

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

PRINTED: 07/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/26/2014
NAME OF PROVIDER OR SUPPLIER ALDERWOOD PARK CONV CTR LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 2726 ALDERWOOD 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 Alderwood Park Convalescent Center on 6/25/14 and 6/26/14. A sample of 34 current residents and 1 former and/or discharged resident was selected from a census of 85.</p> <p>The following complaints were investigated as part of the survey:</p> <p>#3019462 #3019505</p> <p>The survey was conducted by:</p> <p>Nadyne Krienke, R.N., M.S.N.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, Region 3, Unit B 3906 172nd Street NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p><i>[Signature]</i> 7/3/14 Residential Care Services Date</p>	F 000	<p>RECEIVED JUL 23 2014 ADSA/RCS Smokey Point</p>	

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

TITLE

(X6) DATE

[Signature]

Administrator

7/21/2014

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 514 SS=E	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain accurate clinical records for 18 of 29 residents (#2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19) reviewed regarding showers/baths. Failure to ensure the clinical records were complete could place residents at risk for not having care plan directives implemented consistently and/or not having care needs met.</p> <p>FINDINGS INCLUDE:</p> <p>During an interview on 6/25/14 at 2:25 p.m., Resident 1 stated residents were to get at least one shower a week. She stated residents were concerned about not getting showers. Resident 1 stated " residents are not getting what they need " and this has been brought up during resident council meetings.</p>	F 514	<p>The facility staff has reviewed all the care of the listed residents and no care issues were found.</p> <p>An in service has been held with the staff concerning the importance of documentation.</p> <p>The flowsheets for the NAC staff, for care tasks completed, has been changed to reflect showers/care given on different shifts.</p> <p>The Quality Assurance Nurse will monitor activities of care and the related documentation on a monthly basis to make certain changes are being maintained.</p>	<p>7/30/2014 T enging</p>	

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F 514	Continued From page 2 Review of the facility ' s response to the resident council, dated 5/12/14, regarding staffing and not getting services such as baths were to " provide showers weekly, also do our best to accommodate extra showers, ... strive to provide excellent care to all residents regardless of the circumstances " . On 6/26/14 at 8:45 a.m., Resident 2 stated one major problem was that showers were not being completed for all residents. He stated he had only recieved 3 showers in 7 weeks but " yesterday I got a shower " . He stated he has a skin condition and needs to be showered weekly. The nursing admit assessment, dated 5/14/14, under skin documented he had dry skin in groin region and had a prn (as needed order) for medicated cream for his skin on the groin. The Treatment Administration Record (TAR) for June 2014 revealed he had " redness " in his skin folds of his abdomen and groin. The TAR for May and June 2014 documented showers had been given on May 28, and June 11th with a refusal of a shower on June 1st, 2014. Resident 2 ' s TARs were reviewed with the Director of Nursing (DNS), she stated the resident had received a shower yesterday on the 25th of June 2014, however staff did not document completion of the shower. The DNS verified the resident had received another shower on June 19, 2014 but again the care had not been documented that his bath/shower had been completed. Review of the TARs for June 2014 for 29	F 514			

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F 514	<p>Continued From page 3</p> <p>residents revealed on 17 residents' showers had not been documented as provided care.</p> <p>On 6/26/14 at 10:50 a.m., the Resident Care Manager (RCM) reviewed the TARs for June 2014 and verified that according to documentation, residents had not been getting weekly showers.</p> <p>Review of residents' TARs for June 2014 who had cognitive impairment, incontinent of bowel and bladder and/or dependent of staff for showers/bathing had no documented evidence that showers had been provided weekly. Only one shower had been documented as provided.</p> <p>Review of the residents' TAR's for documentation of weekly showers were not evidenced for the following residents:</p> <p>Resident 3's MDS, dated 5/13/14, revealed she was dependent on staff for bathing and required maximum assistance of 2 people for transfers.</p> <p>Resident 4's current MDS, dated 3/31/14, indicated she had cognitive impairment and required maximum assistance of two with bed mobility and would provided physical help in part of her bathing.</p> <p>Resident 5' s MDS, dated 5/26/14, revealed she was cognitively impaired, dependent on 2 people for bed mobility and transfers, incontinent of urine and bowel and dependent on staff for bathing.</p> <p>Resident 6's MDS dated 5/6/14 revealed the resident was incontinent of urine and bowel, was dependent on staff for bathing and required 2 people for bed mobility and transfers.</p>	F 514			

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F 514	<p>Continued From page 4</p> <p>Resident 7's MDS dated 6/6/14 revealed she was cognitively impaired, required 2 people for bed mobility and transfers, was always incontinent of bowel and assistance with bathing.</p> <p>Resident 8's MDS dated 5/16/14, revealed she required maximum assistance of 2 people for bed mobility and transfers, was incontinent of stool and bowel and was dependent on staff for bathing.</p> <p>Resident 9's MDS, dated 3/24/14 indicated she had cognitive impairment, required 2 people for bed mobility and transfers, dependent on staff for bathing and incontinent of urine and bladder</p> <p>Resident 10's MDS 5/6/14 revealed he was cognitively impaired, required assistance of 2 people for bed mobility and transfers and periods of urinary and bowel incontinence.</p> <p>Resident 11's MDS dated 3/31/14, indicated she had severe cognitive impairment, dependent on 2 people for bed mobility and transfers and required physical help for bathing.</p> <p>Other records reviewed for documentation of weekly showers for Resident 12, 13, 14, 15, 16, 17, 18 and 19 revealed no documented evidence of care completed.</p>	F 514		