

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

PRINTED: 11/18/2014
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 11/06/2014
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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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Prestige Care & Rehabilitation - Pinewood Terrace on 10/27/14 and 11/6/14. A sample of 11 residents was selected from a census of 85. The sample included 8 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>#3048479 #3045725 #3046400 #3046477 #3044542 #3046178</p> <p>The survey was conducted by:</p> <p>Linda Loffredo R.N., B.S.N.</p> <p>The survey team is from: Department of Social & Health Services Aging & Long-Term Support Administration Division of Residential Care Services, District 1, Unit A 316 West Boone Avenue, Suite 170 Spokane, Washington 99201</p> <p>Telephone: (509) 323-7302 Fax: (509) 329-3993</p> <p><i>Cindy C. K... 11/18/14</i> Residential Care Services Date</p>	F 000	<p style="text-align: center;">NOV 26 2014</p> <p style="text-align: center;">DSHS ADSA RCS SPOKANE WA</p> <p>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Pinewood Terrace Care & Rehabilitation Center 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> <p>F-250</p> <p>1) Resident #3's behavior management plan has been reviewed and updated to reflect his aggressive behaviors toward staff while providing care and interventions for staff to utilize when the behavior is present. Comprehensive Care Plan (CCP) and In Room Care Plan (IRCP) updated.</p> <p>2) Current resident's behavior management plans, CCP's and IRCP's</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Raymond Allen</i>	TITLE <i>Administrator</i>	(X6) DATE <i>11/25/14</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 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each 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 provide medically-related social services to 1 of 4 residents (#3) reviewed for behavior in a sample of 11. Failure to ensure staff developed, and consistently implemented, a comprehensive behavior plan for aggressive behavior toward staff, placed the resident at risk for worsening behaviors and diminished psychosocial well-being. Findings include:</p> <p>Resident #3 had diagnoses including dementia. The record indicated the resident had no memory or behavior problems, and required total assistance for transfers. The resident spoke very little English, and he communicated with staff using signs and written symbols developed with the assistance of an interpreter. He also communicated verbally at times through an interpreter.</p> <p>Review of the resident's care plan revealed a history of delusions, aggressive behavior, and resistance to care. Interventions included: assessment for unmet needs and reporting to the licensed nurse to evaluate for illness (as behaviors were usually related to delirium from an illness). There was no behavior management plan in place to direct staff in the event these</p>	F 250	<p>have been reviewed and updated as needed.</p> <p>3) Social Services Director (SSD) has been re-educated on developing a comprehensive behavior plan for residents with aggressive behaviors and updating the CCP and IRCP when needed, by the Director of Nursing Services (DNS) / designee.</p> <p>Licensed Nurses (LN's) and Nursing Assistants (NAC's) have been re-educated by the DNS/designee on reporting resident adverse behaviors to the Resident Care Manager (RCM) and SSD for assessment and behavior plan development, implementation of interventions for behavior management by staff and documentation of behaviors, interventions attempted, and outcomes achieved on the behavior monitor flow sheet.</p> <p>4) Resident's with new or escalating behaviors will be reviewed during the morning Managing Acute Condition Change (MACC) meeting and further interdisciplinary review with the SSD for development of a behavior plan. The resident CCP and IRCP will be updated and staff educated to the behavior intervention plan.</p>	

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F 250	<p>Continued From page 2</p> <p>behaviors were present when providing care.</p> <p>Per record review, on 10/6/14 at 7:45 p.m., 2 staff observed the resident starting to slide forward in the wheelchair. As they attempted to assist him back to a safe position, the resident became agitated and combative, and started to slide down to the floor. Staff assisted the resident to slide to the floor without injury. The resident eventually calmed down, and staff was able to assist him to bed.</p> <p>On 10/8/14, with an interpreter present, the resident reported he thought staff "dropped" him during the transfer, and he said that made him angry.</p> <p>Review of the resident's Progress Notes revealed the following documentation:</p> <p>10/9/14 - the resident spit at staff at bedtime prior to transferring from a wheelchair to bed, and slapped out at staff when turning from side to side in bed.</p> <p>10/10/14 - the resident was swinging toward staff when transferring from the wheelchair to the bed, then swinging out with his hands when staff started to roll him from side to side.</p> <p>On 10/27/14 at 12:15 p.m., the resident propelled himself to the dining room independently. He smiled at staff, and aside from saying staff names, did not speak English.</p> <p>During an interview on 10/27/14 at 4:50 p.m., Staff #B said that the resident did hit out at times during personal care, and after toileting, if he thought staff took too long.</p> <p>On 10/27/14 at 4:55 p.m., Staff #C stated she had observed staff transferring and providing care, and thought the resident wanted things done his own way, not necessarily the way staff were trained to do it.</p> <p>Review of the Social Services evaluation, done after the resident's allegation and</p>	F 250	<p>The DNS will do random audit of residents with behaviors, CCP and IRCP's to ensure medically related Social Services has been provided in the development and implementation of behavior management plans weekly x 3 months.</p> <p>The RCM's will do random audits of residents with behaviors to ensure documentation of behaviors and interventions are completed weekly x 3 months. Audits to be forwarded to the DNS for review and follow up if needed. The DNS will track and trend audit findings and present results to the Quality Assurance Performance Improvement (QAPI) Committee to identify opportunities for improvement monthly x 3 months and as needed thereafter.</p> <p>5) The DNS will ensure compliance. 6) Date of Compliance – 12/15/14.</p> <p>F-312</p> <p>1) Resident's # 1 & # 2 have had their bowel and bladder (B & B) function re-assessed. CCP and IRCP's have been updated</p>	

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F 250	Continued From page 3 aggressive behaviors toward staff, documented the resident had no symptoms of illness at the time of the behaviors. No new interventions were recommended. There was no cause identified for the behavior, and no possible alternative approaches put in place. The resident, who was able to express himself and his needs (through an interpreter), was not interviewed. On 10/27/14 at 5:20 p.m., Staff #D confirmed the resident's aggressive behavior toward staff was not new, and verified that no new interventions were implemented after the incidents. Despite the resident's ongoing aggressive behavior toward staff during care, there was no behavior management plan for staff to utilize when approaching and caring for the resident. This placed the resident at risk for worsening behaviors, frustration, and emotional distress.	F 250	2) Current residents have had their B & B function re-assessed. CCP and IRCP's have been updated as needed. 3) The RCM's have been re-educated by the DNS / designee on updating the CCP and IRCP's to reflect current resident B & B function and care needs. The NAC's have been re-educated by the DNS / designee on following the IRCP and providing incontinence care in a timely manner. 4) The RCM's will do random audits of NAC's providing incontinent care to ensure the IRCP is being followed weekly x 3 months. The SSD will do random resident interviews for timeliness of the provision of incontinence care weekly x 3 months. Audits will be forwarded to the DNS for review and follow up if needed. The DNS will track and trend the audit results and present findings to the QAPI Committee to identify opportunities for improvement monthly x 3 months, and ass needed thereafter.	
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to provide timely personal hygiene for 2 of 3 residents (#1, #2), reviewed for activities of daily living, in a sample of 11. Findings include: 1. Resident #1 had diagnoses including	F 312	5) The DNS will ensure compliance. 6) Date of Compliance – 12/15/14	

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F 312	<p>Continued From page 4</p> <p>dementia. Per record review, the resident had frequent urinary and bowel incontinence, and required extensive to total assistance with transfers and personal hygiene.</p> <p>The resident's care plan for toileting noted the resident had urinary/bowel incontinence, and directed staff to assist with toileting using a mechanical lift transfer.</p> <p>Review of a facility incident report dated 10/12/14 revealed the following:</p> <p>On 10/12/14 at 1:30 p.m., Staff #E transferred the resident to bed after lunch, and noted the resident was incontinent. Staff #E put the resident in bed with the mechanical lift sling under her, and left to care for another resident.</p> <p>At 2:00 p.m., Staff #F checked the resident, and found her with a large amount of urine and stool leaking through the brief and clothing. Staff #F stated the resident was "really upset" (crying) when she and Staff #G provided incontinent care.</p> <p>During observation of care on 10/27/14 at 12:25 p.m., Staff #H and #I checked the resident for incontinence prior to transferring her to the wheelchair for lunch. The resident talked with staff, but could not answer interview questions.</p> <p>In an interview on 10/27/14 at 5:20 p.m., Staff #D said that Staff #E did not tell other staff, including the licensed nurse, that the resident was incontinent. She did not communicate that she was unable to provide incontinent care timely. In addition, Staff #D stated there was no information to indicate how long the resident had been incontinent before Staff #E initially assisted the resident at 1:30 p.m. Staff #D said the resident's current care plan for toileting was to check and change the resident every 2 hours as needed.</p> <p>2. Per record review, Resident #2 had no</p>	F 312		

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F 312	<p>Continued From page 5</p> <p>memory problems, and required extensive assistance of 2 staff for transfers. The resident was always continent of urine using a urinal, and continent of bowel after extensive assistance to transfer to the commode or toilet.</p> <p>Review of a facility incident report dated 10/12/14 documented the following information:</p> <p>At 12:15 p.m. on 10/12/14, Staff #G delivered lunch to the resident. The resident told Staff #G at that time he had been incontinent, and wanted staff to assist him after he ate his lunch. Staff #G said she turned on the call light, left the room, and reported the information to Staff #E (who was assigned to care for the resident).</p> <p>At 1:30 p.m., Staff #G checked on the resident. His call light was still on, and he had not received assistance. The resident's legs and back were soiled, and the resident required a shower, which was completed at 2:00 p.m.</p> <p>During an interview on 10/27/14 at 1:35 p.m., the resident stated that once in awhile his call light was not answered timely, and he had problems with accidents.</p> <p>In an interview on 10/27/14 at 5:20 p.m., Staff #D stated that Staff #E did not communicate with other staff, including the licensed nurse, that she was unable to provide timely incontinence care. Therefore, there was an unnecessary delay.</p> <p>The facility failed to provide incontinent care in a timely manner, placing residents at risk for physical and emotional discomfort.</p>	F 312			