

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/23/2014
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LUTHERAN CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1841 EAST UPRIVER DRIVE SPOKANE, WA 99207
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an announced Abbreviated Survey conducted at Riverview Lutheran Care Center on 7/22/14 and 7/23/14. A sample of 3 residents was selected from a census of 60.</p> <p>The following complaint was investigated as a part of this survey:</p> <p>#3028488</p> <p>This survey was conducted by:</p> <p>Jessica Wolfrum, R.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging and Long Term Support Administration Residential Care Services, District 1, Unit B Rock Pointe Tower 316 W. Boone Avenue, Suite 170 Spokane, Washington 99201-2351</p> <p>Telephone: (509) 323-7302 Fax: (509) 329-3993</p> <p><i>[Signature]</i> 8/16/14. Residential Care Services Date</p>	F 000	<p style="text-align: center;">RECEIVED AUG 12 2014 DSHS ADSA RCS SPOKANE WA</p>	8/22/14
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>[Signature]</i>	(X6) DATE 8/12/2014
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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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to perform timely care and treatment in response to increased pain for 1 of 3 sampled residents (#1) reviewed for accidents. This failed practice resulted in unnecessary pain and delayed treatment. Findings include:</p> <p>Resident #1 had diagnoses including dementia, diabetes, and lung problems. The resident no longer resided in the facility. The resident was cognitively impaired and according to a pain assessment dated 4/24/14, was unable to answer any questions about pain. The same assessment stated the resident had not taken any scheduled pain medication and had not required any as needed pain medication during the 5 day look back period.</p> <p>Review of the Medication Administration Record (MAR) for April 2014 revealed the resident had not received any pain medication for the month. The resident's pain was evaluated each shift and licensed nurses never rated pain above a 2 for the month of April (A numeric measure of pain intensity 0 being no pain and 5 being severe pain).</p>	F 309	<p>Riverview Lutheran Care Center takes great pride in providing a quality environment for residents and their families. We take each and every comment seriously and respond quickly and appropriately to these concerns.</p> <p>The completion of this plan of correction is done to comply with requirements of Medicare/Medicaid certification. The completion of this form in no way implies agreement with or implies admission to any and all liability to the allegations found within this document.</p>	8/22/14	

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F 309	<p>Continued From page 2</p> <p>On 5/2/14 per nursing progress note, the resident required narcotic pain medication for moaning and restlessness, with a pain rating of 5 out of 5. No documentation of where the pain was located no physical assessment for increased pain was found.</p> <p>Again on 5/4/14, Resident #1 required as needed narcotic pain medication for pain documented at 4 out of 5, but no documentation identifying the location of the pain nor a physical assessment was found.</p> <p>The resident required an as needed narcotic pain medication on 5/7/14 for pain rated 4 out of 5. On 5/8/14 the resident was given narcotic pain medication for pain rated at 4 out of 5.</p> <p>Per nursing noted on 5/9/14, the resident received as needed narcotic pain medication for moaning, restlessness and appeared in pain. The pain was rated at 5 out of 5, at 1:00 p.m., 3:22 p.m. and 11:00 p.m. No other documentation was found regarding the resident's new onset of pain.</p> <p>On 5/10/14, documented in nursing notes Resident #1 appeared uncomfortable and moaning. As needed pain medication was given and pain documented at 4 out of 5. Again no evaluation of pain location or physical assessment documented.</p> <p>Per record review of nursing progress notes, on 5/11/14 at 10:23 a.m., a 22 centimeters(cm)X 22 cm bruise was identified on resident's upper left arm. An evaluation indicated the resident's left shoulder was swollen and tender to the touch. The resident was put on alert charting and given more pain medication; no documentation was found regarding consultation with the physician or family notification. At 9:32 p.m., the resident was noted in pain, moaning, and was given more pain medication for severe pain. No physician</p>	F 309	<p>F309</p> <p>The facility will correct the deficiency as it relates to the resident and protect other residents in similar situations by inservicing all LN staff on PRN pain medication administration. This will include proper pain documentation and physician notification. The facility will review our current pain assessment and alter as needed to ensure the problem does not recur. The facility will monitor this performance by monitoring the pain assessments and also monitoring resident PRN pain medication usage monthly both by pharmacy and RN review. This Corrective action will be completed by 8/22/14. The Director of nursing will be responsible to ensure the correction.</p>	8/22/14
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F 309	<p>Continued From page 3</p> <p>consultation occurred at that time.</p> <p>On 5/12/14, per nurse progress notes, the physician was notified and the resident was evaluated by the nurse practitioner. Later that day an x-ray was completed and identified a left arm fracture, 10 days after the onset of pain.</p> <p>During an interview on 7/23/14 at 9:23 a.m., Staff #A stated when a resident complained of pain it should be evaluated and documented where the pain is what type of pain and the intensity. It should be in the nurse progress notes.</p> <p>Staff documented the new onset of pain and the need for pain medication beginning on 5/2/14. There was no determination of the cause of the pain until 10 days later. In addition the staff did not contact the physician in a timely manner once the new onset of pain was discovered. The facility failed to determine the cause of severe pain, putting the resident at risk for further injury and unnecessary pain.</p>	F 309		8/22/14