

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

PRINTED: 07/03/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/02/2014
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NAME OF PROVIDER OR SUPPLIER  ROO-LAN HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1505 SOUTHEAST CARPENTER ROAD LACEY, WA 98503
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Complaint Survey conducted at Roo-Lan Healthcare Center on 06/24/14, 06/25/14 and 06/26/14. A sample of 14 current residents and no former residents was selected from a census of 93. The following complaints were investigated.</p> <p>#3015123 #3015104 #3013989 #3016470 #3015289</p> <p>The survey was conducted by:</p> <p>Susan Henderson, RN, BSN</p> <p>The investigator is from:</p> <p>Department of Social &amp; Health Services Aging &amp; Long Term Support Administration Residential Care Services, District 3, Unit C P.O. Box 45819 Tumwater, Washington 98504-5819</p> <p>Telephone: 360.664.8429 Fax: 360.664.8451</p> <p><i>[Signature]</i> Residential Care Services</p> <p>7-3-14 Date</p>	F 000	<p>The submission of this plan of correction does not constitute admission by the provider of any fact or conclusion set forth in the statement of deficiency. This plan of correction is being submitted because it is required by law. Please accept this submission of plan of correction as our allegation of substantial compliance effective, August 11<sup>th</sup>, 2014.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Assy Acc	(X6) DATE 7/23/14
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A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided 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) <b>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</b></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	<p><b>Correction as it relates to the resident:</b> Resident #1 has been assessed for physical and psychosocial harm. She has been interviewed by several interdisciplinary team members to assess for signs and symptoms associated with psychosocial harm. She states she feels safe and comfortable and protected in her environment.</p> <p>Resident #2 has been assessed for physical and psychosocial harm. She has late stage dementia and is unable to answer questions in regard to feelings of safety, comfort or protection. She has no outward signs or symptoms of psychosocial harm. She is interacting with her environment per her norm.</p> <p><b>Action taken to protect residents in similar situations:</b> Employees, NA A and ADON are no longer employed at Roo-Lan Healthcare Center.</p> <p>LN A, CN A and CN D have been re-educated to the facilities policies and procedures related to The Nursing Home guidelines for: Prevention and Protection Incident Identification Investigation Reporting</p>	

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F 225	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, it was determined the facility failed to identify an allegation, conduct a timely and thorough investigation and report to the state agency in accordance with state law and 42 CFR 483.13(c) (3) alleged violations to rule out mistreatment of a resident and to protect and prevent further similar incidents for 1 of 10 current sampled residents (#1) reviewed. This failure to identify the allegation, report and conduct thorough investigations prevented the facility from ruling out abuse of the resident and placed Resident #7 and other residents at risk for further mistreatment and potential harm.</p> <p>Findings include:</p> <p>The facility policy documents investigations of incidents are to begin at the time an incident of suspected abuse or neglect is reported. The policy documents a first phase of investigation is to be completed within 24 hours of knowledge of the incident. The Charge Nurse (CN) is designated as being responsible for interviewing the resident, conducting and documenting a head to toe examination of the resident.</p> <p>1) Resident #1 was admitted to the facility on 1/14 with diagnoses to include a 3 According to her Minimum Data Set (MDS), an assessment tool, dated 6/12/14, she was cognitively intact.</p> <p>On 6/24/14, Resident #1 stated, Nursing Assistant (NA) A "Had taken liberties with me he had never taken before." Resident #1 further</p>	F 225	<p><i>Continue...</i></p> <p>All employees have been re-educated to the facilities policies and procedures related to The Nursing Home Guidelines for:</p> <p>Prevention and Protection Incident Identification Investigation Reporting</p> <p>Licensed Nurses and Nursing Assistants have been re-educated to the facility's policies and procedure related to the bowel management protocols including their scope of practice and responsibilities in relation to protocols.</p> <p><b>Measures taken or systems altered to ensure the problem does not recur:</b> New employees will be educated to the facility's policy and procedures related to The Nursing Home Guidelines by the Director of Nursing and/or designee.</p> <p>Continuing education will be provided to facility employees bi-annually to ensure comprehension of the facility's policies and procedures related to The Nursing Home Guidelines.</p> <p>Policies and procedures related to the bowel management protocols have been updated to clearer describe employee scope of practice and responsibilities in relation to the protocols.</p>	
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F 225	<p>Continued From page 3</p> <p>explained, "He was inappropriate, he had his fingers in my anus." Resident #1 stated she told him to stop but he did not until he removed some stool (feces). Resident #1 stated she reported the incident to her Licensed Nurse (LN) A on duty. The resident stated this occurred "a while ago."</p> <p>LN A stated Resident #1 had reported to her (5/31/14) that NAA "had taken liberties," with her, and NAA "put his fingers inside me." On 5/31/14 LN A stated she then reported the incident to the Charge Nurse (CN) D. LN A stated she did not physically assess Resident #1 or chart in her medical record because the facility policy is that CNs' are responsible for assessing, documenting, reporting and notifying the appropriate parties for "anything out of the ordinary."</p> <p>Reviewing the facility reporting log, there was no evidence the facility immediately reported the incident to the state agency or investigation the allegation to protect residents from similar incidents.</p> <p>The Director of Nurses (DNS) and Assistant Administrator (AA) stated Resident #1's allegation on 5/31/14 was not reported immediately to the state agency Hotline. No investigation was immediately initiated to address the allegation and no interventions were implemented to protect residents until 6/6/14.</p> <p>On 6/6/14, approximately 7 days after Resident #1 reported an allegation involving NAA to staff, CN A witnessed NAA digitally removing stool from Resident #7.</p> <p>The Director of Nurse Services stated the facility had allowed this practice for several years prior to</p>	F 225	<p><i>Continue...</i></p> <p>Current employees' haven re-educated to the bowel protocol policies and procedures. Bowel protocol policies and procedures will be presented along with scope of practice in new employee orientation.</p> <p><b>Plans to monitor performance to ensure solution is sustained:</b> Audits of new employee orientation and bi-annual re-education for policies and procedures related to The Nursing Home Guidelines will be completed by the business office and submitted to the QAPI Committee for review and recommendation for one year.</p> <p>Charge Nurses will audit bowel logs daily to assess for efficacy of protocols. The Medical Records Department will review logs weekly and submit to the DNS and QAPI Committee for review and recommendation for three months.</p> <p><b>Title of Person Responsible for Compliance</b> Director of Nursing Services and Assistant Administrator</p> <p><b>Date of compliance:</b> August 11<sup>th</sup>, 2014</p>		

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F 225	<p>Continued From page 4</p> <p>her working in the facility. NAA worked in the facility during that time. Recent direction to staff was that this practice would stop. NAA was made aware that the removal of stool was not to be performed by NAs. NAA was terminated from employment.</p> <p>On 7/2/14 the Assistant Administrator stated the facility's Assistant Director of Nursing (ADON) stated she was aware of the NA performing digital removal of stool from residents and did not stop the practice from being done. The ADON did not identify this as an incident, did not report it or prevent it from occurring. The ADON voluntarily quit.</p>	F 225		
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