DEPARTMENT OF HEALTH AND HUM.. ..v SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/05/2015
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
	505230		C 02/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIR LANE HEALTH AND REHAB CTR	2430 NORTH 13TH STREET SHELTON, WA 98584

(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 survey Conducted at Fir Lane Health and Rehabilitation center on February 24th 2015. A sample of four residents was selected from a census of 114 The following complaints were investigated. 3074158 3075521 The survey was conducted by: Sharon Stephens RN BSN. Nursing Home Surveyor The complaint Investigator was from: Department of Social and Health Services Aging and Long Term Support Administration/ALTSA Division of Residential Care Services P.O. Box 45819 Olympia, WA 98504-5819 Telephone: (253) 983-3800 Fax (253) 589-7240 Loletta Maestas Date: 3.5.15 Residential Care Services	F 000	RECEIVED MAR 16 2015 DSHS/ADSA/RCS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Donna Robinson
TITLE: Administrator
(X6) DATE: 3/12/15

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 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a resident or the surrogate decision-maker, was informed of a change in	F 157	Resident # 1 no longer resides at the facility. Other resident's with changes in condition or hospitalization have the potential to be affected. Licensed nurses and Social service Personnel will be in serviced on notification policy and procedures for room changes in transfers out of the facility.	3/18/15

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F 157	Continued From page 2 condition and hospitalization. This failure prevented the resident's family from participating in the resident's care and treatment decisions related to hospitalization, for one of four (#1) sampled residents. Findings Included: According to the Minimum Data Set (MDS) dated 12/13/2014, Resident #1 was re-admitted to the facility on [redacted]14 from an acute hospital stay. Resident #1 had multiple medical diagnoses; however she was able to make her care needs known. In a telephone interview on 02/23/2015 at 9:58 a.m., the hospital social work said the resident was brought into the emergency department by the nursing home staff, and said the facility would not be taking her (Resident #1) back . The Director of Nursing (DON) (Staff B) was interviewed on 02/24/15 at 1:00 p.m. According to Staff B, Resident #1 had been a resident in the facility since 2009 with the most recent admission on [redacted]2014, and was alert and oriented. Staff B said she (resident #1) had become increasingly more difficult allowing only 2-3 staff to provide her daily care, Staff B explained, the resident had been given a 30 day notice in the past, however, Staff B didn't explain the reason(s) for the notice. Staff B said the facility was unable to secure a placement for the resident due to the resident's previous behaviors. During the same interview, the Social Service Director (SSD) Staff C stated she (Resident #1) had refused all attempts for a mental health evaluation and or treatment.	F 157	Medical Records or designees will audit all room changes and resident transfers out of the facility for notifications to the resident, as appropriate, the resident's legal representative or interested family member. Discrepancies will be notified to the Director of Nursing or designee for completion of notification.	3/18/15

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F 157	Continued From page 3. According to Staff B, she (Resident #1) was in crisis and had become a danger to herself and others by not taking her medication and refusing treatments. In addition, she had been striking at other residents and staff when she got angry. Staff B said the facility sent Resident #1 to Harborview Medical Center in Seattle Washington for an evaluation and for the management of the resident's negative behaviors. Staff B said Resident #1 refused most of her medications. According to the Administrator (Staff A) and the DON (Staff B), the resident would only be allowed back into the facility if her medication and behaviors were managed during this current hospitalization, and if the resident agreed to be readmitted to the facility. On 03/02/15 at 4:41 p.m., during a telephone interview Resident #1's daughter explained the facility called and said that her mom experienced a rough weekend and became physically abusive and the facility relocated the resident to several different rooms during that weekend, hoping to change her behaviors. When that was unsuccessful, the facility made the decision to send Resident #1 to Harborview for an evaluation and treatment. According to the resident's daughter she was not contacted prior to the room changes or before the resident was sent to the hospital for an evaluation. She said no one from the facility had contacted her to discuss the resident's return to the facility from the hospital.	F 157	Audit results will be tracked and trended and presented to the quarterly QPI committee X 2. The Director of Nursing is responsible for overall compliance.	3/18/15

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