

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

1458

PRINTED: 02/18/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505401	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/11/2014
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NAME OF PROVIDER OR SUPPLIER  PRESTIGE CARE & REHABILITATION - PARKSIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 308 WEST EMMA UNION GAP, WA 98903
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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 Care and Rehabilitation - Parkside on 02/10/14 and 02/11/14. A sample of 3 residents was selected from a census of 63. The sample included 3 former and/or discharged residents.</p> <p>The following complaints were investigated as part of this survey:</p> <p>#2936309 #2948983 #2955687</p> <p>The survey was conducted by:</p> <p>██████████, RN ██████████, RN</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services Aging and Long-Term Support Administration Residential Care Services, District 1, Unit C 3611 River Road, Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p> <p><i>[Signature]</i> Residential Care Services      Date</p>	F 000	<p><b>F000 Initial Comments</b></p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care Parkside 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 style="text-align: right;">Received Yakima RCG  FEB 28 2014</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE Administrator	(X6) DATE 2/28/14
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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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to notify an interested family member regarding a significant change of</p>	F 157	<p><b>F157</b> Resident # 2 husband was notified of this significant change on 12/19/13.</p> <p>Residents' changes of condition are reviewed on a daily basis in MACC meetings.</p> <p>Notification of family members and interested parties will be notified of any change of condition and will be documented in the medical record.</p> <p>Licensed Nursing staff was in-serviced on notification documentation.</p> <p>DNS/designee will monitor that solutions are sustained.</p> <p>Date of compliance – 3/7/14</p>	

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F 157	<p>Continued From page 2</p> <p>condition for 1 of 3 residents (#2) reviewed for notification. Resident #2's spouse was not notified by staff when she developed an open pressure ulcer to her coccyx. Findings include:</p> <p>Resident #2: Review of the resident's medical record revealed she developed a Stage II pressure ulcer (partial thickness skin loss-superficial in nature) to her coccyx on 12/9/13. There was no evidence of documentation the resident's spouse was notified by staff of the pressure ulcer.</p> <p>During a telephone interview on 2/11/14 at 11:22 a.m. with the resident's spouse he stated he was not informed by staff of the resident's pressure ulcer until the day she was discharged to her home on 2/14.</p>	F 157	
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</p>	F 225	<p><b>F225</b></p> <p>Resident #1 had an investigation completed and was reported to the complaint resolution unit on 2/13/14. Abuse and Neglect were ruled out.</p> <p>All staff trained on requirements on reporting of all allegations of abuse and neglect.</p> <p>All allegations will be investigated and reported.</p> <p>Date of compliance – 3/7/2014</p>

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F 225	<p>Continued From page 3</p> <p>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> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to ensure an allegation of abuse was investigated timely in accordance with state law and CFR 483.13(c)(2)(3)(4) for 1 of 3 sampled residents (#1) reviewed for investigations and reporting. This failed practice of the facility was not reporting or investigating in a timely manner an allegation of rough handling. This failed practice placed the resident at potential continued abuse. Findings include:</p> <p>Resident #1: The medical record revealed the resident was admitted on [REDACTED] 13. The resident was alert and oriented and able to make her needs known.</p> <p>On 02/11/14 at approximately 10:00 a.m., Staff</p>	F 225		

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F 225	Continued From page 4 Member A, a LN, (licensed nurse), stated that on the evening of 01/31/14, the nurse from the dialysis center reported by phone an allegation of rough handling of the resident by the transport driver. Staff Member A reported the allegation to Staff Member B, (the Charge Nurse). Staff Member A did not talk to or examine the resident. "If the resident was injured she will let you know." Staff Member A, said "I didn't think she was abused and I did not report it or investigate it."  During a phone interview on 02/11/14 at approximately 10:15 a.m., Staff Member B recalled the resident returned the evening 01/31/14 from dialysis and she had been aware of the allegation of rough handling of the resident from Staff Member A. Staff Member B, said the resident went to bed and was usually exhausted after her dialysis and she did not have any conversation with the resident until the next day (02/01/14). According to Staff Member B, "The resident told me that the staff at dialysis misunderstood her." Staff Member B, did not report the allegation to anyone or investigate the allegation.  On 02/11/14 at approximately 10:30 a.m., Staff Member D, (the Director of Nursing) stated she was not aware of the allegation of rough handling of the resident on 01/31/14 and had no information about the incident.  Despite the knowledge of the allegation of abuse by 2 Licensed Nurses there was no evidence of of an investigation being conducted. In addition, the Licensed Nurses failed to report the allegation of abuse to state agency or law enforcement.	F 225			
F 315	483.25(d) NO CATHETER, PREVENT UTI,	F 315			

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F 315 SS=D	<p>Continued From page 5</p> <p><b>RESTORE BLADDER</b></p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to ensure an indwelling urinary retention catheter had a valid medical justification for use for 1 of 1 resident (#2) reviewed for catheter use. Failure to ensure adequate indications for use and plan for timely removal of the retention catheter placed the resident at risk for urinary tract infections and decline in normal bladder function. Findings include:</p> <p>Resident #2: Review of the resident's medical record revealed she was readmitted to the facility on [REDACTED]/13 from the hospital following a [REDACTED] and [REDACTED] disease. Her intravenous [REDACTED] that were administered to her in the hospital were discontinued upon arrival to the facility. Due to the [REDACTED] she had a cast to her lower [REDACTED] leg. In addition, she was admitted with a [REDACTED]. She had not had a [REDACTED] in place prior to her transfer to the hospital on [REDACTED]/13. There was no evidence of medical justification for the use of the [REDACTED].</p>	F 315	<p><b>F315</b></p> <p>Resident #2 retention catheter was removed on [REDACTED]/14.</p> <p>New admission records will be reviewed in MACC meeting to monitor performance and ensure R/C use is medically justified.</p> <p>Current residents with R/C were reviewed to ensure evidence of medical justification is in place.</p> <p>Licensed Nursing staff was in-serviced on justification of R/C use.</p> <p>Date of compliance – 3/7/2014</p>	

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F 315	<p>Continued From page 6</p> <p>Further review of the resident's medical record revealed there were no physician's orders to discontinue the [REDACTED] until [REDACTED]/13 (19 days later).</p> <p>Staff Member D (Director of Nursing) stated on 2/11/14 at 12:15 p.m. there was no justification for the use of the [REDACTED] for Resident #2. She stated she informed staff later to remove the catheter.</p>	F 315		
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*[Handwritten Signature]* 2-26-14