

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

PRINTED: 12/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/12/2014
NAME OF PROVIDER OR SUPPLIER PACIFIC CARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 3035 CHERRY STREET HOQUIAM, WA 98550		
(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 Pacific Care Rehab on 12/12/2014. A sample of 5 residents was selected from a census of 64. The sample included 3 current residents and 2 former residents.</p> <p>The following complaint was investigated: #3056797 #3062359</p> <p>The survey was conducted by: Joan N. Pierce, MSN, R.N., Investigator</p> <p>The investigator is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, District 3, Unit C P.O. Box 45819 Tumwater, Washington 98504-5819</p> <p><i>Loretta Maestas</i> Residential Care Services</p>	F 000	<p>This Plan of Correction is the facility's credible allegation of compliance.</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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Region3

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE ADMINISTRATOR (X6) DATE 12-29-14

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 000	Continued From page 1	F 000			
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 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</p>	F 157	<p>F157 Notify of Changes (Injury/Decline/Room, Etc)</p> <p>Resident #1 no longer resides in the facility.</p> <p>Current resident charts were reviewed for podiatrist recommendations.</p> <p>The podiatrist has been informed of the requirement to notify the facility timely of any changes to treatment and/ or recommendations. Podiatrist will write appropriate orders at time of assessment and will then give immediately to the Director of Nursing Services (DNS) or Resident Care Manager (RCM) for follow up. When his assessment/follow up forms are mailed to and received by the facility, those forms will be given to the DNS or RCM to review and follow up as necessary.</p> <p>Licensed Nurses (LN's) to be in-serviced by the Director of Staff Development (DSD) and or designee of state findings related to F157. LNs will be educated on updated system to include providing the podiatrist with blank order forms at each visit. LNs are to process orders as required. LNs will also be educated to immediately notify residents and/or responsible party of any changes to treatment and/or recommendations. When podiatrist assessment/follow up forms are mailed to and received by the facility, those forms will be given to the DNS/RCM to review and follow up as indicated.</p>	<p>1/13/15 and ongoing</p> <p>1/13/15 and ongoing</p>	

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F 157	<p>Continued From page 2 by:</p> <p>Based on interview and record review, the facility failed to notify the resident's representative when there was a delay in obtaining a referral for treatment for 1 of 5 Residents (#1). The failure to notify the representative of the referral for treatment, did not allow the resident's representative, to participate and make knowledgeable decisions regarding Resident #1's care. The failure placed the resident at actual delay in treatment.</p> <p>Findings include:</p> <p>All interviews took place on 12/12/2014 unless otherwise stated.</p> <p>Resident #1 was admitted to the facility [REDACTED] 14. He had diagnoses to include [REDACTED]</p> <p>[REDACTED] These blisters would fill with blood-tinged fluid and had a high risk of becoming necrotic areas. The resident had a history of developing these blisters. He had history of blisters on his 3rd and 4th toes on his right foot. Resident #1 also had diagnoses of [REDACTED]</p> <p>[REDACTED] Resident #1, according to the Minimum Data Set (MDS - assessment tool) was alert but could not make his own health care decisions. The resident was dependent on staff members for all care needs. Documentation indicated the resident's family visited the resident frequently and participated in the resident's care.</p> <p>On 11/13/2014 a physician evaluated the resident's feet and documented abnormal</p>	F 157	<p>DNS or RCM will conduct random weekly audits to ensure podiatrist assessment forms have been reviewed, acted upon as indicated, and filed appropriately.</p> <p>The DNS or designee will bring the findings to the Quality Assessment and Assurance (QA&A) Committee.</p> <p>The QA&A Committee will review findings and make recommendations as needed.</p> <p>DNS will ensure compliance.</p>		initials and ongoing

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F 157	Continued From page 3 findings to include temperature changes. Recommendations included a vascular consult. Interview with Licensed Nurse Staff (#B) revealed the document from the physician arrived to the facility (date unknown), and was filed in the resident's record without it being reviewed by a Licensed Nurse. The referral was not made. The resident did not have a vascular consult and the family was not notified. A facility document (dated 12/7/2014) indicated two newly developed necrotic areas were found upon assessment on the 1st and 2nd toes of Resident #1's left foot. The resident was transported to a hospital for evaluation and treatment of gangrene in a left toe. Interview with a person not associated with the facility stated they were not made aware of the change in the resident's condition until 12/7/2014. The interested representative stated they were unaware of the referral made by the physician on 11/13/2014. This person revealed the resident was not a candidate for surgical intervention and had been placed on comfort care.	F 157			
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	F309 Provide Care/Services for Highest Well Being Resident #1 no longer resides in the facility. Current resident charts were reviewed for podiatrist recommendations.		initials and ongoing

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F 309	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure necessary care and services were provided for 1 of 5 Residents (#1). Failure to identify, review and act on an assessment and evaluation from a physician resulted in overlooking a referral for a vascular consult. This failure placed the resident at actual delay in treatment.</p> <p>Findings include:</p> <p>All interviews took place on 12/12/2014 unless otherwise stated.</p> <p>Resident #1 was admitted to the facility [REDACTED] 14. He had diagnoses to include [REDACTED]. These blisters would fill with blood tinged fluid and had a high risk of becoming necrotic areas. The resident had a history of developing these blisters. He had history of blisters on his 3rd and 4th toes on his right foot. Resident #1 also had diagnoses of [REDACTED]. Resident #1, according to the Minimum Data Set (MDS - assessment tool) was alert but could not make his own health care decisions. The resident was dependent on staff members for all care needs. Documentation indicated the resident's family visited the resident frequently and participated in the resident's care.</p> <p>On 11/13/2014 a physician evaluated the resident's feet and documented abnormal</p>	F 309	<p>The podiatrist has been informed of the requirement to notify the facility timely of any changes to treatment and/or recommendations. Podiatrist will write appropriate orders at time of assessment and will then give immediately to the Director of Nursing Services (DNS) or Resident Care Manager (RCM) for follow up. When his assessment/follow up forms are mailed to and received by the facility, those forms will be given to the DNS or RCM to review and follow up as necessary.</p> <p>Licensed Nurses (LN's) to be in-serviced by the Director of Staff Development (DSD) and or designee of state findings related to F309. LNs will be educated on updated system to include providing the podiatrist with blank order forms at each visit. LNs are to process orders as required to ensure residents receive necessary care and services. When podiatrist assessment/follow up forms are mailed to and received by the facility, those forms will be given to the DNS/RCM to review and follow up as indicated.</p> <p>DNS or RCM will conduct random weekly audits to ensure podiatrist assessment forms have been reviewed, acted upon if necessary, and filed appropriately.</p> <p>The DNS or designee will bring the findings to the Quality Assessment and Assurance (QA&A) Committee.</p>	<p>11/21/15 and ongoing</p> <p>11/21/15 and ongoing</p> <p>11/21/15 and ongoing</p> <p>11/21/15 and ongoing</p>

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F 309	<p>Continued From page 5</p> <p>findings to include temperature changes, edema of the left foot, ulcerations and eschars (scabs) to right foot, absent pulses on both right and left feet. Advanced changes were also noted to include absent hair growth, palor, thin, shiny skin, and redness. Recommendations included a vascular consult.</p> <p>The facility did not review the 11/13/2014 evaluation and recommendations when it arrived to the facility (date unknown).</p> <p>Interview with a Licensed Nurse Staff member (#A) stated the process of making a referral would include Social Services coordinating the appointment and transportation to complete the referral. The Social Services Staff member stated the referral was not reviewed.</p> <p>Interview with Licensed Nurse Staff (#B) revealed the document from the physician arrived to the facility (date unknown) and was filed in the resident's record without it being reviewed by a Licensed Nurse. The referral was not made. The resident did not have a vascular consult.</p> <p>A facility document (dated 12/7/2014) indicated two newly developed necrotic areas were found upon assessment on the 1st and 2nd toes of Resident #1's left foot. The resident was transported to a hospital for evaluation and treatment of gangrene in a left toe.</p>	F 309	<p>The QA&A Committee will review findings and make recommendations as needed.</p> <p>DNS will ensure compliance.</p>	1/12/15 and ongoing	