

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

PRINTED: 11/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

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|--|---|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                   |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>505514 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br>C<br>11/21/2013 |
| NAME OF PROVIDER OR SUPPLIER<br><br>RICHLAND REHABILITATION CENTER |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1745 PIKE AVENUE<br>RICHLAND, WA 99352   |   |
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| F 000  | <p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Richland Rehabilitation Center on November 21, 2013. A sample of 9 residents was selected from a census of 38 residents. The sample included 7 current residents and the records of 2 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2901343</p> <p>The survey was conducted by:<br/>[REDACTED] R.N.</p> <p>The survey team is from:<br/>Department of Social &amp; Health Services<br/>Aging &amp; Long Term Support Administration<br/>Residential Care Services, District 1, Unit C<br/>3611 River Road, Suite 200<br/>Yakima, Washington 98902</p> <p>Telephone (509) 225-2800<br/>Fax: (509) 574-5597</p> <p><i>C. Platterey 11/26/13</i></p> | F 000  | <p>F 000</p> <p>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Richland Rehabilitation</b> does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.”</p> | 12-5-13   |
| F 309<br>SS=G  | <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 300  | <p>F309</p> <p>Resident #1 is discharged.</p> <p>All residents experiencing pain</p>  |   |

Received  
Yakima RCS  
DEC 6 2013

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

*Billie A. [Signature]*

TITLE

*Administrator*

(X6) DATE

*12-4-13*

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:<br/>Based on record review and interviews the facility failed to perform necessary assessments, care, and treatment in response to changes in the condition of 1 of 3 residents (#1) reviewed for change in condition. This failure to timely and accurately assess Resident #1's change in condition and administer pain medication caused harm to Resident #1 and placed all residents at risk for inadequate care and treatment. Findings include:</p> <p>Resident #1: Admitted to the facility on [REDACTED] 13 from the hospital due to diagnoses which included dementia and history of [REDACTED]. [REDACTED] is an infection of the common [REDACTED]. [REDACTED] Signs and symptoms included abdominal pain, fever, and jaundice.</p> <p>Review of the resident's medical record revealed documentation on 10/18/13 which stated the resident was alert with confusion at times but oriented easily. Review of Progress Notes between 10/18-11/2/13 revealed the resident had no complaints of abdominal pain.</p> <p>On 11/3/13 documentation by Staff A (Licensed Nurse) at 8:15 a.m. stated the resident was given Tylenol for complaints of abdominal pain with some relief noted. An assessment performed at that time for abdominal "rebound tenderness" noted the resident stated the pain occurred when the Licensed Nurse (LN) pushed on her abdomen, rather than when she pulled away.</p> | F 309  | <p>with therapy that is not reported to nursing will be considered at risk related to this citation. Therefore we have conducted a review of current therapy clients to ensure pain addressed as part of the resident's goal for therapy services.</p> <p>We have implemented a new process to ensure proper communication and follow up with the facility therapy department. Therapy staff has been educated on the 24 hour form and use of it as an additional tool for communication between therapy and nursing regarding changes in condition noted during therapy.</p> <p>Communication tool will be reviewed daily during MACC (Managing Acute Condition Changes) meeting to ensure</p> | 12-5-13              |   |

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| F 309  | Continued From page 2<br><br>An interview on 11/21/13 at 1:45 p.m. with above Staff A noted the resident ate less than 25% of her breakfast meal the morning of 11/3/13 and usually she ate more. She stated it seemed the resident did not feel good. At approximately 1:00 p.m. the resident complained of abdominal pain to her family; however, when the LN got to her room she was sleeping, thus she stated "didn't think it was anything."<br><br>Review of documentation by the Physical Therapy Assistant (PTA) on 11/3/13 noted the resident was experiencing intermittent abdominal pain (7 out of 10 with 10 being severe pain) during the session. Nursing was aware and the pain limited her functional activities.<br><br>Further review of physical therapy Progress Notes revealed the following documentation:<br><br>10/31 - resident with back pain of 5 out of 10 which limited her functional activities<br>10/29 - resident reported back pain was bad but was unable to provide a rating<br>10/28 - resident with back pain of 9 out of 10 with limited her functional activities<br>10/27 - resident with back pain of 6 out of 10 which limited her functional activities<br>10/24 - resident with back pain of 3 out of 10 which limited her functional activities<br>10/22 - resident with back pain of 6 out of 10 with movement/activity<br>10/21 - resident with back pain of 6 out of 10 - documentation stated "notified nursing of issue"<br>10/20 - resident with back pain of 5 out of 10 which limited her functional activities - stated nursing gave resident a Tylenol for pain<br>10/18 - resident with back pain of 6 out of 10 with | F 309  | appropriate assessments and follow up were completed.<br><br>Licensed nursing staff have been re-educated on response to a condition change and completion of a full assessment to allow for timely follow up and report.<br><br>Current residents have been comprehensively assessed for pain utilizing the Pain Care Area Assessment (CAA) as a guide and care plans updated. We have reinforced the Prestige Policies and Procedures to comprehensively assess pain on admission and quarterly; and the importance of documentation pain medication effectiveness. An outside consultant has provided education to all | 12-5-13              |   |

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| F 309  | <p>Continued From page 3 movement</p> <p>There were no scheduled therapy sessions on 11/2 and 10/26/13.</p> <p>A telephone interview on 11/21/13 at 12:00 noon with the above PTA revealed on 11/3/13 the resident was having abdominal pain, not feeling good and felt "very weak". He stated that due to the resident's condition therapy was not performed that day. He stated he saw the resident before lunch that day.</p> <p>Review of Progress Notes dated 11/3/13 at 11:44 p.m. by Staff B (LN) revealed the resident's family was in the facility and stated the resident was "deteriorating and is weaker." The resident's family called 911 and had the resident transported to the hospital at 7:15 p.m.</p> <p>Staff B stated during an interview on 11/21/13 at 2:50 p.m. that dayshift staff had stated in shift report on 11/3/13 that the resident's family had voiced concerns earlier that day of the resident "deteriorating and with abdominal pain". He was unable to recall what the resident ate for dinner that evening. He stated he was not familiar with the resident as he had not worked on that unit. Despite family concerns of the resident's condition Staff B stated he had not performed an abdominal assessment on the resident, nor had he administered any pain medication.</p> <p>An interview on 11/21/13 at 1:20 p.m. with Staff C (Nursing Assistant caring for the resident on the evening shift of 11/3/13) revealed that at approximately 4:30-4:45 p.m. the resident complained of pain in her lower back area and he had reported the concern to Staff B at that time.</p> | F 309  | <p>Licensed Nurse staff on pain prevention, assessment and management as well as our policies. No changes are required to this policy. We have reinforced the policy through Licensed Nurse education. At our daily morning meeting, as part of our new MACC process, the RCM reviews progress notes and 24 hour reports for changes in condition and additional follow up needed.</p> <p>Our quality measure report will be utilized as part of our QAPI process to set a measure / goal for monthly review. In addition, the QIS resident / family interviews will be utilized to identify overall satisfaction with our pain management program.</p> <p>Review of these measures will be conducted at our monthly QAPI meeting and action plans implemented as needed.</p> | 12-5-13   |

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| F 309  | <p>Continued From page 4</p> <p>Despite the above frequent complaints of back pain by the resident during therapy sessions review of the Medication Administration Record revealed the resident only received Tylenol for back pain on 10/20 and 10/23/13. It was also administered on 11/1/13 at 11:30 p.m. for pain/anxiety with no assessment of location of pain, and on 11/2/13 at 5:00 p.m. for general aches.</p> <p>Review of the hospital History and Physical dated 11/3/13 revealed the resident was admitted to the hospital for intravenous antibiotics and fluids due to her abdominal tenderness with evidence of cholecystitis (gall bladder inflammation). Signs and symptoms of cholecystitis include severe, steady pain in right side of abdomen that can radiate to the right shoulder or back; fever; and tenderness over the abdomen when it is touched.</p> <p>A telephone interview on 11/26/13 at 10:50 a.m. with an ambulance staff member revealed his assessment of the resident the evening of 11/3/13 was fever of 100.0 degrees, right sided lateral rib pain, right sided abdominal pain, and weakness.</p> <p>Review of the resident's meal intake noted she ate less than 25% at breakfast, no documentation of her lunch meal, and she did not eat any dinner. The preceding day on 11/2/13 revealed she ate 76-100% for breakfast, less than 25% at lunch, and no documentation of the dinner meal.</p> <p>There was no evidence vital signs were obtained on the resident on 11/3/13 until ambulance staff transported her to the hospital at which time her body temperature was elevated at 100.0 degrees.</p> | F 309  | <p>The DNS and the ADM are responsible for this ongoing plan. Daily review of documentation by the licensed nurses is conducted at our MACC meeting where we will identify ongoing compliance with pain management. Any problems identified in these areas will be brought to monthly QAPI meeting for review and action plans implemented. The DNS and RCM's are responsible.</p> | 12-5-13   |

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| F 309  | Continued From page 5<br>Despite the resident's change of condition on 11/3/13 and concerns voiced by the family regarding her declining condition and weakness there was no further nursing assessment of the resident's condition following the abdominal assessment by Staff A at 8:15 a.m. on 11/3/13. In addition, there was no evidence staff had assessed the resident's frequent complaints of back pain during therapy sessions, consulted with the physician regarding her pain, or consistently administered pain medication for her complaints of pain. | F 309  |   |   |