

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

PRINTED: 01/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505320	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
NAME OF PROVIDER OR SUPPLIER COLUMBIA CREST CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 EAST NELSON ROAD MOSES LAKE, WA 98837	
(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 Quality Indicator Survey conducted at Columbia Crest Center on 01/05/15, 01/06/15, 01/07/15, 01/08/15, 01/09/15, 01/12/15, 01/13/15 and 01/14/15. A sample of 30 residents was selected from a census of 65. The sample included 25 current residents and the records of 5 former and/or discharged residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>#3066542, #3057153, #3068577, #3066250</p> <p>The survey was conducted by:</p> <p>Lucy Fromherz, RN Refugia Botello, RN Liisa Johnson, RN Pam Holt, RN Melly Thompson, RN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, District 1, Unit D 3611 River Road, Suite 200 Yakima, Washington 98908</p> <p>Telephone: (509) 225-2824 Fax: (509) 574-5597</p>	F 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Columbia Crest Care 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>	
F 318 SS=D	<p>Residential Care Services Date</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p>	F 318	<p>F318 483.25(e) (2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION</p>	

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[Signature] 1/14/15
F318 483.25(e) (2)
INCREASE/PREVENT
DECREASE IN RANGE OF
MOTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Carl Henricks LHA* TITLE: *LHA* (X6) DATE: *1/26/2015*

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 318	<p>Continued From page 1</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure 1 of 3 sampled residents (#1) identified with decreased range of motion received the treatment and services to maintain her highest level of range of motion. This failed practice put the resident at risk for potential further physical decline. Findings include:</p> <p>Resident #1. Admitted in 1996, diagnoses included [REDACTED]</p> <p>The resident was observed continually tilting her head to the left side while up in her wheelchair and in bed. She was unable to move all four extremities. When attempts were made to communicate with her, she was not able to neither respond verbally nor demonstrate any facial expression.</p> <p>Review of the comprehensive assessment dated 10/22/14 documented severe cognitive impairment and extensive assist with all activities of daily living.</p>	F 318	<p>1. Resident #1 was reassessed for appropriate interventions to improve/maintain ROM the care plan was updated to reflect the appropriate plan to include PROM.</p> <p>2. Interdisciplinary team including therapy, Director of Nursing, Nurse Practice Educator, and Unit Managers on 1/14/15 reviewed current residents for ROM interventions and verified resident's flow sheets and care plan were in place for those residents identified to need ROM interventions.</p> <p>3. Nursing staff and Nursing Assistants were re- educated on PROM on 1/13/15, 1/14/15 specific to resident #1. Education provided on 1/14/15 to staff regarding other identified residents with PROM programs and return demonstration completed. PROM training added to skills checklist for all new nursing staff employees.</p>	

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F 318	<p>Continued From page 2</p> <p>The 12/19/14 physician history and physical documented the resident's contractures of her extremities; both hands and feet. She had required supportive care for 22 years.</p> <p>The resident's care plan dated 09/05/14 documented the resident's need for passive range of motion (PROM). The interventions included: staff were to a) move the resident's joint slowly, never forcing past resistance, b) avoid fast movement or stretching, and c) provide support above and below the joint.</p> <p>The resident's record did not have documented evidence of the PROM services during November and December 2014 or January 2015.</p> <p>On 01/12/14 at approximately 4:00 p.m., Staff Member B, and C, Nursing Assistants, stated they perform leg lifts and arm stretches once during the shift. Both stated they had not been provided specific instructions on how to perform the PROM for the resident.</p> <p>On 01/13/15 at approximately 1:45 p.m., Staff Member D, a NA, stated "I try to move her arms and legs at least once a shift, I grab her arm and move it to the sides and up and down, I am not sure how far to lift the arm." She proceeded to demonstrate how she performed the PROM. She took the resident's right wrist, lifting the right arm to approximately 40 degrees (without the needed additional support). She added she had not been provided specific instructions on how far to lift the resident's arm. She concluded she had not been documenting the resident's PROM services.</p> <p>On 01/13/15 at approximately 8:57 a.m., Staff Member E, a NA, stated she had been hired</p>	F 318	<p>4. The Director of Nursing or designee will audit, 4 PROM program charts weekly x 4 weeks, then 4 charts monthly x 3 months. Director of Nursing will bring the results of the audits to the QAPI meeting monthly times 3 months or until substantial compliance maintained.</p> <p>5. Administrator is responsible for Compliance.</p> <p>Compliance date: 1/30/2015</p>	

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F 318	<p>Continued From page 3</p> <p>approximately two months ago and was not aware of the need to provide PROM to the resident's extremities. She added she had not seen the resident's PROM flow sheet.</p> <p>On 01/13/15 at 10:00 a.m., Staff Member F, the Rehabilitation Director, stated "because the resident's program has been in place for such a long time, over 3 years, I do not know who trained the nursing assistants." She added the specific restorative program instructions are to be placed in the nursing assistant book so they know what services to provide. "The nursing assistants need to know what to do since the resident is non-verbal and can't say if she is experiencing pain with the range of motion exercise."</p> <p>On 01/13/15 at approximately 9:08 a.m., Staff Member A, the Director of Nursing Services (DNS), stated he was responsible for the restorative services being provided to the residents. He was not able to recall when the nursing assistants were last provided specific passive range of motion instructions for the resident. He added he was not able to locate the November, December 2014, or the January 2015 PROM flow sheet.</p> <p>On 01/13/15 at approximately 1:42 p.m., Staff Member G, the Physical Therapist (PT), stated the resident had last been assessed by PT in December 2012. He added he completed an evaluation of the resident today and "I am recommending PROM to all extremities." He concluded by stating "the facility does not have a system in place to ensure new staff is trained."</p>	F 318		