

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

PRINTED: 04/30/2014
 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2014
NAME OF PROVIDER OR SUPPLIER AVAMERE BELLINGHAM HEALTH CARE & REHAB SERVICES			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 BIRCHWOOD AVENUE BELLINGHAM, WA 98225		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced abbreviated Survey conducted at Avamere Bellingham Health Care and Rehab Services on 04/23/14. A sample of 8 current residents was selected from a census of 75.</p> <p>The following complaints investigated as part of this survey:</p> <p># 2994412</p> <p>The survey was conducted by:</p> <p>Nadyne Krienke, R.N., MSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Disability Services Administration Residential Care Services, District 2, Unit A 3906 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>[Signature]</i> 4/30/14 Residential Care Services Date</p>	F 000	<p>RECEIVED MAY 01 2014 ADSA/RCS Smokey Point</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE ADMINISTRATOR (X6) DATE 5/1/2014

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 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide adequate supervision for 1 of 6 residents (Resident 1) who received thickened liquids. Failure to provide adequate supervision to ensure the resident received the appropriate thickened liquids placed the resident at risk for aspiration.</p> <p>Findings include: RESIDENT 1: Resident 1's record was reviewed. The most recent recent Minimum Data Set (MDS) assessment, dated 2/25/14, indicated she was on a mechanically altered diet and required extensive assistance for eating with staff supervision. The directed plan of care indicated she required total staff assistance with eating. Her Nursing Assistant's (NACs) care guide informed and directed care givers Resident 1's fluids should be of a thickened nectar consistency.</p> <p>On 4/23/14, during Initial facility rounds at 10:10</p>	F 323	<p>F323</p> <ol style="list-style-type: none"> The Coke was immediately removed from Resident #1. Resident #1 was assessed for possible aspiration, Xray obtained, MD and family were notified. SLP completed evaluation same day. Residents requiring thickened liquids were assessed and monitored to assure diets are appropriately given. Nursing Staff were re-educated on supervision. NAC staff were re-educated on following care guides and neglect. NAC who made conscious choice to violate resident POC has been terminated. LN was returning to the area and witnessed resident with the coke as the surveyor alerted her to the situation. LN immediately took action. The DNS and/or nurse managers will complete routine rounds to monitor overall supervision. The ED/DNS are responsible for compliance. Compliance Date 5/1/2014 		

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F 323	<p>Continued From page 2</p> <p>a.m., Resident 1 was observed seated in a tilt-in-space wheelchair (WC) which was tilted back at least 45 degrees from vertical. She had a can of soda pop in her right hand and her clothing protector appeared to have spillage from the soda on it.</p> <p>The Licensed Nurse (LN) who supervised Resident 1's plan of care was informed by the complaint investigator that the resident was holding an open can of soda pop. The LN verified the resident was not to have thin liquids, only nectar thick liquids.</p> <p>After the incident, the LN's assessment revealed Resident 1's lungs had crackles. The LN notified the physician and a chest x-ray was ordered due to the possibility of aspiration of the soda pop in her lungs.</p> <p>An evaluation by Speech Therapist (SLP) was completed after the resident was observed with the thin liquid (soda). The SLP's assessment and evaluation, dated 4/23/14, documented Resident 1 had a history of dysphasia (difficulty to swallow) and when thin liquids were provided to Resident 1, she demonstrated "soft aspiration signs post swallow, exhibited by increased respiratory rate". The SLP recommended the resident remain on nectar thick liquids to prevent aspiration.</p> <p>On 4/23/14 at 12:15 p.m., during an interview with the facility's administrator, she stated the NAC who provided the soda pop informed the administrator that Resident 1 was given the soda</p>	F 323			

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F 323	Continued From page 3 even though he had knowledge that she required nectar thick liquids, according to the directed plan of care. The facility's Investigative report, dated 4/23/14, indicated the NAC's actions had placed Resident 1 at risk for aspiration.	F 323			