

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505294	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/20/2015
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NAME OF PROVIDER OR SUPPLIER  BEACON HILL REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 128 BEACON HILL DRIVE LONGVIEW, WA 98632
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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 Beacon Hill Rehabilitation on 03/20/2015. A sample of 4 residents was selected from a census of 52. The sample included 2 current residents and the records of 2 former/discharged residents.</p> <p>The following complaint was investigated:</p> <p>#3079782</p> <p>The survey was conducted by:</p> <p>Rebecca Christiansen, RN, MS</p> <p>The survey team is from:</p> <p>Department of Social &amp; Health Services Aging &amp; Disability Services Administration 800 NE 136th Ave. Suite 220 Vancouver, WA 98684</p> <p>Telephone: 360-397-9550 Fax: 360-992-7969</p> <p><i>[Signature]</i> Residential Care Services</p>	F 000	<p><i>This plan of correction is the center's credible allegation of compliance.</i></p> <p><b>DISCLAIMER STATEMENT:</b> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	
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**RECEIVED**  
APR 17 2015  
*(Faxed copy rec'd 04/13/15) CB*

DSHS/ADSA/RCS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Executive Dir.	(X6) DATE 4/13/15
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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 309 SS=D	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to provide the necessary care and services for 1 of 4 residents (#3) when they did not accurately assess and monitor the resident's new lower leg edema (swelling). This failure caused the resident to not have a baseline assessment against which future assessments could be compared and caused the resident to have a possible delay in timely treatment.</p> <p>Findings include:</p> <p>According to the facility policy regarding lower extremity edema, swelling should be assessed as 1+, 2+, 3+, or 4+ edema, depending on visible distortion when a finger is pressed against the swelling in the lower leg, how fast the distortion disappears and how long it lasts. The procedure called for possible nursing interventions of avoiding tight fitting shoes, checking feet, legs and skin for redness or breakdown, reporting increased edema, encouraging the resident to elevate legs, and applying elastic stockings as ordered.</p>	F 309	<p><b>DISCLAIMER STATEMENT:</b> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p> <p><b>F309</b></p> <p>A) Resident #3 is discharged from the facility. <span style="float: right;">23-Apr-15</span></p> <p>B) All other residents in the facility who have CHF with edema will be reviewed to ensure assessment of lungs and extremities is occurring and this is entered into the record. MD will be contacted as necessary to provide additional orders as needed. <span style="float: right;">23-Apr-15</span></p> <p>C) Licensed staff will be inserviced by DNS and provided a tool on charting guidelines for patients suffering from exacerbated CHF and possible edema. The facility will provide an alert charting tool to cover those patients who suffer from sudden onset of such conditions. LNs will also review the policy and procedure for monitoring and assessing edema. <span style="float: right;">23-Apr-15</span></p> <p>D) DNS or designee will randomly check the charts of those patients with exacerbated CHF to ensure proper assessment and documentation is present to represent the condition of the patient in the record. Results will be presented at monthly PI meeting for additional follow up if required.</p>	

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F 309	<p>Continued From page 2</p> <p>Resident #3 was admitted to the facility on [REDACTED] 5 following repair of [REDACTED] and a [REDACTED] from a fall at home. The resident also had a history of [REDACTED] disease. The resident used oxygen. The resident planned to undergo rehabilitation and return home.</p> <p>According to the Minimum Data Set, (MDS), an assessment instrument, the resident was alert and oriented, but required extensive assistance with activities of daily living.</p> <p>On 2/20/15 at 3:31 a.m., the resident was noted to have "rales and rhonchi (terms to describe sounds heard during lung assessment) with a non productive cough. A breathing treatment was given and seemed to help.</p> <p>On 2/21/15 and 2/22/15, the resident continued to have wheezing and received respiratory treatments.</p> <p>On 2/22/15, a chest x-ray was completed and showed "mild pulmonary (lung) venous congestion. Modest left lower lobe infiltrate and/or effusion." The resident was started on an antibiotic for probable pneumonia.</p> <p>On 2/23/15, an interdisciplinary skilled services review indicated the resident was doing well and was planning to return home independently. There was no mention of the breathing problems.</p> <p>On 2/27/15, at 4:52 p.m., nursing notes reflected "Message left with PCP (primary care provider) to address increased congestion, increased bilateral edema (swelling in both legs). No previous information related to leg swelling was found.</p>	F 309	<p><u>DISCLAIMER STATEMENT:</u> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	

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F 309	<p>Continued From page 3</p> <p>On 2/28/15, at 12:12 p.m., nursing notes reflected the on-call physician was contacted "about lab work, increased congestion and family concerns." No information was found regarding assessment of the resident's lungs or leg swelling.</p> <p>At 6:37 p.m., after starting Lasix (a medication to remove fluid from the body), the resident reported "breathing much easier" today.</p> <p>On 3/1/15 at 12:08 a.m., nursing notes reflected the resident has "non-pitting edema. Non pitting edema LLE (left lower extremity)." No assessment was found regarding the actual condition of the legs or the lungs.</p> <p>At 18:06 p.m., nursing notes reported "BLE (swelling in both legs) is less." The time and condition of the comparison could not be determined.</p> <p>On 3/2/15 at 12:08 a.m., a nursing note reflected "Becomes very anxious when she is short of breath, grunting and gasping. Resident has pitting edema. Resident is wheezing, resident has a cough, resident has shortness of breath while lying flat. Lungs with audible wheezes (able to hear wheezing)." An assessment of the degree of pitting edema was not found. The resident was noted to have a weight gain of nearly 5 pounds since admission.</p> <p>On 3/3/15 at 7:00 a.m., a BNP (a diagnostic test for congestive heart failure) was received with a value of 40100.0 pg/ml, indicating the resident likely had congestive heart failure. The on-call physician was notified, but deferred to the attending physician for treatment decisions.</p>	F 309	<p><b>DISCLAIMER STATEMENT:</b> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	

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F 309	Continued From page 4  At 2:34 p.m., the resident was transported to the hospital.  On 3/20/15, at 12:40 p.m., Licensed Nurse B stated "Our edema monitoring depends on what the doctor orders. The doctor would prescribe any medications or if the resident needed to be weighed daily. Typically nurses chart daily on our skilled residents. Nurses would monitor edema and would chart to that specifically if the resident had edema. We would not do daily weights unless a physician ordered that done."	F 309	<b>DISCLAIMER STATEMENT:</b> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."	
F 333 SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS  The facility must ensure that residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure the residents were free of significant medication errors for 1 of 4 residents (#2) when they failed to administer high dose PredniSONE (an anti-inflammatory drug) as ordered. This failure placed the resident at risk for significant side effects, including discomfort and withdrawal symptoms.  Findings include:  Resident #2 was admitted to the facility on [REDACTED] 14 with diagnoses to include multiple [REDACTED]	F 333	F333  A) Resident #2 is discharged from the facility. B) All other resident orders will be audited to ensure that there are no other clarifications orders that are holding up delivery of medications. C) Licensed staff will be in seviced regarding need to review and clarify orders prior to admission of patient and if unable then the need to obtain an MD order to hold medication if appropriate. D) DNS or designee will randomly audit admission orders to ensure that all meds ordered are in system and beind administered per the MAR. Discrepancies will be reported to monthly PI meeting to identify any needed follow up in licensed nurses.	23-Apr-15 23-Apr-15 23-Apr-15 23-Apr-15

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F 333	<p>Continued From page 5</p> <p>██████████ The resident had been living at home and was found to be increasingly weak. The physician decided to admit the resident for medication management and physical therapy.</p> <p>According to the Minimum Data Set, (MDS), an assessment instrument, the resident required extensive assistance with activities of daily living, but was alert and oriented and able to make needs known.</p> <p>On 12/26/14, physician orders accompanying the resident at the time of admission, called for PredniSONE 50 mg (milligrams): Give 1.5 tablet by mouth one time a day for ██████████ until 12/31/14, then PredniSONE 50 mg: Give 1 tablet by mouth one time a day for ██████████ until 1/07/15, then PredniSONE 50 mg: Give 0.5 tablet one time a day for ██████████ until 1/14/15, then PredniSONE 10 mg: Give 1 tablet one time a day for ██████████ until 1/21/15.</p> <p>On 12/26/14, a clarification order was written reinforcing the above listed tapering schedule of the PredniSONE dosing and also noted the resident was taking 100mg of PredniSONE at home on 12/22, 12/23 and 12/24 with a taper to PredniSONE 75 mg starting on 12/25, 12/26, 12/27, 12/28, 12/29, 12/30 and 12/31.</p> <p>According to manufacturer's instructions, PredniSONE reduces inflammation and suppresses the body's normal immune response. It is generally used for short periods of time to decrease symptoms of chronic disease. The benefit of the medication begins within 3-4 hours and lasts about 1-1.5 days. The medication</p>	F 333	<p><b><u>DISCLAIMER STATEMENT:</u></b> "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	

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F 333	<p>Continued From page 6</p> <p>should not be withdrawn suddenly as it can cause adverse side effects, including nausea, vomiting, depression or psychosis.</p> <p>A review of the Medication Administration Record (MAR) reflected the resident received no PredniSONE as ordered on 12/26/14 or 12/27/14.</p> <p>On 3/20/15 at 9:05 a.m., Resident #2 stated "I got here on the day [REDACTED] 15). I was taking high dose PredniSONE for a flare up of my [REDACTED]. I know from taking PredniSONE before that suddenly stopping the medication can plunge a person into sudden depression. That did happen to me here and it took several days to get myself back on schedule. I felt like I was a mess. I turned in a written complaint about not receiving the medication and they did tell me it wouldn't happen again."</p> <p>At 10:30 a.m., Licensed Nurse (LN) E stated "Resident (#2) came from the clinic. I know she admitted with orders, but I don't think the physician orders were very clear. I think we requested clarification."</p> <p>At 12:50, LN A stated "We haven't had any medication errors on the 3rd floor in the past several months."</p> <p>At 1:05 p.m., LN B stated "We have had no medication errors on the 2nd floor. If we did, that would be investigated and recorded on the accident and incident log."</p> <p>At 1:15 p.m., a review of the facility's accident/incident log and complaint/grievance log for the months of December 2014 and January, February and March of 2015 did not reveal</p>	F 333	<p><b><u>DISCLAIMER STATEMENT:</u></b></p> <p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>

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F 333	<p>Continued From page 7</p> <p>information regarding missing doses of medication for Resident #2.</p> <p>At 1:20 p.m., LN B stated ""We didn't feel the admission order for (Resident #2) was clear. We put a call out to the doctor, but what are we supposed to do if the doctor doesn't call us back.""</p> <p>Resident record review did not reveal information regarding whether the physician knew of the missing doses, whether the resident was experiencing withdrawal or what was being done to decrease possible side effects of the PredniSONE not being given.</p> <p>The facility did not view the omission of two doses of PredniSONE as a medication error.</p>	F 333	<p><b><u>DISCLAIMER STATEMENT:</u></b></p> <p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>	