

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

PRINTED: 01/13/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/05/2016
NAME OF PROVIDER OR SUPPLIER PARK MANOR REHABILITATION CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 1710 PLAZA WAY WALLA WALLA, WA 99362	
(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 Park Manor Rehabilitation Center on December 21, 2015 and January 5, 2016. A sample of 8 residents was selected from a census of 79 residents. The sample included 8 current residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#3173025 #3170477</p> <p>The survey was conducted by: Patti Zimmer, R.N.</p> <p>The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, Region 1, Unit D 3611 River Road, Suite 200 Yakima, Washington 98902</p> <p>Telephone (509) 225-2800 Fax: (509) 574-5597</p> <p><i>Robert D. [Signature]</i> 1/14/16 Residential Care Services Date</p>	F 000	<p>F 000 This Plan of Correction constitutes the facility's credible allegation of compliance for the deficiencies noted. This plan of Correction is prepared and submitted as required by law. By submitting this POC, Park Manor Rehabilitation Center does not admit that the deficiency listed on the FORM CMS-2567 exist, nor does Park Manor admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. Park Manor reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts, and conclusions that form the basis for these deficiencies. This plan of correction acknowledges responsibility for compliance with licensing requirements.</p>	02-03-16
F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician</p>	F 157	<p>F157: How the facility will correct the deficiency as it relates to the resident: Resident's (#1) legal representative was informed of resident's treatment plan of care, allowed to give input which was then followed, and care plan updated to reflect resident's current needs.</p>	02-03-16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

[Signature] Administrator January 23, 2016

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 157	<p>Continued From page 1</p> <p>intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to notify the legal representative of one of one resident (#1) regarding a significant change in the treatment plan of the resident. This failed practice disallowed the legal representative an opportunity to share input into the decision. Findings include:</p> <p>Resident #1: Review of the Speech Therapy records between 9/17-10/16/13 and 11/25/14 revealed recommendations were made for</p>	F 157	<p>F 157 How the facility will act to protect residents in similar situations: Charge nurse and or designee will review current residents with a significant change in their feeding program to ensure legal representative/responsible party is notified.</p> <p>F 157 Measures that will be put into place to ensure that this deficiency does not recur: Staff Development Coordinator and or designee will in-service licensed nurses on the need to notify resident's legal representative / responsible party on any significant change in resident's treatment plan, which could include a change in feeding program, thus allowing an opportunity to give input and be a part of the decision making process.</p> <p>F 157 Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Charge nurse and or designee will conduct random audits for 90 days to ensure the legal representative of residents with a significant change in their feeding program receive notification of such change and are allowed input. Such notifications will be documented in resident's chart.</p>	02-03-16	

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F 157	Continued From page 2 specific feeding plan strategies based on the resident's high risk for aspiration. Those recommendations included supervising the resident one to one in his room with the television on and no talking during the meal. However, on 11/5/15 an evaluation by the Occupational Therapist noted she recommended he could eat in the dining room for socialization at meals. Staff followed the recommendation by the OT (a significant change in the resident's feeding plan) and had him eat in the dining room for an unspecified number of meals.. There was no evidence of documentation staff notified the resident's legal representative (family member) of the significant change in his treatment plan. During a telephone interview on 12/21/15 at 4:33 p.m. with the resident's legal representative (family member) she stated she had no knowledge staff had changed the resident's feeding program to eating in the dining room until she made the observation during a visit to the facility. Cross-refer to F309. The facility failed to provide the necessary care and services to ensure safe, swallow strategies were followed for the resident.	F 157	F 157 How the facility will monitor its performance to make sure that solutions are sustained: The Director of Nursing and/or designee will review change of conditions and ensure compliance with proper notifications for all residents who receive a recommendation for a significant change in their dining arrangements. The Director of Nursing Services will bring findings to the Quality Assessment and Assurance (QA&A) Committee. The QA&A Committee will review findings to ensure compliance is sustained and make recommendations as needed. Responsible Person(s): The Director of Nursing Services and/or designee.		
F 309 SS=D	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	F 309 How the facility will correct the deficiency as it relates to the resident: Immediately upon findings Resident # 1 was assessed and care plan updated as needed and legal representative notified.	02-03-16	

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F 309	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and record review, the facility failed to provide the necessary care and services to ensure safe, swallow strategies were followed for 1 of 3 sampled residents (#1) reviewed for swallowing problems. This failed practice potentially placed Resident #1 at risk for increased medical complications resulting from aspiration. Findings include:</p> <p>Resident #1: Admitted to the facility on [REDACTED] 13 from home with diagnoses which included [REDACTED] in 1997 ([REDACTED] damage due to low levels of [REDACTED], [REDACTED] and [REDACTED])</p> <p>Review of an assessment by Social Services dated 12/1/15 noted the resident's memory remained poor and his decision making ability was severely impaired.</p> <p>Review of a Speech Therapy (ST) evaluation dated 9/17/13 revealed the resident exhibited a risk for aspiration (entry of food or other foreign material into the respiratory tract), coughing/choking during oral intake with decreased safety, and cognitive deficits. Review of ST Treatment Notes between 9/17-10/16/13 noted the resident was to be supervised by staff in his room in either his wheelchair or bed with his television on. The television immediately calmed him and gave him focus. He was fed a pureed diet alternating each one-two bites with a sip of thin water. The resident and the staff member feeding the resident were not to talk during the meal. The resident required consistent staff assistance during meals to monitor his intake speed and size of bite or drink. During the ST</p>	F 309	<p>F 309 How the facility will act to protect residents in similar situations: Charge Nurse and or designee will review current resident having a diagnosis of [REDACTED] injury with high risk for [REDACTED] to ensure the necessary care and services for safe, swallow strategies are followed in order to ensure the best outcomes for each resident.</p> <p>F 309 Measures that will be put into place to ensure that this deficiency does not recur: The Staff Development Coordinator and or designee will in-service licensed nurses and nursing assistants on the need to provide the necessary care and services to ensure safe, swallow strategies are followed for residents with a diagnosis of anoxic brain injury with high risk for aspiration to ensure care plan is followed.</p> <p>F 309 Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Charge Nurse and or designee will conduct random audits fro 90 days to ensure resident with a diagnosis of anoxic brain injury and at high risk for aspiration are receiving the necessary care and services for safe swallow strategies as directed by their plan of care. The Director of Nursing Services will bring findings to the Quality Assessment and Assurance (QA&A) Committee.</p>	02-03-16

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F 309	<p>Continued From page 4</p> <p>treatment period staff and the resident's family member (Power of Attorney) were trained on the above safety strategies with a list posted in the resident's closet.</p> <p>A telephone interview on 1/5/16 at 12:40 p.m. with Staff A (above ST) revealed the resident's above family member was very involved when he was admitted and had given her papers on how the resident had been fed at home. The ST's recommendations had been for the resident to be [REDACTED] in front of his television in his room. This strategy improved his attention and limited him from turning his head side to side, thus keeping his head at the correct position for eating. Staff was to feed him to decrease his risk for choking as he would take large, quick bites. She stated in her professional opinion the resident was not going to get better due to the amount of time that had elapsed since his [REDACTED]</p> <p>On 11/25/14 the resident was screened by ST for positioning during meals per nursing request. Review of an Interdisciplinary memo dated 11/25/14 by the ST stated the resident was to eat in a semi-reclined position in bed or wheelchair (approximately 45 degree angle). Staff was to continue one to one tray assistance in a "low stimulus environment (no dining room)."</p> <p>Review of a Rehab Referral form dated 11/5/15 requested a ST to perform a "general screen" and an Occupational Therapist (OT) to evaluate "self feeding" on the resident. There was no evidence a ST had conducted a screening on the resident as requested. An evaluation by the OT stated the resident was initially "easily distracted" with self-feeding, which impacted his consumption. However, the resident was "now" accustomed to</p>	F 309	<p>F 309 How the facility will monitor its performance to make sure that solutions are sustained: The QA&A Committee will review findings to ensure compliance is sustained and make recommendations as needed.</p> <p>Responsible Person(s): The Director of Nursing Services and/or designee.</p>	02-03-16	

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F 309	<p>Continued From page 5</p> <p>his new environment and his consumption did not decrease when eating in the dining room. The OT recommended the resident to eat in the dining room for socialization. The follow-up date was 11/5/15 and signed by the Director of Nursing.</p> <p>On 1/5/16 at 1:50 p.m. a telephone interview with Staff B (above OT) was conducted. She stated the above referral from nursing was done on the same day it was requested, and the resident had gone to the dining room that same day. She stated the resident's family member was very upset he had been placed in the dining room as he was too distracted. The OT was unaware the resident's television in his room was to be on during meals to distract him and keep his head at the correct position.</p> <p>A telephone interview on 12/21/15 at 4:33 p.m. with the above resident's family member revealed she had come to the facility to visit her son and found him in the dining room feeding himself. He was taking huge spoonfuls very fast as he has impulsive behaviors. Staff in the dining room at that time were not supervising him. She immediately took him out of the dining room and fed him in his room. She consulted the resident's neurologist who ordered a swallow test to be performed, which was done on 12/9/15.. Immediately following the [REDACTED] in 1997 the resident was hospitalized where tests revealed he required specialized feeding due to the high risk for aspiration. Staff had been following those feeding strategies until she found him in the dining room. She stated Staff C (Licensed Nurse) was aware the resident was eating in the dining room. She stated she was never notified by staff of the change in his feeding program (his room to the dining room).</p>	F 309		

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F 309	Continued From page 6 An interview on 1/5/16 at 2:15 p.m. with Staff C revealed the resident's family member had informed her she did not want the resident eating in the dining room as there was not adequate supervision, and his risk for aspiration was too high. She stated there normally was not a Licensed Nurse (LN) in the dining room during meals unless assistance was needed. The resident sat at a feeding table with three other residents with one Nursing Assistant (NA) assisting them. During an interview with Staff D (Administrative LN) on 1/5/16 at 11:50 a.m. she stated the resident had ate in the dining room for a short time and had done well. Review of a Speech Video Swallow Study performed on the resident dated 12/9/15 revealed moderate to severe swallowing difficulty with severe aspiration risk. Recommendations included one to one supervision by staff at meals to control the rate and amount of food he ate. An interview with Staff E (current ST) on 1/5/16 at 11:30 a.m. noted that recommendations following the above swallow study were for the resident to eat in his room with the lights dimmed, television on, and no talking. He was to be fed a pureed diet with honey thick liquids by spoons only (no straws) by staff. The resident was observed on 1/5/16 at 12:30 p.m being fed in his room by a NA. The resident was observed to grab his sippy cup from the tray and swallow fluids. Staff immediately retrieved the cup and provided assistance.	F 309			

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F 309	Continued From page 7 Despite the above feeding strategies for the resident as outlined by the ST in 2013 and again in 2014, staff changed his feeding plan to eat in the dining room, without the ST screening that had initially been requested. Prior to the change in the feeding plan (which was developed by ST to decrease his severe risk for aspiration), and diagnosis of [REDACTED] and [REDACTED], staff did not evaluate the impact on his medical condition and the increased risk of aspiration if the changes were made. There was no evidence of nursing documentation as to when the change in feeding program had initially started and how it was to be performed and monitored. In addition, there was no evidence staff was monitoring the resident during the meals in the dining room and evaluating for changes in his condition.	F 309			



Nursing Home Survey Report
STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. Page 1 of 1 Pages

2. DATES OF DATA COLLECTION
12/21/15, 1/5/16

3. NAME OF FACILITY
Park Manor Rehabilitation Center

4. TYPE OF SURVEY
 Full Post Complaint Other: specify _____

5. TIME OF SURVEY Day Night
 Weekend Holiday

6. STREET ADDRESS CITY STATE ZIP CODE
1710 Plaza Way Walla Walla Washington 99362

7. LICENSE NUMBER
1342

NOTE: According to RCW 18.51.060, the Department is authorized to deny, suspend or revoke a license and/or assess monetary fines for deficiencies cited in this report.

8.	9. WASHINGTON ADMINISTRATIVE CODES 388-97	10. CODE OF FEDERAL REGULATION 42 CFR 483.	11. FEDERAL DATA TAG NUMBER	12. REPEAT DEFICIENCY FROM SURVEY DATED	13. NEW CITATION ON POST SURVEY	14. LICENSEE'S PLANNED DATE OF CORRECTION	
<input checked="" type="checkbox"/> The requirements of the following WAC's and corresponding CFR's were not met. The text of the statements of deficiencies and the licensee's plan of correction may be read on CMS form 2567, dated: <u>1/5/16</u> . **Licensee must complete column 14. <input type="checkbox"/> The following deficiencies were determined to be corrected.	-0320(1)(c)	.10(b)(11)	F157		<input type="checkbox"/>	02-03-2016	
	-1060(1)	.25	F309		<input type="checkbox"/>	02-03-2016	
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						<input type="checkbox"/>	
						<input type="checkbox"/>	

15. SURVEYOR'S SIGNATURE(S)

SIGNATURE <i>Robert Anderson</i>	DATE <i>1/14/16</i>	SIGNATURE <i>Paul Zimmer</i>	DATE <i>1/14/16</i>
SIGNATURE	DATE	SIGNATURE	DATE

16. LICENSEE OR AGENT

SIGNATURE OF LICENSEE (OR AGENT) <i>[Signature]</i>	TITLE Administrator	DATE 01-26-2016
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