

1455

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/04/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRESTIGE CARE &amp; REHABILITATION - CLARKSTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1242 ELEVENTH STREET CLARKSTON, WA 99403</b>
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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 Prestige-Clarkston Care Center on 4/3/13, and 4/4/13. A sample of 7 residents was selected from a census of 81. The sample included 4 current residents and the records of 3 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2766141 #2780046 #2781588</p> <p>The survey was conducted by:</p> <p><del>_____</del>, R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services Aging &amp; Disability Services Administration Residential Care Services, District 1, Unit B 316 West Boone Avenue, Suite 170 Spokane, Washington 99201</p> <p>Telephone: (509) 323-7303 Fax: (509) 329-3993</p> <p><i>K. Keen</i> 4/17/13 Residential Care Services Date</p>	F 000	<p>F309 Initial Comments "This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care &amp; Rehabilitation-Clarkston 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 reverses the right to challenge in legal and/or regulatory or administrative proceeding the deficiency, statements, facts and conclusions that form the basis for the deficiency."</p> <p>F309 Corrective Action/s for residents identified to have been affected:</p> <p>Resident #2 is no longer in the facility. A review of new Resident Admissions was performed.</p> <p style="text-align: center;">RECEIVED APR 23 2013 DSHS ADISA RCS SPOKANE WA</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE  <i>Administrator</i>	(X6) DATE  <i>4/29/2013</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 309 SS=D	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></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> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide the necessary care and services for 1 of 7 residents (#2) related to monitoring management of edema. Findings include:</p> <p>Resident #2, per record review, admitted to the facility for rehabilitation and <del>was</del>. He was alert and oriented and required assistance with activities of daily living (ADL's).</p> <p>Per record review, the resident had an order when he admitted to the facility to have an athletic supporter to assist with the edema.</p> <p>Per record review, the resident was on 3 different diuretics for the scrotal edema. The treatment sheets instructed the nurses to check twice daily to ensure the athletic supporter was in place.</p> <p>Per review of the nursing notes, there was a note on admission (2/20/13) that discussed his scrotal edema, but there was no type of monitoring in place or documentation during his stay to indicate the nurses assessed or evaluated his edema.</p> <p>On 4/4/13 at 1:00 p.m., per telephone interview, Resident #2 reported he never had an</p>	F 309	<p>Identification of residents with the potential to be affected:</p> <p>New Admissions have the potential for being affected.</p> <p>Measures to prevent recurrence:</p> <p>DNS Re-educated Admissions nurses on alert charting and being more specific to each Resident problem upon admission and initial monitoring by placing on alert charting/Care plan appropriately.</p> <p>Monitoring for Corrective Action:</p> <p>DNS and RCM's will check for appropriate problems/Interventions placed on alert charting and care plan the next business day after admission. Will report findings monthly during QA committee. DNS and Staff Development will provide additional reeducation on alert charting, assessing and care planning of residents as needed.</p> <p>Date of Compliance: 04/30/2013 Administrator and DNS responsible for ensuring compliance.</p>	

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

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OMB NO. 0938-0391

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F 309	<p>Continued From page 2</p> <p>athletic supporter in place. He said he got one after he got home and stated, "It helped."</p> <p>On 4/15/13 at 2:30 p.m., Staff #A reported the nurses propped his scrotum up on towels and then placed ice in place of the sling. She said they should have monitored the edema and documented in the nursing notes.</p>	F 309		
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