

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

PRINTED: 08/08/2013  
FORM APPROVED  
OMB NO. 0938-0391

194

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505354	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  07/25/2013
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NAME OF PROVIDER OR SUPPLIER  PROVIDENCE ST JOSEPH HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST WEBSTER CHEWELAH, WA 99109
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F 000 INITIAL COMMENTS

This report is the result of an unannounced Quality Indicator Survey conducted at Providence St Joseph Hospital in Chewelah on 7/21/13, 7/22/13, 7/23/13, 7/24/13, and 7/25/13. A sample of 31 residents was selected from a census of 37. The sample included 28 current residents, and the records of 3 former and/or discharged residents.

The survey was conducted by:

- ██████████, R.N., B.S.N.
- ██████████, R.N., B.S.N.
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- ██████████, R.N., M.N.
- ██████████, R.N., B.S.N.

The survey team is from:

Department of Social & Health Services  
Aging and Long-Term Support Administration  
(AL TSA)  
Division of Residential Care Services, District 1,  
Unit A  
316 West Boone Avenue, Suite 170  
Spokane, Washington 99201-2351

Telephone: (509) 323-7300  
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Residential Care Services Date

F 000

RECEIVED  
AUG 16 2013  
DSHS AL TSA RCS  
SPOKANE WA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE 8/14/13
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A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 242**  
SS=D

**483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES**

The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.

This REQUIREMENT is not met as evidenced by:  
Based on observation, interview and record review it was determined the facility failed to provide assistance regarding choice of personal preference in bathing for 1 of 5 residents (#4) in a sample of 31 reviewed for choices.

Findings include:

Resident #4 had diagnoses which included [REDACTED], [REDACTED], and [REDACTED]. He could make his needs known and required assistance with activities of daily living (ADL's).

In an interview on 7/22/13, the resident said he "used to get two shower's a week, now I only get one. I don't know what happened."

Per record review, the resident's care plan included his preference for two showers a week.

In an interview with Staff #A on 7/24/13, she said she worked Tuesday thru Friday only, and the residents got one shower a week.

Staff #B confirmed in an interview on 7/25/13 at 10:25 a.m. that " Resident #4 is to get two showers a week, which included Saturdays."

Per record review, the facility's bathing schedule from 7/17/13 thru 7/25/13 included the resident showered on Wednesday 7/17/13 and

**F 242**

**F242**

It is the responsibility of Providence St. Joseph's Long Term Care to ensure that the resident has the right to choose activities, schedules and health care consistent with his or her interests, assessments, and plans of care.

**How the facility will correct the deficiency as it relates to the resident.**

- The resident has chosen to have his bath twice a week on Tuesdays and Fridays. The shower schedule has been updated to reflect this change as of July 26, 2013. The care plan has been updated to reflect this.

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

- Re-education of all staff will occur on September 3, 2013 for correct implementation of the plan of care and understanding that the resident has the right to choose activities, schedules and health care consistent with his or her interests, assessments, and plans of care.

8/14/13

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F 242	<p>Continued From page 2</p> <p>Wednesday 7/24/13. Further review of the facility bathing schedule indicated the resident was scheduled for showers only one time weekly on Wednesdays. The schedule did not indicate a Saturday shower.</p> <p>The resident's personal preference indicated his choice to have two showers weekly. The residents care plan included interventions for the facility to provide assistance for the resident to be able to engage in twice weekly showers on a routine basis.</p> <p>The facility failed to provide assistance as needed for the resident to exercise his choices regarding personal activity that were significant to the resident.</p>	F 242	<p><u>F242 (cont'd)</u></p> <p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur.</p> <ul style="list-style-type: none"> <li>Documentation will be added to the MAR in the treatment section for nursing personnel to document when the bath was given.</li> </ul> <p>How the nursing home plans to monitor its performance to make sure that solutions are sustained.</p>	
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to implement planned interventions related to urinary incontinence for 1 of 3 residents (#9) reviewed for urinary incontinence in a sample of 31.</p> <p>Findings include:</p> <p>Resident #9 was admitted on [redacted]/13 with diagnoses including [redacted] and [redacted]. He was able to make some needs known, used a wheelchair/walker for</p>	F 282	<ul style="list-style-type: none"> <li>The Director of Nursing will round with the residents on a monthly basis and specifically ask if the resident has been given choices regarding activities, schedules and health care consistent with his or her interests, assessments and plans of care.</li> </ul> <p>Date when corrective action will be completed – September 3, 2013</p> <p>The title of the person responsible to ensure correction - The Director of Nursing</p> <p><u>F282</u> It is the responsibility of Providence St. Joseph's Long Term Care to ensure that a</p>	

*R* 8/11/13

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F 282 Continued From page 3

mobility, and required one person assist for transfers, ambulation and toileting assistance. Per record review, the facility assessment on admission indicated the resident was occasionally incontinent (less than 7 episodes of incontinence.) The assessment completed 90 days from admission indicated the resident declined in urinary continence and was frequently incontinent (7 or more episodes of incontinence.)

The resident's individual toileting program directed staff to assist the resident to the bathroom before meals, after meals, and before and after activities. The care plan incorporated interventions in conjunction with the toileting program by having staff assisting him to stand and use the urinal.

During periodic observations 7/24/13 from 09:45 a.m. until 11:25 a.m., the resident sat at the dining room table dozing in his wheelchair. At 11:25 a.m., staff wheeled him to his room, did not offer toileting assistance, and left him with the call light and urinal out of reach. The resident continued to doze in his room without the call light and urinal in reach until 12:40 p.m.

In an interview on 7/25/13 at 10:25 a.m., Staff #A stated the resident was continent and he would call for assistance if he needed to use the bathroom. She said if he didn't call in two hours staff would ask him. He would occasionally have accidents.

During periodic observation on 7/25/13 from 10:00 a.m. until 12:00 p.m., the resident remained in the dining room asleep in his wheelchair at the table. He was again observed in his room with his call light, and feet elevated. The urinal was out of reach on the lower shelf of the television stand.

The facility's failure to provide assistance as planned placed the resident at risk of ongoing

F 282 **F282 (cont'd)**

resident be provided a qualified person in accordance with each resident's written plan of care and have an understanding of the expected outcomes of this care.

**How the facility will correct the deficiency as it relates to the resident.**

- The care plan has been re-evaluated and will remain the same. The resident will benefit from the current toileting plan. The NACs are to follow that plan of care and understand the expected outcome of this care. The goal is to keep the resident continent of bowel and bladder.

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

- Re-education of all staff will occur on September 3, 2013 for correct implementation of the plan of care and understanding the expected outcomes of the care for all residents in the facility.

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

*B* 7/14/13

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F 282 Continued From page 4  
urinary incontinence.

F 285 483.20(m), 483.20(e) PASRR REQUIREMENTS  
SS=D FOR MI & MR

A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.

A nursing facility must not admit, on or after January 1, 1989, any new residents with:

(I) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission;

(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.

(II) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission--

(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and

(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.

For purposes of this section:

F 282  
F 285

**F282 (cont'd)**

- Re-education with the Licensed Nursing staff on August 13<sup>th</sup>, regarding the importance of the toileting programs. They will be provided with a list of the residents that are currently on a toileting program.

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

- The MDS coordinators will run the ADL reports in Care Tracker (electronic documentation) on a weekly basis to ensure that the aides are performing the tasks.

**Date when corrective action will be completed:** September 3, 2013

**The title of the person responsible to ensure correction -** The Director of Nursing

**F285**  
It is the responsibility of Providence St. Joseph's Long Term Care to coordinate assessments with the pre-admission screening and resident review program under Medicaid to the maximum extent practicable to avoid the duplicative testing and effort.

*B* 8/14/13

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F 285 Continued From page 5

(I) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).

(II) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.

This REQUIREMENT is not met as evidenced by:  
Based on interview and record review it was determined the facility failed to ensure level 2 Pre-Admission Screening and Resident Review PASRR were completed for 2 residents (#15,23) in a sample of 31.  
Findings include:

1. Resident #15 was admitted to facility on [REDACTED] with diagnoses including [REDACTED], [REDACTED], and [REDACTED].

Per record review the Pre-Admission Screening and Resident Review (PASRR) dated 03/22/10 indicated the resident had documented diagnosis of a developmental disability and had a history of a developmental disability. It was also indicated no level 2 evaluation was required.

Per Interview on 7/25/13 at 9:45am, Staff #C stated she made the determination that the resident did not require a level 2 evaluation because the resident and family had said they did not want any specialized services. Staff #C made the determination the level 2 evaluation was not needed based on the family's information rather than the formal state evaluator's recommendation.

2. Resident #23 was admitted with diagnosis including [REDACTED] and [REDACTED].

F 285 F285 (cont'd)

**How the facility will correct the deficiency as it relates to the resident.**

- In both cases these residents would not require a Level 2 screening at this time related to a terminal condition and the other has dementia. PASRR Coordinator, Michelle Wolfe, instructed Social Services to complete new PASRR forms on the two residents in question. Social Services then faxed the PASRR and the current and accurate ICD - 9 Codes. Copies of the corrected versions of the PASRR are in the resident's charts.

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

- Social Services will fill out PASRR as soon as a diagnosis list with ICD- 9 codes are in place and fill out screening tool. This will ensure all doctor dictated documentation for diagnosis is in place for accuracy. SS

*By* 8/14/13

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F 285	<p>Continued From page 6</p> <p>Per record review of PASSR dated 5/8/09 it was determined the resident had developmental disability indicators but a level 2 evaluation had not been completed.</p> <p>Per interview on 7/24/13 at 2:06pm, Staff #C had made the determination to not have a level 2 evaluation completed because she had spoken to the resident's guardian who stated she didn't want the resident to have to deal with any special state offered services.</p>	F 285	<p><u>F285 (cont'd)</u></p> <ul style="list-style-type: none"> <li>will then follow up with Level 2 Evaluator as needed according to coding and facilitate follow up needs. SS has recently had contact with the evaluator and her assistant evaluator so we have a name/face and phone numbers needed for follow up coordination.</li> </ul> <p><b>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur</b></p> <ul style="list-style-type: none"> <li>Chart reviews will be done with a check off list. This will be conducted by Social Services at Initial Care Conference to see that the forms are in charts and follow up has been initiated with PASRR Coordinator as needed.</li> </ul> <p><b>How the nursing home plans to monitor its performance to make sure that solutions are sustained.</b></p> <ul style="list-style-type: none"> <li>The Care Conference weekly form is signed by the family and the staff who are present.</li> </ul>	

*8/14/13*

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F 286	<p>Continued From page 6</p> <p>Per record review of PASSR dated 5/8/09 it was determined the resident had developmental disability indicators but a level 2 evaluation had not been completed.</p> <p>Per interview on 7/24/13 at 2:06pm, Staff #C had made the determination to not have a level 2 evaluation completed because she had spoken to the resident's guardian who stated she didn't want the resident to have to deal with any special state offered services.</p>	F 286	<p><u>F285 (cont'd)</u></p> <ul style="list-style-type: none"> <li>PSARR will be added to this weekly worksheet to ensure that the paperwork is in the chart.</li> </ul> <p>Date when corrective action will be completed - September 3, 2013</p> <p>The title of the person responsible to ensure correction - The Director of Nursing</p>	

8/14/13