

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

PRINTED: 01/06/2015
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 12/31/2014
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NAME OF PROVIDER OR SUPPLIER BALLARD CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 820 NORTHWEST 95TH STREET SEATTLE, WA 98117
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Complaint Survey conducted at Ballard Care and Rehabilitation Center on 12/31/14. A sample of 2 current and 1 discharged resident from a total census of 142 residents was selected for review.</p> <p>The survey was conducted by: Christine Skow BSN, RN, Nurssing Home Suveryor/Complaint Investigator</p> <p>Complaints investigated include: Complaint #3063433</p> <p>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</p> <p>Telephone: (253) 234-6000 Fax: (253) 395-5071</p> <p><i>[Signature]</i> 1/6/15 Residential Care Services Date</p>	F 000		<p>2-2-15</p> <p>RECEIVED FEB 09 2015 DSHS/ADDA/ROS</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 1-22-15
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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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow-up with the physician when he did not respond back for two days in regards to one resident's (#1) request for adequate pain control. Failure to address the resident's pain issues resulted in his leaving the facility via ambulance to seek medical treatment for better pain management at the hospital.</p> <p>Findings include: Resident #1 was admitted on [REDACTED] for follow-up nursing care and rehabilitation for a surgical procedure on his foot. The resident also had a history of migraine headaches and chronic back pain. According to the resident's Initial Nursing Assessment dated 11/21/14, the resident was alert and oriented and required one person assistance with care.</p> <p>Review of the physician's orders showed the resident was on [REDACTED] a narcotic, on a scheduled and prn (as needed) basis. The resident was also taking other pain medication for his migraine headaches and nerve pain. Review of the Medication Administration Record revealed</p>	F 309	<p>The Ballard Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.</p> <p>F309 – D</p> <ol style="list-style-type: none"> Resident #1 discharged from the Center on [REDACTED] Other residents were identified for review by the interdisciplinary team (IDT) based upon reports of increased pain. IDT review was completed on 1-28-15 and involved a review of identified resident records to include IDT progress notes, skin care records, medication administration records (MAR), treatment administration records (TAR), pain assessments, etc. Changes were made to residents' pain management plans as needed. Licensed staff were re-educated on 1-26-15 and 1-27-15 by the Nurse Practice Educator (NPE) and/or designee regarding recognizing the signs and symptoms of an initiating timely and suitable intervention for residents experiencing pain. Licensed staff were re-educated on 1-26-15 and 1-27-15 by the NPE and/or 	

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F 309	<p>Continued From page 2</p> <p>the resident was receiving the scheduled narcotic medication as ordered and prn narcotic medication as he requested it.</p> <p>On 12/31/14 at 2:45 p.m., Staff B, Director of Nursing, stated the residents' pain level is evaluated on a scale of 1 to 10. Ten being the most intense pain. Residents who are on prn medications are evaluated each shift for pain and before and after pain medication is administered. This is documented on the Pain Evaluation and Treatment form.</p> <p>Review of the Pain Evaluation and Treatment Form documented the prn medication. A pain scale was used to rate the resident's pain before and after of the narcotic medication. From 11/24/14 to 11/27/14 the resident's pain was documented from 7-9/10. Post administration of the narcotic medication showed relief of mostly 6-7/10.</p> <p>Review of the nursing progress notes documented the following: On 11/24/14, evening shift, "Crying noted. " "Given {narcotic} x1 with little relief per resident. Given the ordered narcotic with little relief per resident. 10/10 down to 7/10 (pain scale used)." On 11/25/14 on day shift, the resident requested increased pain medication for better management of right foot, chronic back pain and migraine headaches. According to the nursing notes, the resident's request was faxed to the house physician on 11/25/14. On 11/26/14 on day shift, " Given {narcotic medication} with some relief with pain from 6/10 to 5/10. On 11/26/14 on evening shift, "C/o (complaining of) 7/10 to right toe. {Narcotic} given with some</p>	F 309	<p>designee regarding proper pain monitoring and ensuring adequate pain medication administration for residents.</p> <p>4. The IDT will review residents in the Center's CARE meeting x4 monthly recognizing the MDS/OBRA schedule and including at risk residents identified via routine Center practice of review of the 24-hour report, IDT Stand Up meeting, and Center generated report 'Resident Responses Analyzer' in regards to MDS Section J for current residents. Audits will be conducted by the IDT in CARE meeting x1 each month by the collective IDT to review the timeliness and suitability of the Center's pain management interventions to include proper pain monitoring and ensuring adequate pain medication administration for residents. Audits will be completed x1 each month for 3 months and tracked/trended by the Director of Nursing and/or designee and presented in monthly Quality Assurance/Performance Improvement (QAPI) meetings for the next 3 months and action taken as needed.</p>		

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F 309	<p>Continued From page 3</p> <p>relief of 5/10. Nursing progress stated no response from {physician}.</p> <p>On 11/27/14 night shift, "res (resident) disgruntled and emotional about his inadequate pain management noticed by crying. "Pain medication given with minor intermittent pain relief. The resident was later medicated with little relief from 8/10 to 7/10. There was no documentation that the physician had faxed or called back in regards to the resident request for better pain management since 11/25/14 when a fax was sent by the nursing staff.</p> <p>On 11/27/14 on day shift, " Given {narcotic} one tab (tablet) with little relief from 8 to 7 over10 ... "</p> <p>" Remained in bed all shift. Refused therapy and refused dressing change due to increased right foot pain and felt unmanaged with current pain regime. Resident requested to be sent to {hospital} ED (emergency department). Called {physician} to notify of resident ' s status/request." The physician indicated he would either increase the narcotic medication from every 6 to 4 hours or send the resident to the hospital. The resident chose to go the hospital.</p> <p>On 12/31/14 at 3:00 p.m., Staff A, a registered nurse, was asked how long do you wait before you notify a physician when he had not responded to a faxed request. Staff A stated she would wait until the next day and then notify the physician again. She would also relate the information to the oncoming shift. When asked why the physician was not notified on 11/26/14 after he did not respond to the 11/25/14 fax, Staff A stated she did not know.</p> <p>The physician did not respond back to the facility for two days in regards to the resident's request</p>	F 309	<p>5. Resident Care Managers and Director of Nursing will ensure compliance.</p> <p>6. 2-2-15.</p>	

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F 309	Continued From page 4 for better pain management nor did the facility attempt to contact the physician on 11/26/14 after he did not respond. This caused the resident to have inadequate pain mangagement and discomfort decreasing his quality of life and his inability to participate in his physical therapy rehabilitation.	F 309		
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