

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:  <b>505069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/31/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRISTWOOD NURSING AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19301 KINGS GARDEN DRIVE NORTH SEATTLE, WA 98133</b>
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Cristwood Nursing and Rehabilitation on 12/31/14. A sample of 3 current residents was selected from a census of 141.</p> <p>The following complaint was investigated as part of the survey</p> <p># 3064552</p> <p>The survey was conducted by:</p> <p>Robin Windhausen, MS, RD.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 2, Unit C Creekside Two 20425 72nd Avenue South, Suite 400 Kent, WA 98032-2388</p> <p>Telephone: (253) 234 6003 Fax: (253) 395 5071</p> <p><i>[Signature]</i> 1/6/15 Residential Care Services Date</p>	F 000	<p>12/31/14</p> <p>UNANNOUNCED</p> <p>12/31/14</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i> <i>Interim Administrator</i>	TITLE	(X6) DATE <b>1-20-15</b>
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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 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>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).</p> <p>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.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a Resident Representative was informed of a change in condition for one of three</p>	F 157	<p><b>Facility Plan of Correction</b></p> <p><u>Correct deficiency for Resident # 1:</u> The updated notice regarding emergency contact for Resident #1 was received from the Guardian, scanned into HMX (electronic medical record) and posted in the paper chart. Additionally, all staff working on that neighborhood have been reminded of the contact information for Guardian.</p> <p><u>Identify how facility will act to protect residents in similar situations:</u> Facility will train staff on facility policy "Change in Resident's Condition" and documentation of such training will be completed for all LN's by January 30, 2015. Additionally, complete training for NAC's regarding their role in reporting change of condition of residents to the LN.</p>	
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F 157	<p>Continued From page 2</p> <p>residents (Resident #1) reviewed. Failure to ensure Resident 1's representative was informed of a decline in condition may have contributed to a delay in evaluation and treatment and was a violation of resident's rights.</p> <p>Findings include:</p> <p>Resident # 1 was admitted to the facility in 2009, with multiple diagnosis including Alzheimer 's disease. The most recent resident Minimum Data Set assessment, dated 12/15/14, indicated the resident could not make her needs known. The assessment noted the resident had experienced weight loss and needed more assistance with some Activities of daily living (i.e. bathing and bed mobility.)</p> <p>Review of the nursing progress notes found an entry dated 12/15/2014, which indicated the resident had increased coughing during dining. The facility staff obtained an order for a speech pathology evaluation. Although the staff noted the issue and obtained a order for a new treatment, the facility did not contact the Resident's representative to inform them the resident was experiencing a change.</p> <p>The next entry in the progress note was made at 2:00 p.m. on 12/17/14. The entry noted the resident had lost weight, had a poor appetite and was "quieter" then normal. New orders were obtained for a chest x ray, labs and a screening test for a urinary tract infection was obtained. The nurse also noted a voice mail was left for the</p>	F 157	<p><u>Address how the nursing home will identify other residents having the potential to be affected by same deficient practice:</u></p> <p>The 24 hour report will include any resident with change of condition as well as who was notified. The RCM's will ensure Alert Charting has been initiated and POA notified.</p> <p><u>Monitoring Performance:</u></p> <p>Daily stand up meeting will include a review of the 24 hour report. The DNS/Shift Supervisors or designee will ensure Alert Charting has been initiated and POA's notified.</p> <p>Additionally, monthly audits will be conducted on a sampling of residents with change of condition to ensure the process is working.</p>	
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F 157	<p>Continued From page 3</p> <p>representative, asking them to call to get a status update. This was two days after the staff noted a change in treatment and a potential change condition.</p> <p>On 12/17/14 at 3:17 p.m., an order for an antibiotic for "possible aspiration pneumonia" was obtained. Later that evening, at 8:23 p.m., the Nurse noted the lab test showed the resident had a "critically high sodium level." The Physician responded to the report and ordered IV fluids.</p> <p>Review of the facility policy entitled "Change in Resident's Condition or Status" indicated the Nursing staff, either a Nurse Manager, Charge Nurse or Medication Nurse will notify a representative when there is a significant change in a residents condition. It also indicated the notification would occur within 24 hours.</p> <p>On 12/31/14 at 1:00 p.m., the Resident Care Manager (RCM) reviewed the progress note entry dated 12/15/14. She said she did not know why the Nurse did not contact the Representative, when the new treatment order was obtained.</p> <p>The RCM reported they had trouble contacting the Representative. She reported the fist attempt to contact them was on 12/17/14. She did report the resident was transported to the Emergency Room for an evaluation on 12/19/14. At that time the Representative was in the facility. She stated on 12/24/15 additional instructions were provided to the facility on how the contact could be</p>	F 157	<p>Corrective Action Plan will be fully implemented no later than February 20, 2015.</p> <p><u>Person Responsible to ensure POC has been fully implemented:</u></p> <p>Pam Lynch, RN, DNS</p>	

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F 157	<p>Continued From page 4 established if emergent care needs occurred.</p> <p>On 01/05/2014 at 11:30 a.m. during an interview, the Resident's Representative stated the emergency contact information was given to the facility staff when they became the representative in 2009. She stated after the facility complained about the difficulty contacting the Representative the issue was clarified.</p> <p>Additional review of the clinical record verified information identifying how to contact the Representative was present in the clinical record. An email to clarify the issue was dated 12/24/2014 had been placed in the front of the clinical record.</p> <p>Not ensuring the Resident's representative was informed when the resident experienced a change in condition may have contributed to a delay in assessing the change and violated the resident's rights.</p>	F 157			