

1455

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2013
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CLARKSTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1242 ELEVENTH STREET CLARKSTON, WA 99403
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Prestige - Clarkston Care Center on 12/10/13 and 12/11/13. A sample of 4 residents was selected from a census of 75. The sample included 3 current residents and the records of 1 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#2925660</p> <p>The survey was conducted by:</p> <p>██████████ R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long-term Support 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>RECEIVED JAN 10 2014 DSHS ADSA RCS SPOKANE WA</p> <p>██████████ 12/26/13 Residential Care Services Date</p>	F 000	<p>"This plan of correction is prepared and submitted as required by law. By submitting this plan of correction Prestige Care & Rehabilitation-Clarkston does not admit that the deficiency listed on this for exist, nor does the Center admit to any statements, findings, facts or conclusions to form the basis for the alleged deficiencies. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiencies, statements, facts and conclusions that form the basis for the deficiencies."</p> <p>F329</p> <ol style="list-style-type: none"> 1) Resident #4 is no longer a resident in the facility. 2) Current residents receiving psychotropic medication have been reviewed for behavior monitor documentation and care planning of behaviors and interventions. Care plans, IRCP's and behavior monitors updated as needed to reflect resident needs including non-pharmacological interventions. 3) LN's, NAC's and Social Services re-educated on behavior monitoring documentation and Psychotropic medication use including non-pharmacological interventions prior to administration of medications. 	1/9/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 01/09/14
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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 329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to adequately monitor 1 of 4 residents (#4) in a sample of 4 on an anti-anxiety medication. Findings include: Resident #4, per record review, had diagnoses of [REDACTED], post [REDACTED] and new diagnoses of [REDACTED]. She was confused at times and required extensive assistance with activities of</p>	F 329	<p>Continued from page 2</p> <p>Inserviced NAC's and LN's on policy of implementation of the "Check list for Residents with escalating Behavior" Form. Inserviced LN's and NAC's on assessment for potential causes of behaviors including assessment of s/sx of pain. LN's re-educated to notify Social Services upon resident admission of Psychotropic medication use and any noted behaviors. NAC's educated on addition of Escalating behavior form in Behavior monitor book to allow NAC's to document any new behaviors to aide in immediate cause and solution. Social Services educated on implementing non-pharmological behavior interventions within 1 business day of admission. Staff Development will do random weekly Audits of behavior monitors for compliance. Social Service will provide copy of non-pharmological interventions to RCM's and DNS for review.</p> <p>4) DNS or designee will track and trend for compliance and report findings to the QA Committee to identify performance improvement opportunities monthly x3 months and randomly thereafter.</p> <p>5) QA committee will ensure compliance.</p>	

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F 329	<p>Continued From page 2 daily living (ADL's).</p> <p>Per record review, she admitted to the facility following a [REDACTED] and [REDACTED] and was placed on pain medications for the fall and was also placed on a seizure medication while at the hospital.</p> <p>Per record review, on 8/19/13 the resident had increased confusion and the facility sent a urine specimen to check for a [REDACTED] infection [REDACTED].</p> <p>Per record review, during the evening on 8/19/13 the resident had an increase in agitation and was roaming into other resident rooms and raising her voice. The doctor was contacted and ordered an anti-anxiety medication x 2 doses.</p> <p>Per record review, on 8/20/13 the anti-anxiety medication was changed to every 4 hours as needed for anxiety. She also got an order to get an x-ray of her pelvis related to her pain.</p> <p>Per review of the care plan, there was no direction to staff on non-medication interventions or a behavior monitoring sheet indicating which interventions were attempted.</p> <p>Per record review, the resident received doses on 8/22/13 at 6:00 a.m. of a narcotic pain medication and an anti-anxiety medication due to increase in anxiety, without first evaluating whether or not the pain medication would be effective first. Similar concerns identified on 8/22/13 at 9:30 p.m., 8/23/13 at 4:00 p.m., 8/25/13 at 5:00 a.m., 8/26/13 at 5:00 a.m., 9/1/13 at 6:00 a.m., 9/4/13 at 6:30 a.m., and 9/6/13 at 5:00 a.m.</p> <p>On 12/11/13 at 12:30 p.m., Staff #B reported there was no behavior sheet or care plan because she left before the care plan was due.</p> <p>On 12/11/13 at 12:45 p.m., Staff #A confirmed there should have been more direction to staff.</p> <p>The facility failed to have a system in place to adequately monitor and determine whether</p>	F 329		

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

FORM APPROVED
OMB NO. 0938-0391

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F 329	Continued From page 3 resident's behavior was caused by her pain before administering an anti-anxiety medication, which placed the resident at risk for harm.	F 329		
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