

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

PRINTED: 08/28/2013
FORM APPROVED
OMB NO. 0938-0391

545

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505467	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/21/2013
NAME OF PROVIDER OR SUPPLIER DELTA REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1706 TERRACE SNOHOMISH, WA 98290	
(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	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Delta Rehabilitation Center on 05/21/2013. A sample of four residents was selected from a census of 116. The sample included four current residents.</p> <p>The following were complaints investigated as part of this survey:</p> <p>2792847 2806180</p> <p>The survey was conducted by: [REDACTED] M.S., R.N.</p> <p>The Survey team is from:</p> <p>Department of Social & Health Services Aging & Long Term Services Administration Residential Care Services, District 2 Unit A 3906 172nd St NE Ste 100 Arlington, WA 98223</p> <p>Telephone: (360) 651-6850 Fax: (360) 651- 6940</p> <p><i>David Moon</i> 8/20/13 Residential Care Services Date</p>	F 000	IDR AMENDED	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 225 SS=D	<p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	IDR AMENDED		

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F 225	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct a thorough investigation for one of three residents (Resident 2) whose investigations were reviewed. Failure to conduct a complete investigation of all contributing factors in a timely manner placed Resident 2 at risk of possible abuse/neglect. Findings include: Resident 2 was admitted in June 2011 with diagnoses including [REDACTED] and [REDACTED]. His Minimum Data Set (MDS) assessment, dated 03/05/13, identified his ambulation in corridors as independent with oversight, encouragement or cueing when he moved between locations in his room and in the corridors. He wandered in the building daily. He sometimes understood what was said to him and sometimes made himself understood to others. His speech was unclear. He exhibited behaviors of screaming or making disruptive sounds daily. On 05/10/13 at 1:15 p.m., Staff 6 found Resident 2 on his hands and knees next to his bed. His mouth was bleeding. He was not wearing shoes or socks. Staff 3 assessed Resident 2. He had a laceration to the outer lower lip and a second laceration to the inner lower lip. He was transferred to the hospital for evaluation and treatment. Hospital staff placed 3 sutures to the inner aspect of the lower lip and 7 sutures to the outer aspect of the lower lip. Facility staff "kept	F 225	IDR AMENDED		

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F 225	<p>Continued From page 3</p> <p>him" in the wheelchair to meet all of his mobility needs after he returned from the hospital the afternoon of [REDACTED] 13.</p> <p>Review of the facility investigation revealed Resident 2 had seven falls - two in January 2013, two in February 2013, two in April 2013, and one earlier in May 2013 - prior to the one on 05/10/13 that resulted in injury. The investigation of the fall on 05/10/13 stated Resident 2 had "impulsive mobility attempts" and he had "overall instability, impulsiveness and poor judgment", which led Resident 2 to "experience falls". The investigation noted "safety measures" were in place and the care plan was followed when the incident occurred. The investigation concluded Resident 2 had a "shuffling gait and poor posture that could alter his gait. He frequently reached for non-existent objects on the floor." The investigation noted Resident 2 had shoes that did not "fit correctly and further promote his shuffling gait." The plan to prevent future reoccurrence included placing Resident 2 in a "wheelchair for ambulation with a pelvic restraint." The conclusion read the fall did not appear to be abuse/neglect.</p> <p>On 05/21/13 at 2:15 p.m., Staff 5 reported she conducted the investigation of all the fall incidents of Resident 2. She noted his "unsteadiness" has been increasing in the recent past. She had seen him sometimes cross his feet in front of one another when walking. She learned of the ill-fitting shoes during her investigation of the fall on 05/10/13. She did not interview staff or family to identify when the resident started wearing these shoes or whether they were worn and/or contributed to any of the</p>	F 225	IDR AMENDED		

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F 225	<p>Continued From page 4</p> <p>previous seven falls this year. She had no information whether the other residents of the facility were assessed for proper fit of their shoes. She stated staff told her they implemented the wheelchair with the pelvic restraint for all mobility of Resident 2 on 05/10/13 when he returned from the hospital to promote "healing". She had no information whether an assessment was done or other interventions considered as more appropriate for Resident 2. She did not know whether the physician was involved or notified of the implementation of the pelvic restraint. Additionally, Staff 5 did not know whether physical therapy evaluated the pelvic restraint use or gait of Resident 2. Staff 5 noted when she completed an investigation she provided copies to the nursing staff and Director of Nursing (DNS) for review and comment.</p> <p>At 3:30 p.m., the DNS reported Staff 3 or 4 should have reviewed the investigation for completeness. She had no information whether the physician was notified regarding the pelvic restraint. She just learned physical therapy conducted a gait assessment on 05/15/13, but she had no information whether any staff were ambulating Resident 2 with assistance in the corridors.</p>	F 225	IDR AMENDED	