

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

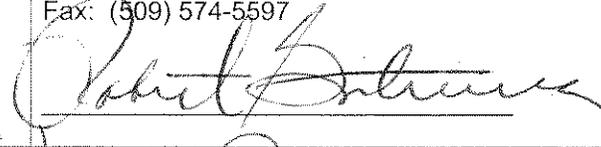
PRINTED: 10/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/25/2014
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NAME OF PROVIDER OR SUPPLIER CASHMERE CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 817 PIONEER AVENUE CASHMERE, WA 98815
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(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
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Cashmere Convalescent Center on 08/26/14 and 09/25/14. A sample of 11 residents was selected from a census of 65. The sample included 9 current residents and the records of 2 former and/or discharged residents.</p> <p>The following complaints were investigated as part of this survey:</p> <p>#3032656 #3034599 #3036518 #3036727 #3037425 #3037717 #3038239 #3041028</p> <p>The survey was conducted by:</p> <p>Brenda Webster, RN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services ALTSA Residential Care Services, District 1, Unit D 3611 River Road Suite 200 Yakima, WA 98902</p> <p>Telephone: (509) 225-2800 Fax: (509) 574-5597</p>	F 000	<p style="text-align: right;">Received Yakima RCS OCT 14 2014</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADM	(X6) DATE 10-14-14
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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 000 F 323 SS=D	<p>Continued From page 1 Residential Care Services Date 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure adequate supervision was provided to prevent accidents for 1 of 5 residents (#1) reviewed for falls. Resident #1 had an unwitnessed fall in an unsupervised dining room which could have potentially resulted in significant injury to the resident. Findings include:</p> <p>Resident #1. Re-admitted to the facility [REDACTED] with diagnoses which included [REDACTED] and a history [REDACTED]. Per review of the most recent comprehensive assessment, she had moderately impaired decision making ability, inattention and disorganized thinking. She required supervision of one staff member at meals.</p> <p>Per review of her plan of care, interventions for safety included the following: appropriate footwear when out of bed, anticipate needs, hourly checks, wedge cushion, tilt seat and pull-away alarm in wheelchair. The record included a most recent fall</p>	F 000 F 323	<p>POC for October 3, 2014 Citation for F-323-Safety and Supervision SS-D</p> <p>How the nursing home will correct the deficiency as it relates to the resident;</p> <p>The resident involved has passed away.</p> <p>How the nursing home will act to protect residents in similar situations;</p> <p>Clarification has been provided regarding the recently re-opened dining area in the Annex as a non-supervised area while the Vista room remains a supervised area.</p> <p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur;</p> <p>The job description for Activity/Support staff assigned to the Vista room has been revised and updated. This revision has</p>	

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F 323	<p>Continued From page 2</p> <p>assessment completed on 05/15/14 which deemed her at high risk for falls.</p> <p>Resident #1 had an unwitnessed fall in the Vista Dining Room on 08/05/14. Per the facility investigation summary, she was in her wheelchair in the dining room awaiting dinner. The dining room was not supervised at the time of the fall.</p> <p>Per observation of the Vista Dining room on 09/25/14 at 3:30 p.m., several residents were in the room involved in an activity. An aide was observed in the room supervising the residents. She was interviewed and stated a staff member was to be in the room any time residents were in the room for supervision.</p> <p>Per interview with Staff Member A, the Director of Nursing Services, on 09/25/14 at 3:45 p.m. she verified the dining room was not supervised on 08/05/14 at the time of the fall. She stated the facility had made changes to the resident seating arrangement towards the end of July 2014 which resulted in confusion amongst the evening shift staff related to the supervision requirements of the dining rooms. She stated the dining room was to be supervised any time residents were in the room. A staff member assigned to the room had momentarily stepped out when Resident #1 fell.</p> <p>Despite the facility directives for supervision of the dining room any time residents were present, staff did not adequately supervise to ensure the safety of the resident and prevention of falls.</p>	F 323	<p>been posted and reviewed with NAC/Activity/Support staff members. It will be reviewed with licensed nurse staff at monthly meeting on October 13, 2014. See attached job description.</p> <p>How the nursing home plans to monitor its performance to make sure that solutions are sustained;</p> <p>The DNS or designee will continue to monitor location of all falls. Random checks of the Vista room to assure there are staff members present will be completed by the DNS or designee at least twice weekly for the next 4 weeks.</p> <p>Dates when the corrective action will be completed; October 13, 2014</p> <p>The title of the person responsible to ensure correction; DNS</p>	