

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

PRINTED: 11/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2012
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NAME OF PROVIDER OR SUPPLIER BALLARD CARE AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 820 NORTHWEST 95TH STREET SEATTLE, WA 98117
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Ballard Care and Rehabilitation Center on 11/16/2012. A sample of 5 Residents were selected from a census of 134. The sampled included the Named Resident and 4 additional current Residents.</p> <p>The following complaints were investigated as part of this survey:</p> <p># 2697228</p> <p>The survey was conducted by:</p> <p>Diane Kirse, RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Disability Services Residential Care Services Region 2 20425 72nd. Ave. South, Suite 400 Kent, WA. 98032-2388 Phone: (253)234-6000 Fax: (253) 395-5070</p> <p><i>Bonetta Shroy</i> 11/16/12 Residential Care Services Date</p>	F 000	<p>RECEIVED DEC 03 2012 DSHS/ADSA/RCS Kent</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 11-30-12
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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	<p>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Ballard Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.”</p> <p>F225</p> <ol style="list-style-type: none"> Residents were interviewed by Interdisciplinary Team Members (IDT) to determine if they had been subjected to sexual type behavior or were in fear of resident #2 on 11-16-12. Event log report was reviewed for the past 30 days to identify need for interviews or expand other recent and similar investigations. Residents were interviewed by members of IDT on 11-16-12 to determine if they were subjected 	11-30-12
F 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated</p>	F 225		

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F 225	<p>Continued From page 2</p> <p>representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a complaint of inappropriate sexual behavior by a resident was fully investigated to determine if other residents had been subjected to this type of behavior and to ensure the safety of the other residents. Failure to ensure the safety of all residents placed them at risk for being victimized, suffering psychological harm, and overall decreased quality of life.</p> <p>Findings include:</p> <p>On 10/20/2012 Resident #1 reported that she had been spoken to and touched in a sexual manner by a male Resident (Resident #2), who had a history of making sexually inappropriate comments to staff. The event was witnessed by a staff member and a plan of 15 minute checks, along with other safety interventions, were implemented.</p> <p>A review of the completed investigation revealed that no other Residents had been interviewed to determine if they had also been subjected to the same behavior by Resident #2. The facility failed to determine if other residents were afraid of Resident #2, were in need of additional safety</p>	F 225	<p>to sexual type behavior or in fear from others. No residents were identified.</p> <ol style="list-style-type: none"> Staff were re-educated by Administrator on 11-29-12 to thoroughly investigate allegations of abuse to include expanding interviews to others identified to be at risk. Allegations of abuse investigations will be reviewed by Director of Nursing and Administrator weekly x 4 weeks then monthly x 3 months. Five random resident interviews will be conducted by IDT members weekly x 4 weeks, then monthly x 3 months related to experiences with others. Social Services and Director of Nursing will report findings in Process Improvement meeting monthly x 3 months. <p>Administrator November 30, 2012</p>	11-30-12	

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F 225	Continued From page 3 measures, or psychosocial intervention. In an interview with Staff A, the DNS (Director of Nursing) on 11/16/2012 at 12:30 PM, she acknowledged that no interviews has been done with other Residents to determine if they had been subjected to sexual type behavior from Resident #2, were in fear of him or other Residents, or to determine if additional safety measures would be required.	F 225			

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