



ADSA Aging & Disability Services Administration

AGING AND DISABILITY SERVICES ADMINISTRATION

Nursing Home Survey Report

STATE REQUIREMENTS

1. Page <u>1</u> of <u>1</u> Pages
2. DATES OF DATA COLLECTION <u>05/13/16</u>
5. TIME OF SURVEY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
7. LICENSE NUMBER <u>952</u>

3. NAME OF FACILITY Franklin Hills Health and Rehabilitation	4. TYPE OF SURVEY <input type="checkbox"/> Full <input checked="" type="checkbox"/> Post <input type="checkbox"/> Complaint <input type="checkbox"/> Other: specify _____		
6. STREET ADDRESS North 6021 Lidgerwood	CITY Spokane	STATE WA	ZIP CODE 99207

NOTE: According to RCW 18.51.060, the Department is authorized to deny, suspend or revoke a license and/or assess monetary fines for deficiencies cited in this report.

8. <input type="checkbox"/> The requirements of the following Washington Administrative Code (WAC) were not met: <u>388-97-1200 (1)</u>	9. REPEAT DEFICIENCY FROM SURVEY DATED	11. LICENSEE'S PLAN OF CORRECTION	12. LICENSEE'S PLANNED DATE OF CORRECTION
	10. NEW CITATION ON POST SURVEY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DEFICIENCY 388-97-1200 The nursing home must: (1) Ensure that residents' diets are provided as prescribed by the physician.			

13. SURVEYOR'S SIGNATURE(S)			
SIGNATURE <i>Lisa Harting</i>	DATE <u>5/13/16</u>	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

14. LICENSEE OR AGENT		
SIGNATURE OF LICENSEE (OR AGENT)	TITLE	DATE



AGING AND DISABILITY SERVICES ADMINISTRATION

Nursing Home Survey Report
STATE REQUIREMENTS

1. Page <u>I</u> of <u>2</u> Pages
2. DATES OF DATA COLLECTION 04/15/16, 04/18/16
5. TIME OF SURVEY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
7. LICENSE NUMBER 952

3. NAME OF FACILITY Franklin Hills Health and Rehabilitation	4. TYPE OF SURVEY <input type="checkbox"/> Full <input type="checkbox"/> Post <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Other: specify _____
6. STREET ADDRESS North 6021 Lidgerwood	CITY STATE ZIP CODE Spokane WA 99207

NOTE: According to RCW 18.51.060, the Department is authorized to deny, suspend or revoke a license and/or assess monetary fines for deficiencies cited in this report.

8. The requirements of the following Washington Administrative Code (WAC) were not met:
388-97-1200 (1)

The following deficiencies were determined to be corrected.

9. REPEAT DEFICIENCY FROM SURVEY DATED _____

10. NEW CITATION ON POST SURVEY
 Yes No

11. LICENSEE'S PLAN OF CORRECTION

12. LICENSEE'S PLANNED DATE OF CORRECTION
5-03-2016

DEFICIENCY
388-97-1200 The nursing home must: (1) Ensure that residents' diets are provided as prescribed by the physician.

Based on record review, and interview, the facility failed to provide a physician ordered therapeutic diet for 1 of 3 residents (#1) reviewed for dietary needs. This failure placed the resident at risk for a decline in her medical condition. Findings include:

Resident #1 had diagnoses including celiac disease - a disorder that occurs when a person eats gluten [a protein found in wheat, rye and barley] - which then affects the small intestine. Per record review, the resident was admitted to the facility on [redacted] 16, with an order for a gluten-free diet.

A facility assessment dated 03/31/16 documented the resident had moderately impaired cognition. The 03/31/16 care plan indicated the resident was at nutritional risk secondary to her poor memory, celiac disease, and recent hospitalization.

A progress note of 03/24/16 documented the resident was confused and forgetful at times.

On 03/25/16, a progress note documented the resident was asked her food preferences, and identified the resident had a gluten allergy.

"This plan of correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report."

On 03/26/16, a progress note documented that at dinner, family was concerned because there was food with gluten on her tray. Per the note, staff assured the family they would "be more vigilant with meal trays."

During an interview on 04/15/16 at 10:30 a.m., a collateral contact said the resident was confused when she first admitted to the facility, and was unable to tell staff the foods she couldn't have. The facility did not serve Resident #1 the correct diet upon admission to the facility, and family members had to mention it several times, before the facility served gluten-free food. "They never told her these are gluten-free options, they just asked what do you want? She got sandwiches, pie, and cookies." She went on to say she was concerned because she was in the hospital due to eating gluten, and had almost died.

On 04/15/16 at 1:40 p.m., Resident #1 stated when she first arrived at the facility they brought her bread and pie, because they had never worked with anyone who had celiac disease. She said it took the kitchen a while to serve the correct food. She mentioned her family had to talk to the facility on several occasions, to explain what foods she could and couldn't eat.

On 04/16/16 at 8:10 a.m., Staff A said when Resident #1 was admitted to the facility, she spoke with her about what foods she could and couldn't have, due to her gluten-free diet. She verified the menu is the same for all residents, who then circle what food items they want, and is not specific to a resident who may be on a special diet. If a resident was to choose a food item that was not on their specific diet, kitchen staff would go and educate the resident, and help them in making a different choice. Staff A confirmed Resident #1 had chosen some food containing gluten at the beginning of her stay, but was not educated by staff. Staff A was aware she received some foods containing gluten on at least one occasion.

How the nursing home will correct the deficiency as it relates to the resident

Resident #1 is no longer at the facility

How the nursing home will act to protect residents in similar situations

This practice has the potential to effect residents residing at the facility that have a gluten free diet ordered. There are no residents residing at the facility with order for gluten free diets

Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur

Dietary department was in-serviced on gluten free diet and measures to take if residents order/select foods with gluten present. If the resident with a gluten free diet selects/orders foods with gluten, the cook will review diet choices with resident and notify nursing if selections have gluten present for follow up as indicated.

How the nursing home plans to monitor its performance to make sure that solutions are sustained

Dietary Manager will audit tray line to ensure correct dietary selection is served for residents with gluten free ordered diet daily X 5 Monday-Friday as indicated. Any negative findings will be corrected and inservice repeated as needed to ensure compliance.

13. SURVEYOR'S SIGNATURE(S)

SIGNATURE <i>Maria Harting</i>	DATE <i>4/22/16</i>	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

14. LICENSEE OR AGENT

SIGNATURE OF LICENSEE (OR AGENT)

Michael L. Johnson

TITLE

ED

DATE

4/26/16

NO. 4001

FRANKLIN COUNTY MISSISSIPPI

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