

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

PRINTED: 01/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505373	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/05/2014
NAME OF PROVIDER OR SUPPLIER PRESTIGE POST-ACUTE AND REHAB CENTER - LIBERTY			STREET ADDRESS, CITY, STATE, ZIP CODE 917 SOUTH SCHEUBER ROAD CENTRALIA, WA 98531		
(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 Prestige Post-Acute and Rehab Center - Liberty on October 31 and November 5, 2014. Last date of data collection was November 14, 2014. A sample of 3 current residents and 2 former residents was selected from a census of 93.</p> <p>The following complaints were investigated.</p> <p>3050253</p> <p>The survey was conducted by:</p> <p>Catherine Litsiba, R.N., B.S.N., Complaint Investigator</p> <p>The Complaint Investigator was from:</p> <p>Department of Social & Health Services</p> <p>Aging and Long-Term Support Administration/AL TSA</p> <p>Division of Residential Care Services</p> <p>P.O. Box 45819</p> <p>Olympia, WA 98504-5819</p> <p>Telephone: 360-664-8432</p> <p>Fax: 360-664-8451</p> <p><i>Loletta Maestri</i> Date: <u>1/9/15</u> Residential Care Services</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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.	F 309			
F9999	FINAL OBSERVATIONS F309 CFR489.25 Quality of Care. 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. Based on interview and record review, it was determined the facility failed to consistently implement monitoring and treatment of constipation for 1 of 5 sampled residents (former resident #1) reviewed for care and services. This failure placed residents at risk for unrecognized, prolonged constipation, fecal impaction, discomfort and delay in medical treatment for related complications. This caused harm to former resident #1 when she was sent to the hospital for severe abdominal pain and diagnosed with [REDACTED] which required surgery.	F9999	Past noncompliance: no plan of correction required.		

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F9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility [REDACTED]. She had diagnoses to include [REDACTED]. She was assessed by the facility as being alert and oriented and able to make her needs known. She was continent of bowel and bladder and used a bedside commode at night.</p> <p>On [REDACTED] Resident #1 was taken to the hospital emergency room by her representative due to severe abdominal pain. Resident #1 was re-admitted to the facility on [REDACTED] after being treated at the hospital for [REDACTED].</p> <p>Resident #1 had physician orders to include Ferrous Gluconate (iron) and [REDACTED] (narcotic pain medication).</p> <p>The Lippincott Williams & Wilkins Nursing 2014 Drug Handbook documented the following medications have an adverse reaction of constipation: Ferrous Gluconate and [REDACTED].</p> <p>Resident had physician orders to include the standard house bowel protocol: Docusate sodium (stool softener) once a day as needed for constipation; Milk of Magnesia (laxative) once a day as needed for no bowel movement in 3 days; Dulcolax suppository (laxative) to be given if no</p>	F9999		

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F9999	<p>Continued From page 3</p> <p>results from the Milk of Magnesia and if there were no results from the house bowel protocol the physician was to be notified.</p> <p>In a review of the resident's medical record the resident did not have a bowel movement between 8/23 and 8/31/14. The resident did not receive any docusate sodium for constipation. She did not receive any milk of magnesia until 8/30 which was at least 7 days from last recorded bowel movement. She received dulcolax suppository on 8/27 and 8/31.</p> <p>In a review of the resident progress notes there was no indication she had any results from the milk of magnesia or the dolcolax suppository. No indication the physician was notified the resident had not had a recorded bowel movement for several days and had no results from the house bowel protocol.</p> <p>On 9/1/14, according to the medical record the resident, refused to eat and take medications. She had a large emesis and her abdomen was firm and tender. She did not have any bowel tones. Physician was notified and the resident was sent to the emergency department for further evaluation and treatment.</p> <p>According to hospital records dated [REDACTED] the resident was admitted to the hospital with signs and symptoms of [REDACTED] "The resident had 6 days of symptoms with abdominal distention." The hospital record indicated she had surgery and expired secondary to</p>	F9999		

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F9999	<p>Continued From page 4 complications two days later.</p> <p>During the investigation on 10/31 and 11/5 there was no evidence of current facility failed practice.</p> <p>In an interview with the Assistant Director of Nurses on 11/5 she stated on 9/1 the corporation changed to the present corporation and also the bowel protocol had been changed. She also stated a lot of the staff had been replaced. She had no explanation as to why the bowel protocol was not followed for Resident #1.</p> <p>Summary, Resident #1 had a known history of bowel obstruction as of the re-admission to the facility on [REDACTED]. There were physician orders in place for the house bowel protocol to be followed. There was evidence the resident did not have a recorded bowel movement for several days without intervention. After at least 8 recorded days of no bowel movement, the resident experienced large emesis and severe abdominal pain. She was sent to the hospital and a diagnosis of [REDACTED] was made, she had surgery and expired from complications two days later.</p>	F9999		