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

PRINTED: 01/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	505520		C 12/26/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIRABELLA	116 FAIRVIEW AVENUE N SEATTLE, WA 98109

(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	INITIAL COMMENTS This report is the result of an unannounced Abbreviated Complaint Survey conducted at the Skilled Nursing Facility, Managed by Mirabella on 12/23 & 26/14. A sample of 5 current residents from a total census of 27 residents was selected for review. The Abbreviated Survey was conducted by: Danette Delo, MN, RN, Complaint Investigator Complaint investigated: 3063369 The Complaint Investigator is from: Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 2, Unit D 20425 72nd Avenue South, Suite 400 Kent, Washington 98032-2388 Telephone: (253)234-6000 Fax: (253)395-5071 Lois Rammer 1/2/15	F 000	**Submission of this plan of correction is not an admission by Mirabella Seattle that the deficiencies alleged in the survey are accurate or depict the quality of nursing care and services provided the residents of this health care facility. This plan of correction is submitted timely in accordance with State and Federal Regulatory Guidelines.** . **This plan of correction is intended to serve as the health facility's Credible Allegation of Compliance with State and Federal Regulatory Requirements.** RECEIVED JAN 7 2015 DSHS/ADSA/RCS	

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

HSA — Health Services Administrator — 1/15/15

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=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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to follow physician's orders and monitor dietary needs of one of two insulin dependent diabetic residents. This failure put the resident at risk for complications related to hyper and hypoglycemic events. Findings include: Record review revealed Resident #1 was transferred from the Assisted Living to the Skilled Nursing Facility on [redacted] with diagnoses of diabetes and Alzheimer's. The most recent comprehensive assessment dated 09/15/14 noted the resident had significant cognitive impairment and needed assistance with most activities of daily living. An observation on 12/23/14 at 11:58 a.m., found Resident #1 was unable to demonstrate or describe the use of the call light to alert staff for assistance. The resident was unable to identify the glass of nutritional supplement left on the table in front of her and became agitated about a conversation regarding how much she enjoyed it.	F 309	F 309 This facility will follow physician orders and monitor the dietary needs of our insulin dependent diabetic residents. 1. Resident #1 Blood Glucose Levels will be managed in accordance to the current physician orders. This resident's Plan Of Care has been reviewed and updated and, is being followed related to Licensed Nurse notification of dietary intake directly post meal and, physician notification as defined by the physician's order. This resident's insulin orders have been reviewed by the primary physician and the long acting and short acting insulins are being administered as ordered. 2. All insulin dependent diabetic residents have been reviewed and Plan of Care updated to assure physician orders are being carried out as written, to include monitoring of dietary intake for licensed nurse notification directly post meal. 3. The Facility policy and procedure for management of insulin dependent diabetics has been reviewed and revised to best serve the needs of this population and minimize adverse	

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F 309	Continued From page 2 Review of the Physician's Orders revealed Humilin insulin (short acting) was to be given daily at 11:30 a.m. unless the blood glucose was below 110 or if the resident was refusing lunch. Record review of the Nursing Care Plan revealed Diabetes addressed with an intervention which instructed staff to promptly notify the physician if the blood glucose level of the resident was outside the parameters of 150 to 380. Staff was also instructed to monitor for signs and symptom of hyper/hypoglycemia. The care plan did not address notification of the nurse when the resident refused meals. In an interview on 12/30/14 at 12:30 p.m., Staff B, the resident's physician, stated he did not write an order for the blood glucose parameters that were noted on the care plan. He also expected the staff to be assured the resident would eat lunch before the 11:30 a.m. dose of Humilin was administered. Staff B confirmed the staff were to not administer this dose of insulin if the resident's blood glucose was below 110. In an interview on 12/26/14 at 2:10 p.m., Staff C, licensed nurse, stated Resident #1 needed cueing for food and fluid consumption. The resident has a known appetite issue. Staff C stated her understanding of the doctor's orders necessitated a nurse to ensure the resident was willing to eat lunch before Humilin was administered at 11:30 a.m. and if the resident refused breakfast, Staff C would be expected to observe the resident's behavior at lunch. Record review of the medication administration records (MAR) between 08/01/14 and 10/31/14	F 309	F 309 Continued hypoglycemic / hyperglycemic occurrences. Sliding Scale Insulin, regular and fast acting, will be given directly post meal after review of nutritional intake unless otherwise directed by physician orders. Licensed and Non Licensed staff Educational presentations related to Management of Insulin Dependent Diabetics and Hypo / Hyper Glycaemia are in process. Skin and Nutrition Committee will Review IDDM residents at least Monthly Consulting Registered Dietician review of all IDDM residents will occur upon admission and monthly thereafter, making recommendations as needed. 4. Consulting Registered Dietician and Pharmacy Consultant will monitor all IDDM resident's at least monthly, evaluating the management of the Insulin Dependent Diabetic and making recommendations as needed that best support continued positive outcomes for the IDDM resident.	

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F 309	Continued From page 3 revealed Humilin insulin was given on 08/11/14 with a corresponding blood glucose of 95; given on 09/09/14 with a corresponding blood sugar of 95; given on 10/02/14 with corresponding blood glucose of 73; given on 10/16/14 with a corresponding of blood glucose of 91. Record review of the nursing progress for the dates noted above revealed the nurses had failed to document their response to the blood glucose readings below 110. Review of the nursing progress notes dated 12/09/14 revealed Resident #1 had a blood glucose of 100 at 7:17 a.m.,when the long-acting insulin was administered. Then the resident refused breakfast. At 11:30 a.m., the blood glucose was 134 and Humilin insulin was administered. The resident refused lunch. At 1:30 pm the resident was found sweating (a symptom of hypoglycemia) and lunch was given. The resident's private care giver also arrived at that time. The resident's blood glucose was assessed by the nurse and found to be 57. In an interview on 12/26/14 at 9:30 a.m., the private caregiver of the resident stated she entered the resident's room and found the resident sweating to the extent her shirt was wet. The care giver reported the resident stated she was hungry and had not eaten since dinner the day before. The care giver immediately notified the nurse. The caregiver observed the nurse get a blood glucose reading and confirmed the low reading of 57 noted in the progress notes. In an interview on 12/26/14 at 3:00 p.m. Staff D, administrative nursing staff, reviewed the MARs and confirmed the documentation for Humilin	F 309	F 309 Continued The DNS or designee will carry out weekly audits related to Blood Glucose Monitoring, Insulin Administration and MD notification to assure orders are being followed as written by the primary physician. Findings of IDDM audits and recommendations by noted consultants will be reviewed at the monthly Quality Improvement committee, initiating appropriate follow up where needed at assure sustained compliance occurs. 5. The Administrator and Director of Nursing will be responsible to ensure correction Compliance Date 2/2/15	

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F 309	Continued From page 4 insulin indicated the parameters were not followed on 08/11/14, 09/09/14, 10/02/14 and 10/16/14. Staff D acknowledged facility policies for diabetic management did not include analysis of meal consumption related to medication administration to prevent hypoglycemia or hyperglycemia events. Staff D also acknowledged this should be included and was unable to explain why it had not been addressed.	F 309		