers or names, and pulling curtains and/or shutting doors during procedures or care, and not keeping purple infection control notebooks on top of isolation carts outside of patients rooms.</p>		

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F 164	<p>Continued From page 2 (#347 & 350) who received care in plain view. These failures placed residents at risk of their privacy being violated and confidential information being disclosed to unauthorized persons.</p> <p>Findings include:</p> <p><Unprotected information-Infections> On 11/18/14 at 11:15 a.m., a purple binder was observed in the hallways outside of Resident #357's and #358's rooms on top of isolation/precaution carts containing protective equipment including gowns, gloves, and masks.</p> <p>The purple binders were observed outside of the view of staff on multiple occasions during the survey and were accessible to anyone walking in the hallway. When the covers of the binders were lifted, it showed the resident's name, birthdate and diagnoses including infections.</p> <p>At 11:35 a.m., the Director of Nursing Services (DNS) stated she liked to keep the binders with the information on top of the carts. When asked if there had been any issues maintaining the privacy of residents' information, the DNS stated she was not aware of any problems.</p> <p>When the surveyor expressed concern regarding the potential for the public passing by to have access to residents' private information, the DNS stated, "We will start placing those out of sight, under the cover."</p> <p>On 11/21/14 at 1:25 p.m., the Administrator stated, "Absolutely!" The precaution binders should not be left out in the open and said the information should be placed underneath the covered cart.</p>	F 164	<p>(continued) The phlebotomist, working for an outside agency, was educated by her supervisor on the day violation was brought to my attention.</p> <p>* Patient information re: type of infection, source, and how to care for patient in regards to infection control were located inside a closed notebook on top of medical ¹²⁻¹⁸⁻¹⁴ isolation carts outside of patients rooms. This is the same process as having closed notebooks on top of nursing carts in hallways that contain information regarding patients medications and treatments - which is not considered a patient privacy violation.</p> <p>All staff will be inserviced and educated regarding patient privacy and confidentiality to include not discussing patient</p>	
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F 164	<p>Continued From page 3</p> <p><Private Information Discussed in Public Area> On 11/18/14, during the noon meal, Licensed Nurse (LN) F was observed to walk into the dining room and tell the nursing assistant instructor, "The new admit (Resident #360) is NPO (to have nothing by mouth) and needs good oral care" and stated, "Would your students like to help with that?" (Staff identified Resident #360 by the specific room number). Residents and visitors were present.</p> <p>On 11/20/14 at 1:06 p.m., when asked about expectations for discussing resident information in private, the DNS said she would talk to staff about privacy and stated, "That should have been discussed quietly. I will address it right away."</p> <p><Resident Care> 1) On 11/18/14 at 4:58 p.m., the surveyor, while standing in the hall, observed staff attempting to draw blood from Resident #347. The surveyor asked Licensed Nurse (LN) A if the technician worked at the facility or was from an outside company. The LN looked into room and informed the surveyor the technician was from an outside lab and walked away.</p> <p>At 12:55 p.m., the DNS stated, "We don't do blood draws in plain site. We would at least pull the curtain." The DNS stated the facility had an outside agency come in to draw blood. The DNS stated she would talk to their supervisor about it and do some education about privacy and resident rights if the same technician returned that evening.</p> <p>2) On 11/20/2014 at 5:51 p.m., LN D was observed administering an injection into Resident #350's stomach area. LN D raised the resident's</p>	F 164	<p>(continued) information utilizing patient room numbers in hallway or in public areas, providing privacy by pulling curtains and/or shutting doors during procedures or care. Not providing care or performing procedures in front of patients visitors without prior permission from patient or patients representative.</p> <p>The Policy and Procedure for Infection^{Infection} Precaution Guidelines For Infection has been amended to include placing the purple notebooks containing patient specific guidelines to be placed inside the isolation cart, not on top of the isolation cart.</p>	

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F 164	Continued From page 4 shirt, exposing the resident's abdomen while she cleaned the area and administered the injection. The door to the resident's room was not closed and the privacy curtain was not pulled shut to ensure the resident's privacy. The resident had several visitors present at the bedside. LN D did not ask the resident if she minded if the visitors were present during the injection. On 11/21/2014 at 12:44 p.m., when the surveyor explained the above observation, the DNS stated "that is most definitely a problem and I will be in-servicing the staff regarding that".	F 164	(cont) Performance will be monitored by utilizing periodic Privacy and Confidentiality audits with results reported to the Quality Assurance Committee monthly Kirsta Geiger, Director of Nursing is responsible to ensure correction by 1-5-15.	
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to	F 431	WAC 388-97-1300 (2) WAC 388-97-97-2340 Northwoods Lodge will ensure that there is a locked storage cabinet to each nursing station that has locked cabinetry and separately keyed storage for Scheduled II + III controlled substances.	1-5-15

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F 431	<p>Continued From page 5 have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure that narcotic medications were appropriately secured under a double lock system and inaccessible to residents or visitors for two of four medication carts (West and East medication carts). Failure to appropriately secure narcotics could have negative consequences for any vulnerable person who could access the narcotics and it could lead to narcotic diversion.</p> <p>Findings include: On 11/20/2014 at 5:40 p.m., during observation of medication storage of the West medication cart, it was noted that the narcotics drawer did not lock properly. The drawer could be opened approximately 1 and ½ inches with the lock in place. In an interview with Licensed Nurse (LN) B, she indicated the lock was not very good. She said someone could access the medication if the cart was unattended and the second lock was not fully secured.</p>	F 431	<p><i>(cont)</i></p> <p>This deficiency was corrected immediately while survey team was still in facility - both locks were repaired.</p> <p>Nursing staff will be educated on the importance of notifying the Maintenance Department immediately for repair of a broken medication cart lock. The Maintenance Department has added checking medication locks on their quarterly rounds to monitor performance. Results will be reported to monthly Quality Assurance meeting. Corrective in place by 1-5-15</p> <p>Kirsta Greiser RN, MN Director of Nursing responsible for ensuring correction by 1-5-15</p>	1-5-15

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F 431	Continued From page 6 On 11/21/2014 at approximately 10:30 a.m., it was observed the narcotics drawer on the East medication cart did not lock properly. LN E called the maintenance man who indicated it was not the best cart and it needed to be fixed right away. On 11/21/2014 at 10:40 a.m., in an interview with the Director of Nursing Service (DNS), she stated the East medication cart did not lock properly and she would get someone in right away to fix it. She asked for an LN or a student nurse to stay with the cart until a temporary cart was provided while the current cart was being fixed. On 11/21/2014 at approximately 10:50 a.m., the DNS observed the West medication cart's narcotics drawer did not lock securely. She stated she would have it fixed right away. On the morning of 11/21/2014, the surveyor was stopped as she walked down the hall and an LN stated the lock on the East medication cart required repair on three previous occasions.	F 431	* All narcotics were accounted for. All medication carts were locked and inaccessible when not attended. Pharmacy services are available inside facility - all records were in order.	
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441	WAC 388-97-1320(2)(b) Northwoods Lodge will ensure glucometers are cleaned utilizing PDI Super Sani-cloth Germacidal Disposable wipes - not alcohol wipes according to manufacturer recommendations.	

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F 441	<p>Continued From page 7</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to properly clean and disinfect shared resident equipment and failed to ensure pertinent signage (i.e., isolation precautions) was placed outside of rooms of 3 residents (Residents # 303, 357 & 358) who required precautions for contact to help minimize the transmission of infections within the facility. These failures placed residents, staff and visitors at risk for exposure to infection.</p>	F 441	<p>This deficiency was corrected immediately by educating nursing staff on Northwoods Lodge Policy & Procedure for cleaning glucometers. The Policy and Procedure was amended to include storage of PDI Super Sani-clot Germicidal Disposable Wipes to be locked inside each medication cart for ease of accessibility.</p> <p>Performance will be monitored by during periodic QIS Infection Control key audits with results reported to Quality Assurance Committee monthly.</p> <p>Kirsta Geiger RN, MN Director of Nursing is responsible for correction by 1-5-15</p>	1-5-15

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F 441	<p>Continued From page 8</p> <p>Findings include:</p> <p><Isolation Precautions> On 11/18/14 at approximately 11:00 a.m., several covered carts were observed outside of resident rooms. Upon inspection of the covered carts, it was found that certain carts contained clean linens and three carts contained protective equipment such as disposable gowns, masks and gloves.</p> <p>Pertinent signage was not observed outside of rooms with protective equipment that was required for Residents #358, 303 & 357 to direct visitors, the public and/or staff to see the nurse prior to entering the room and receive necessary instruction to prevent the spread of infection.</p> <p>Upon further review, it was found that Resident #358 required extra precautions for a dressing change of a wound, Resident #303 required extra precautions for contact and Resident #357 required droplet precautions which included a gown, gloves, mask and eye protection. For someone requiring droplet precautions, an infection can be transmitted through coughing, sneezing or talking.</p> <p>At 11:43 a.m., the Director of Nursing Services (DNS) was asked if staff or the public would need information from the nurse regarding special precautions prior to entering the affected rooms. The DNS stated, "Yes, we usually do that. We have signs for that."</p> <p>After the surveyor's inquiry, the DNS went to an office, retrieved and placed appropriate signage outside of the three affected rooms.</p>	F 441	<p>(Continued)</p> <p>WAC 388-97-1320(2)(b)</p> <p>Northwoods Lodge will ensure all isolation precaution rooms have pertinent signage "see Licensed Nurse before entering" be placed on door. to alert staff and visitors to check with nurse before entering.</p> <p>This deficiency was corrected immediately while surveyors were still in facility.</p> <p>Staff will be inserviced on importance of pertinent signage outside of rooms with protective equipment required.</p> <p>The Policy and Procedure for "Precaution Guidelines For Infection" was amended</p>	
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F 441	<p>Continued From page 9</p> <p>The facility's policy titled "Precaution Guidelines for Infections" stated, "A sign requesting visitors to check with a licensed nurse prior to entering the room will be placed on the door."</p> <p><Glucometers></p> <p>Interviews with four Licensed Nurses over two days, November 20-21, 2014, showed two of four nurses were cleaning multi-use glucometers outside of the manufacturer's recommendations and against facility policy.</p> <p>On 11/21/2014 at approximately 10:00 a.m., during interview with Licensed Nurse (LN) C, she stated she cleaned the glucometer with an alcohol wipe after each resident use. At 10:01 a.m., LN E indicated that was the procedure she used.</p> <p>According to manufacturer's guidelines the machine should be cleaned and disinfected using a commercially available EPA-registered disinfectant detergent or germicide wipe or to disinfect with a dilute solution of household bleach using a 1:10 dilution ratio after each use.</p> <p>The facility's policy showed the glucometer was to be wiped down after each individual use to clean all blood and body fluids from the meter. Then the meter is to be disinfected using PDI Super Sani-Cloth Germicidal Disposable Wipes. The policy states the treated surface must remain wet for a full two minutes and air dried prior to being used again.</p>	F 441	<p>(Continued) to include "See nurse before entering" signs to be kept on isolation carts which are stored and ready for use with instructions to remind staff to place signage outside of patients door when isolation cart is in use.</p> <p>Performance will be monitored by doing periodic QIS Infection Control audits with results reported to Quality Assurance Committee monthly.</p> <p>Housekeeping Supervisor and/or Kirsta Greiser RN, MN Director of Nursing are responsible for correction by 1-5-15</p>	1-5-15
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