

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

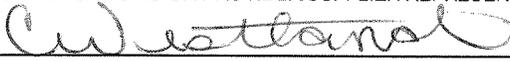
PRINTED: 11/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2014
NAME OF PROVIDER OR SUPPLIER SNOHOMISH HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 800 10TH STREET SNOHOMISH, WA 98290	
(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 Snohomish Health and Rehabilitation on November 13 and 17, 2014.</p> <p>The following complaints were investigated as part of this survey:</p> <p>3052078 3051100 3051289 3052092</p> <p>The survey was conducted by:</p> <p>Janet Thorson-Mador, RN, MN Susan Harris, RN, BSN</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 2, Unit B 3906 172nd St. NE, Suite 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651-6940</p> <p> Residential Care Services</p>	F 000	<p>DEC 12 2014 ADSARCS Region 3</p> <p>DISCLAIMER CLAUSE PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH 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>	

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

TITLE

(X6) DATE



administrator

12/8/14

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 242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to actively seek and act upon information regarding the bathing needs and preferences of Resident 1, one of four sampled residents. The resident had a provider order that she needed to shower 4 to 5 times weekly, which the facility did not follow. This contributed to the resident experiencing discomfort due to perceived lack of cleanliness and personal odor.</p> <p>Findings include:</p> <p>Resident 1 had history of an infected knee replacement, and was receiving antibiotics intravenously at the facility. The resident notified the State agency on 11/10/2014 that she had provider orders to have a shower 4 to 5 times weekly, but was receiving showers less frequently.</p> <p>Record review revealed an order from the resident's MD at an orthopedic clinic dated 10/07/2014: "Patient needs to shower 4-5 times weekly."</p>	F 242			

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F 242	Continued From page 3 infection with odor: "It smells really strong." When asked if she had refused showers, the resident said "I did not refuse, but said I did not want to shower at that time. I would say 'later'." The resident also noted that lately there had been no heat in the shower room. When she was offered a shower on this day (11/17/2014), she was told the room was 58F, and she declined. In a phone interview 11/17/2014 at 12:25 p.m., the surgeon's representative stated "We wrote the order so she could shower more often." The resident had reported to the surgeon's office she was only getting one or two showers a week.	F 242			