

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

145\*

PRINTED: 10/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505275	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 10/14/2013
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NAME OF PROVIDER OR SUPPLIER  PRESTIGE CARE & REHABILITATION - PINWOOD TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST ELEP STREET COLVILLE, WA 99114
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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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INITIAL COMMENTS

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This report is the result of an unannounced Abbreviated Survey conducted at Prestige Care & Rehabilitation - Pinewood Terrace on 10/9/13, 10/10/13, and 10/14/13. A sample of 6 residents was selected from a census of 86. The sample included 4 current residents and the records of 2 former and/or discharged residents.

The following complaints were investigated as part of this survey:

- #2854059 #2866878
- #2838347 #2870095
- #2886586

The survey was conducted by:

██████████ R.N.

The survey team is from:

Department of Social & Health Services  
Aging & Long Term Care Support Administration  
Residential Care Services, District 1, Unit A  
Rock Pointe Tower  
316 W. Boone Ave, Suite 170  
Spokane, Washington 99201-2351

Telephone: (509) 323-7302  
Fax: (509) 329-3993

  
Residential Care Services 10/16/13

RECEIVED  
OCT 28 2013  
DSHS AUSA HCS  
SPOKANE WA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Gail M. Dowell	TITLE  Administrator	(X6) DATE  10/25/13
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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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225		
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F 225	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to identify, thoroughly investigate in order to rule out abuse/neglect, take action to protect residents, and to report incidents of potential abuse for 1 of 5 sample residents (#1). Findings include:</p> <p>Resident #1 had diagnoses that included dementia with behaviors and anxiety. Per record review, the resident was resistive to cares, combative towards staff, and wandered the facility.</p> <p>According to a complaint received by the Complaint Resolution Unit on 10/2/13, a witness reported seeing the resident with, "terrible black and blue bruising on both wrists." The resident told the witness staff grabbed her wrists because she got up in the middle of the night.</p> <p>On 10/10/13 an investigation of the allegation was initiated at the facility. The resident's closed record was reviewed and no documentation related to bruising on the wrists was found. The facility incident log contained no information regarding the resident's bruising and there was no investigation of the injuries to rule out abuse/neglect.</p> <p>On 10/10/13 at 2:40 a.m. administrative staff stated they had received no reports of bruising on the resident's wrists and could provide no information related to the issue.</p> <p>On 10/11/13 at 9:40 a.m. a telephone interview was conducted with the resident's family member regarding the bruising. The family member stated she first noticed the bruising on 9/28/13 and described them as dark purple in color and tender to touch. The largest bruise was the size of a "silver dollar." When questioned, the resident told the family member she was grabbed</p>	F 225	<ol style="list-style-type: none"> <li>1. Resident #1 was discharged to home on [REDACTED] 2013, so it was not possible to verify her current condition, but on her day of discharge, she had no skin concerns noted. A full investigation of these allegations was completed by facility administrative staff. 10/17/13</li> <li>2. Skin checks will be done and appropriate documentation completed for current residents to assess for any unidentified skin concerns. This will be done by the DNS and/or her designee. 10/30/13 In addition, a skin check is done on each resident on his/her bath day, and any concerns are documented and reported to the RCM and DNS. This is monitored regularly by the DNS.</li> <li>3. Staff A has been interviewed by DNS &amp; Administrator, and educated about facility policy regarding reporting of incidents and allegations and state mandatory reporting laws. 10/23/13</li> <li>4. In addition, staff will attend mandatory education on abuse, neglect and mandatory reporting, facility reporting protocols, and identifying issues that require reporting/investigation. 10/23/13 New employees are educated about these policies during their orientation, and regularly thereafter. This is monitored by the Administrator, DNS and QAPI Committee on an on-going basis.</li> </ol>	

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F 225	<p>Continued From page 3</p> <p>by staff. The family member stated the resident was fearful of retaliation and did not want the incident reported to the facility. The family member did however, show the resident's bruises to Staff A and expressed concern they were finger marks.</p> <p>During an interview on 10/14/13 at 1:10 p.m., Staff A stated that sometime between 9/30/13 and 10/4/13, she saw bruises on the resident's wrists and hands that were dark purple in color. The resident was evasive when Staff A asked how the injuries occurred and, "didn't want a big deal made out of it."</p> <p>Staff A stated she didn't report the injuries to nursing because she didn't think the bruises looked like finger marks and the resident and family didn't want to pursue it. Staff A stated she was aware of abuse/neglect reporting requirements and, "probably should have reported it."</p> <p>The facility's failure to recognize incidents of potential abuse, to take action to protect residents during the investigation, and to thoroughly investigate potential abuse in order to rule out abuse/neglect, placed residents at risk for further abuse.</p>	F 225		
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