

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

PRINTED: 10/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/23/2013
NAME OF PROVIDER OR SUPPLIER  WOODLAND CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 FOURTH STREET WOODLAND, WA 98674	
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Woodland Convalescent Center on 9/16/13, 9/17/13, 9/18/13, 9/19/13, 9/20/13 and 9/23/13. A stage 2 sample of 37 residents was selected from a census of 52. The sample included 20 current residents and 17 former and/or discharged residents.</p> <p>The survey was conducted by: Sandy Mayes, RN, BSN Candice Mohar, PhD, RN, MS, MSN, APFNS Marie Rose, RN, MN Suzie Wilson, RN, BSN</p> <p>The survey team was from: Department of Social &amp; Health Services Aging &amp; Long Term Support Administration Residential Care Services, District 3, Unit C &amp; D 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 Date 10/23/13</p>	F 000	<p><u>DISCLAIMER CLAUSE</u></p> <p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p> <p>RECEIVED NOV 01 2013 DSHS/ADSA/RCS</p>	

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

TITLE

(X6) DATE

*Administrative*

10-30-13

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	Continued From page 1	F 000		
F 285 SS=E	<p>483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI &amp; MR</p> <p>A facility must coordinate assessments with the pre-admission screening and resident review program under Medicaid in part 483, subpart C to the maximum extent practicable to avoid duplicative testing and effort.</p> <p>A nursing facility must not admit, on or after January 1, 1989, any new residents with:</p> <p>(i) Mental illness as defined in paragraph (m)(2)(i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority, prior to admission;</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>(ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental health authority has determined prior to admission--</p> <p>(A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and</p> <p>(B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.</p> <p>For purposes of this section:</p>	F 285	<p>F 285 CFR 483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI &amp; MR</p> <p><b>Affected Residents:</b> Res # 15 ,# 57 # 58 and # 39 The noted residents each had different but somewhat similar issues, A residents had admitted with a PASRR present on admit however the information on the PASRR was inaccurate. The PASRR will be or has been corrected for each resident, except resident # 39 who has at this time discharged from the facility.</p> <p><b>Residents in similar situations:</b> An audit of all Residents records in house will be done looking at diagnosis, and at the PASRR to assure that the assessment is accurate. And that the PASRR has been reviewed and updated as needed.</p> <p>For new admits to the facility the following will be done: The admission coordinator will review the initial admit packet which should include a PASSR</p>	11/10/13

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F 285	<p>Continued From page 2</p> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental illness defined at §483.102(b)(1).</p> <p>(ii) An individual is considered to be "mentally retarded" if the individual is mentally retarded as defined in §483.102(b)(3) or is a person with a related condition as described in 42 CFR 1009.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure Pre-Admission Screening and Resident Review (PASRR) assessments were accurately completed upon, or prior to, admission to the facility for 4 of 20 current sample residents (#s 15, 57, 58 and 39) and 9 of 17 former residents (#s 33, 70, 74, 82, 73, 4, 32, 75, and 85). Failure to ensure PASRRs were accurately completed, placed residents at risk for inappropriate placement and/or not receiving timely and necessary services to meet their mental health [MH] and/or developmental disability [DD] care needs.</p> <p>Findings include:</p> <p>The 2012 PASRR form states hospital staff members will initiate the PASRR process and when necessary, coordinate services with the designated "MH PASRR evaluator or DD program manager to complete Level II evaluations [a comprehensive evaluation conducted by a mental health professional to determine if residents require mental health or DD services] PRIOR to admission to nursing facilities." The form further states: "The nursing facility [NF] is responsible for assuring the form is complete and accurate at the time of, or before, admission. The NF must</p>	F 285	<p>Continued from page 2.</p> <p>If the PASRR is not include the admission coordinator will contact (hospital staff for acute care facility and HCS/AAA for community admits) to assure that the assessment has been done and is ready prior to admit.</p> <p>If the PASRR is present it will be reviewed to assure that the assessment is accurate. If note that it is not accurate will either correct, contact the hospital staff member at hospital for acute care, the HCS/AAA staff if admitting from the community or MD if admit from community but private.</p> <p>The facility will follow the regulatory guidelines for a PASRR with indicators in section B which requires a level II evaluation to be done.</p> <p>RCM, Admitting Nurses, Social Services Designee will be re – educated in the areas of the PASRR (Pre – Admission Screening and Resident Review).looking at the following:</p>	

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F 285	<p>Continued From page 3 maintain and update this form as necessary."</p> <p>1) Resident #15 was admitted to the facility from the hospital on [REDACTED] with multiple medical diagnoses including [REDACTED] which would require a Level II evaluation. The PASRR form failed to include any dates from the physician or the hospital nurse who completed the assessments. As of 9/17/13, the facility had not reviewed the PASRR to ensure accuracy and/or obtain services if necessary.</p> <p>2) Resident #57 was admitted to the facility from the hospital on [REDACTED] with multiple medical diagnoses including [REDACTED]. The PASRR in the record was dated 2/24/12. The PASRR indicated a Level II evaluation was required. There was no documentation in the record to indicate a Level II evaluation was done and if not, the reason for not obtaining a Level II.</p> <p>3) Resident #58 was re-admitted to the facility from the hospital on [REDACTED] with multiple medical diagnoses including [REDACTED]. The last PASRR found in the record was dated 10/13/11.</p> <p>4) Resident #39 was admitted to the facility from the hospital on [REDACTED] with multiple medical diagnoses including [REDACTED]. [REDACTED] A Level II evaluation was indicated on the form. The resident's additional medical diagnoses would not require a Level II. The facility failed to ensure accuracy of the PASRR and determine if there was a need for a Level II evaluation.</p>	F 285	<p>Continued from page 3.</p> <ol style="list-style-type: none"> <li>Who should be screened.</li> <li>Are there exceptions to a level I being completed.</li> <li>Who determines Nursing Facility Level of care.</li> <li>PASRR Criteria for level II.</li> <li>Advanced Categorical Determinations: Are there exceptions to a Level II Evaluation being completed.</li> <li>What are Specialized Services</li> <li>What does a completed packet include.</li> <li>Where does the CRM send the completed packet.</li> <li>What do you do when a NF refers a current resident for a Specialized Services Evaluation.</li> </ol> <p>To monitor that solutions are maintained the SSD will with quarterly MDS will review the PASSR for timely needed changes and for accuracy. A random audit will be done by the DNS quarterly to assure that compliance is followed.</p> <p>In service will be completed by 11/01/13 Corrective action will be completed by Nov. 10 2013</p> <p>Director of nursing services and social services director will ensure correction</p>		

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F 285	Continued From page 4  Review of closed records for former Residents #33, 70, 74, 82, 73, 4, 32, 75, and 85 indicated missing and/or inaccurately completed PASRRs similar to the Residents' identified above.  During interview and review of residents' PASRRs with the new Social Services Staff on 9/17/13 at 3:30 p.m., she stated she was learning about the PASRR process and she would review current residents' PASRRs for accuracy and follow up as necessary.	F 285		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide oral hygiene for 1 of 3 sampled residents (#44) who was unable to perform activities of daily living independently. This failure potentially placed the resident at risk for poor oral hygiene.  Findings include:  Resident #44 was admitted to the facility on [REDACTED] with diagnosis to include [REDACTED]	F 312	<b>F 312 CFR 483.25(a)(3) ADL CARE FOR DEPENDENT RESIDENTS</b>  Affected Resident: How the facility will correct the deficiency as it relates to the resident; Resident # 44 Resident has been re-evaluated by dental hygienist and there are no new problems noted at this time. Resident's teeth were scaled as much as resident would tolerate. Resident could not tolerate a full scaling. There was no noted new decay in the resident's teeth. Dental hygienist plans to see resident monthly to stay on top of the gum bleeding and problems with getting oral care done. The resident's oral hygiene part of her care plan has been pulled out and amended to add approaches that are most appropriate to meet her oral hygiene needs. Front line staff has been in serviced in the changes made. LN will be notified if NAC is unable to do complete oral hygiene and will proceed to check the resident for new or worse problems which might be causing issues. Resident will be re assessed for most effective method to meet oral hygiene needs. Ongoing assessment will be done by LIC. Nurse assigned to do weekly head to toe skin assessment will include an oral exam as part of this assessment. RCM will do quarterly oral exam as part of the quarterly rev.	11/10/13

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F 312	<p>Continued From page 5</p> <p>On 9/17/13 at 4:36 p.m., Resident #44 had a bright reddened line along gum line which progressed to an ashen-colored dark line and then extended to bluish purple gum tissue. Additionally, her teeth were covered in tartar and plaque along the gum line extending down the tooth surface.</p> <p>The Woodland Rehab-Oral Health Screening Form, dated 5/13/13, documented by the hygenist, indicated Resident #44 had extremely heavy plaque and severe inflammation.</p> <p>On 9/17/13 at 3:31 p.m., during an interview, Resident #44's son and daughter-in-law voiced concerns that the resident's mouth was in "bad shape" and also that the resident would be unable to communicate if she had dental pain [REDACTED]</p> <p>The Care Plan Flow Sheet for Resident#44 dated 9/01/13 included "Oral care with electric tooth brush AM &amp; PM care."</p> <p>On 9/18/13 at 2:53 p.m., during an interview, Nursing Assistant (NA) A stated that if Resident #44 keeps her mouth closed when attempts are made to brush the resident's teeth, it means the resident is refusing to have her teeth brushed. NA A stated she would then use a swab. In addition, NAs A and B collectively stated that resident refused to brush teeth between 50% and 70% of the time.</p> <p>On 9/18/13 at 3:28 p.m., NA C stated she attempted to brush Resident #44's teeth last evening, and the resident resisted by biting down on her lip which sealed her mouth shut.</p>	F 312	<p>Continued from page 5.</p> <p>of residents oral care will be done weekly to assure that it is being done according to the care plan.</p> <p>The facility will do the following in an effort to protect other residents with similar situations:</p> <p>Re training will be done with each NAC this will include oral hygiene with dependent residents to include residents with natural teeth as well as residents with dentures.</p> <p>Each NAC will do return demonstration of oral hygiene with residents that have their natural teeth. Oral care will be pulled from the overall daily AM and PM care so is clear what is set up for each resident's oral care.</p> <p>Residents will have routine dental hygienist visits and issues that are noted will be taken care of timely and is the most appropriate manner to meet the needs of the residents. Lic. Nurses will have ongoing and frequent education in the area of oral care and the need to monitor the mouth for changes, for pain, for loose or missing teeth and decay. Noted problems will be placed on 24hr reporting system that is already in place and will give to Social Service Designee to make set up for appropriate dental needs. The facility will make changes in the following systems to ensure that the problem does not recur; All residents with natural teeth will be identified by audit with residents in house and by initial assessment with new resident admits.</p>	

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F 312	Continued From page 6 Therefore, NA C concluded that Resident #44 had refused to have her teeth brushed.  On 9/19/13 at 9:31 a.m., NA D was observed brushing Resident #44's teeth. When an electric tooth brush was inserted into the resident's mouth, rthe resident grimaced slightly and chanted "Nah, nah, nah," but proceeded to open her mouth which allowed staff to brush all surfaces of teeth. After the resident's teeth were brushed, there was no visible plaque and the gum line was no longer reddened and ashen-colored, however significant recession of gums was observed.  On 9/20/13 at 9:51 a.m., Resident #44 was observed to open her mouth to have her teeth brushed. NA B was able to brush the resident's teeth and, Resident #44 did chant repeatedly during teeth brushing.  On 9/19/13 at 11:05 a.m., LN B stated that when residents refused oral hygiene, nursing assistants should report it to her and in turn she would tell the charge nurse or write refusal of oral hygiene in 24 hour report book. LN B stated she was not told about Resident #44's refusal to brush teeth. Correspondingly, there was no evidence of Resident #44's refusal to brush teeth in the 24 hour report book.	F 312	Continued from page 6.  A list of resident with natural teeth will be developed for nursing as well as Social Service Designee the list will be updated at least monthly to insure that it stays up to date.  The residents with natural teeth will have an audit of their oral care done frequently to assure that it is done as care planned. As part of orientation each new NAC will demonstrate adequate oral care for the resident with natural teeth.  Residents with natural teeth will be reviewed when sections change to assure that follow through is done and the NAC is aware of the correct oral hygiene needs of the residents in their new section.  How the facility plans to monitor its performance to make sure the solutions is sustained; There will be ongoing random audits of the oral care given to assure that it remains adequate the dental hygienist will meet with the DNS and with the Social Service Designee, to go over the issues that are found during her visit, this will be a second check to assure that the issues that deal with adequate oral care are sustained.  Oral care will be put on the Quality assurance program it will be reviewed monthly by the quality assurance committee until the issues are resolved and remain resolved. Staff development personal and DNS will assure the correction remains effective.	
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local	F 371	F 371 CFR 483.35(I) FOOD PROCURE, STORE/ PREPARE/ SERVE - SANITARY	11/10/13

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F 371	<p>Continued From page 7 authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that food was distributed and served under sanitary conditions. This failure placed all residents at risk of consuming potentially contaminated food.</p> <p>Findings include:</p> <p>On 9/17/13 at 5:59 p.m., Kitchen Staff (KS) A and KS C stored and stacked burgundy plate covers shortly after they came out of the dishwasher. Plate covers had about a drop of water on each one, KS A confirmed this.</p> <p>On 9/18/13 at 12:32 p.m., approximately 5 to 10 milliliters of water was observed on a plate recently stored and stacked near the steam table. The Dietary Manager (DM) confirmed this.</p> <p>On 9/18/13 at 11:30 a.m., Robot Coupe food processor was observed with the plastic lid secured to the metal base with handle. The clear plastic lid was covered in moisture and approximately 5 to 10 milliliters of pooled water was observed in the bottom metal part. DM confirmed this.</p> <p>On 9/23/13 at 2:30 p.m., facility policy titled "Dishwashing Techniques" under #7, stated</p>	F 371	<p>Continued from page 7.</p> <p>All kitchen staff employees have been re-trained on proper hand washing procedures including when to wash hands to ensure proper hand washing procedures followed protecting staff, self and residents from preventative foodborne illness prevention and control. Training session included utilizing proper hand washing between tasks, leaving kitchen, between glove use and touching of any potentially contaminated items. Sanitizer is available in kitchen but will not be substituted for proper hand washing with soap and water per facility policy.</p> <p>Kitchen re-trained on facility policy to assure all dishes are completely air dried in dish washing area prior to being stacked and stored. All items will be put away upside down to assure any possible residual water will dissipate prior to bacteria growth. Instruction included assuring proper drying agent used in dish washer and how to prime if noticing improper flow of chemical.</p>	
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F 371	Continued From page 8 "Dishes are to be allowed to air-dry before staking and storing."  Two KSs were observed, on two separate occasions, performing hand hygiene with hand sanitizer between kitchen tasks instead of using proper hand washing procedure with soap and water.  On 9/17/13 at 5:59 p.m., KS A was observed leaving the steam table area after preparing food trays, then performed hand hygiene with hand sanitizer just prior to taking clean dishes from the drying area near the dishwasher and bringing them to the food preparation area.  On 9/18/13 at 11:30 a.m., KS B was observed performing hand hygiene with hand sanitizer upon returning from the dining room and then took clean dishes from the drying area near the dishwasher and brought them to the food preparation area.  Facility policy titled "Handwashing Procedure" stated that "Proper handwashing techniques are known and observed by all food service personnel as an important link in the chain of infection prevention and control." then goes on to describe "The FDA Code Double Handwash procedure" as Step 1. Instructs to "Wet hands under warm, running water ...add soap ...rinse under warm, running water ..."	F 371	Continued from page 8.  In addition, contractor has redesigned planned dish room remodel to include additional drying space as well as installation of hand washing sink allowing more accessibility for improved compliance.	
F 412 SS=G	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS  The nursing facility must provide or obtain from	F 412	F-412 CRF 483.55(b) ROUTINE/ EMERGENCY DENTAL SERVICES IN NFS	11/10/13

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F 412	<p>Continued From page 9</p> <p>an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to provide necessary dental services for identified dental problems for 2 of 3 current sample residents (#s 31 and 43) reviewed for dental services. This failure caused Resident #31 to experience ongoing tooth decay, tooth loss, problems with chewing and closing her jaw, and limited food choices. This failure caused Resident #43 to experience ongoing tooth decay, tooth loss, difficulty with chewing, and to remain nearly edentulous (having no teeth) without intervention for at least one full year after requesting a full set of dentures as recommended by his dentist.</p> <p>Findings include:</p> <p><b>RESIDENT #31</b></p> <p>Resident #31 was admitted to the facility on [REDACTED] with diagnoses to include [REDACTED]</p> <p>The annual Minimum Data Set (MDS), an assessment tool, dated [REDACTED] indicated Resident #31 ambulated independently with use</p>	F 412	<p>Continued from page 9.</p> <p>Affected Residents: For resident #43 the facility will correct the deficiency in the following manner. Social services Designee will set an appointment for this resident to see a dentist. Social Service Designee will continue to look for low cost or no cost dental service. The dental issues that have been noted will be corrected. Positive contacts have been made and as a result resident has a dental appointment on the 10/29 to begin the process of Extraction of the teeth and making of a full set of dentures. Confirmation has been received for an approval for payment of this process. Social service will follow through to assure that this is done timely. Residents care plan has been addressed and the following changes have been made: The oral care part of his ADL program has been pulled from the body of the care plan with specific things for these residents oral care needs are clearly outlined and must be signed by staff that it was done. Front line staff has been in serviced as follows: basic oral care needs, why oral care is important, the need to report refusal of oral care, problems with approach set up for oral care, any problems noted with resident during oral care such as discomfort, broken, loose, or missing teeth and bleeding when oral care is given. Each front line staff member will also be required to do a return demonstration of the skill of brushing natural teeth and cleaning the oral cavity. Resident will continue to be visited by the dental hygienist monthly.</p>	

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F 412	<p>Continued From page 10 of a walker and required cuing with oral care. The Care Area Assessment, dated 12/14/12, reported the resident had "broken natural teeth with moderate gingivitis."</p> <p>Observation during an interview on 9/17/13 at 1:49 p.m. showed Resident #31 to have a full upper denture in her mouth but no lower denture. All of the resident's lower teeth appeared broken and decayed (black) at the gum line.</p> <p>Resident #31 denied mouth pain but stated it was difficult to chew "because of my teeth" and said that, as a result, she was "real fussy about food," limiting herself to items which were easier to chew. The resident also stated she could not close her mouth all the way, demonstrating for the surveyor that when she closed her jaw as far as she could, her lower gum was approximately one inch from the bottom of her upper denture.</p> <p>When asked, Resident #31 said yes, she would like to see a dentist about getting a lower denture. The resident further stated that no one at the facility had ever offered to assist her with making a dental appointment. Resident #31 stated she thought it was because she didn't have the money to see a dentist or pay for a denture.</p> <p>The Visual Oral Health Screening Form, dated 8/20/12, filled out by the dental hygienist, stated Resident #31 had moderate gingivitis and all lower teeth were broken except for #22. The resident was referred for dental services.</p> <p>The progress note, dated 9/26/12, signed by the Social Services Director (SSD), stated Resident #31 decided not to have her one remaining lower tooth pulled and not to get a lower denture.</p>	F 412	<p>Continued from page 10.</p> <p>Lic nurses have been in serviced on observations of the mouth as part of the weekly skin check already set into place. Resident # 31: The facility will correct the deficiency as it relates to this resident in the following Manner: Social Services Designee will aggressively continue to search for low cost or no cost dental services available to residents. SSD will research all avenues to find any dental coverage that might be available to this resident first through her insurance. (Resident has no dental coverage) and she has no funds available for the cost of dental needs. Resident has been set up for a visit with local dentist and an estimate has been obtained for the work that needs to be done. The estimate was sent to DSHS for approval and was denied. However Social Service Designee has continued to look for services and has found potential services that look hopeful for resident. Resident has an appointment for 10/31/13 with 2nd dental office. In the meantime the following will be done to prevent any farther problems for this resident. Her care plan has been revised so the oral care part of the ADL program is pulled out to itself with specific approaches to meet resident's oral hygiene needs clearly outlined and must be signed by staff when done. Front line staff will be in serviced on residents specific oral hygiene needs as well as basic oral care needs, why oral care is important, the need to report any unusual occurrence when doing oral care such as refusal to allow care, pain, loose teeth, missing teeth bleeding at the gums when oral care is done.</p>		

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F 412	<p>Continued From page 11</p> <p>The Woodland Rehab Oral Health Screening Form, dated 2/11/13, indicated Resident #31 had decay in her one remaining lower tooth: #22. No information regarding condition of oral tissues was provided. The hygienist did not answer the question on the form as to whether additional dental services were recommended.</p> <p>The Woodland Rehab Oral Health Screening Form, dated 8/5/13, stated "All lower teeth broken, decayed at gum line"; tooth #22 was no longer present. The hygienist checked the box indicating that dental services were "not appropriate at this time" but did not explain why dental services were not appropriate for the resident's broken, decayed teeth.</p> <p>Further record review revealed documentation supporting Resident #31's statement that she was "real fussy about food" due to chewing problems, limiting herself to items which were easier to chew.</p> <p>The Quarterly Nutrition Reviews dated 3/11/13, 6/3/13 and 8/28/13, indicated Resident #31 was on a regular "liberalized diet ("not strictly adhering to usual diabetic prescriptions) with small portions and an evening snack. The resident's weight was stable even though her intake at meals was "poor ...25%."</p> <p>The nutrition note, dated 6/3/13, stated Resident #31 hoarded sugar and hot chocolate packets which she ate right out of the package. The nutrition note, dated 8/29/13, stated Resident #31 accepted ice cream, fruit salad, cottage cheese and yogurt.</p>	F 412	<p>Continued from page 11.</p> <p>Lic nurses have been in-serviced on doing routine oral exam with their weekly skin check already set in place. They will report any unusual findings such as pain, discomfort with the exam, bleeding, swollen gums, broken or missing teeth via the 24 hr. reporting system already in place. Resident will continue to receive routine hygienist visit.</p> <p>The nursing facility will act to protect residents in similar situations in the following manner: All residents in house will be assessed by nursing to assure that they have no current problems with the teeth they have and to ensure that the oral hygiene set up for each resident is adequate for maintaining the resident's teeth in good condition. Each resident upon admit will have as part of their admission assessment an oral exam this will catch any issues that are there on admit. Any problems such as missing teeth, loose teeth, decayed teeth, bleeding of the gums or any other issue noted with the oral cavity. Problems will be noted on the initial assessment and will continue to be followed through with as follows: Each resident has a skin assessment done weekly added to this weekly skin assessment will be an oral exam again looking at all aspects of the oral cavity. Any new problems will be reported via the 24 hr. reporting system that is in place and will be dealt with by the appropriate disciplinary team member.</p>		

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F 412	<p>Continued From page 12</p> <p>The nursing progress note, dated 9/8/13, stated that Resident #31 continued "to not eat meals" but, in the evening, "wants snacks" such as peanut butter and jelly sandwiches, yogurt and sugar packages.</p> <p>On 9/19/13 at 10:51 a.m., during an interview, the DNS stated Resident #31 had not told facility staff she had trouble with chewing and closing her jaw.</p> <p>The DNS said Resident #31 had not seen a dentist since she was admitted to the facility. The DNS was unable to provide documentation to verify that any staff had followed up with Resident #31, to inquire if the resident would like to see a dentist, since the SSD note, dated 9/26/12, stating the resident decided not to get a lower denture.</p> <p>When asked if gingivitis, tooth decay, or broken teeth would indicate the need for an appointment with a dentist, the DNS said yes, but when residents lacked financial resources to pay for dental services, appointments were made only when the resident reported pain or proactively requested an appointment.</p> <p>The facility failed to provide necessary dental services for Resident #31 when, despite identified dental problems, no staff offered to make a dental appointment for the resident. This failure caused Resident #31 to experience ongoing problems including tooth decay, broken teeth, problems with chewing and closing her jaw, and limited food choices.</p> <p>RESIDENT #43</p> <p>Resident #43 was admitted to the facility on</p>	F 412	<p>Continued from page 12.</p> <p>Residents will continue to be seen by the dental hygienist on a routine basis the hygienist will report to the DNS, charge nurse, Social service Designee when routine visit is complete any concerns will be written out by the hygienist on the consultant form along with any recommendations this will be discussed in full at that time. The referrals will be given to the Social Service Designee and will be followed through with timely and continue to be re addressed until the problem is resolved.</p> <p>All care plans will be reviewed for adequate approaches set in place for oral hygiene this part of the care plan will be pulled out of the body of the care plan and set up to be signed by staff assigned each time done.</p> <p>Front line staff will be re trained on oral Hygiene with a return demonstration of oral care with residents with natural teeth. Training will also include the importance of good oral hygiene, the importance of reporting problems noted with the oral cavity during routine oral care.</p> <p>An audit of the Dental Hygienist reports over the past 6 months will be conducted by nursing to ensure that no other dental recommendations that have been missed or appropriate follow up has been done with any issues that were noted.</p> <p>Systemic changes the facility will take to prevent the problem from recurring.</p>		

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F 412	<p>Continued From page 13</p> <p>██████████ with diagnoses to include a neurological disorder.</p> <p>The annual MDS, dated ██████████ indicated Resident #43 was alert, oriented and usually able to express his needs. The resident was non-ambulatory and required assistance with all activities of daily living, including oral hygiene. The Care Area Assessment, dated 3/27/13, stated the resident had no natural upper teeth and had 5 remaining lower teeth and some tooth fragments.</p> <p>On 9/17/13 at 1:55 p.m., during an interview, Resident #43 was observed to have no upper teeth and only 5 lower teeth in front with one tooth broken at the gum line. All of the resident's teeth were yellow-brown. The resident denied having mouth pain.</p> <p>Record review revealed documentation indicating that Resident #43 requested a full set of dentures at least one year ago.</p> <p>On 9/5/12, the SSD documented a discussion with Resident #43's legal guardian about the resident's request for dentures. The guardian said "go ahead" with a dental appointment for dentures.</p> <p>The Visual Oral Health Screening Form, dated 9/10/12, indicated Resident #43 had extreme periodontal disease with inflammation, had only anterior lower teeth, all of which were decayed, and had inadequate oral hygiene. Dental services were recommended.</p> <p>The nursing note, dated 9/17/12, indicated that Resident #34 had an appointment with the dentist</p>	F 412	<p>Continued from page 13.</p> <p>The hygienist as part of the Quality Assurance Monitoring will meet with DNS, Charge nurse, SSD at time of visit. All concerns and recommendations will be discussed and a plan will be put into to place at that time to ensure that the correct follow through is done</p> <p>The Social Service Designee will now have a log of any residents that have dental issues Documented in the log will be any approaches to obtain dental services as well as the result.</p> <p>The log will be brought to the monthly meeting at time of hygienist, visit so any issues can be reviewed for progress or until the issue is resolved.</p> <p>Ongoing more frequent nursing training and education for both oral assessment, and ADL assistance with oral needs to prevent decay and to pick up on dental problems, that might be painful or cause any problems with nutritional intake.</p> <p>Social Service Designee will continue to search for free or low cost services for residents with no dental coverage. Emergency dental issues will be taken care of appropriately and quickly to avoid pain and suffering of residents.</p> <p><b>Quality Assurance Monitoring to assure that the solutions are Sustained:</b> The Quality Assurance Committee will monitor referral service follow – up, including hygienist recommendations. Identified areas of concern regarding follow – up or service needs will be reviewed and corrective action will be taken.</p>		

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F 412	<p>Continued From page 14 that day.</p> <p>On 9/24/12, the SSD documented that Resident #43's guardian said the resident did not have financial resources for dentures.</p> <p>On 1/2/13, the SSD documented that Resident #43 recently lost a tooth but the resident said it didn't bother him. The resident stated he knew his guardian was trying to save money for dentures and said, "I can wait."</p> <p>The Visual Oral Health Screening Form, dated 1/7/13, documented Resident #43 had moderate gingivitis, broken and decayed teeth, and inadequate oral hygiene. The space for indicating further dental services was left blank.</p> <p>On 8/2/13, the SSD documented she spoke with Resident #43's guardian and inquired about selling the resident's electric wheelchair to pay for dentures. The guardian stated that money from the sale of the wheelchair should be applied toward funeral expenses.</p> <p>The Quarterly Nutrition Reviews, dated 6/24/13 and 9/12/13, documented Resident #43 was on a regular diet, exceeded his ideal body weight, was taking 90 -100% at meals and had no apparent chewing difficulty.</p> <p>The Medication Administration Record for September, 2013, documented Resident #43 received Tylenol 650 milligrams scheduled routinely, twice daily, for chronic pain. The resident also received [REDACTED] "swish and spit," twice daily for gingivitis.</p> <p>On 9/18/13 at 12:10 p.m., during an interview,</p>	F 412	<p>Continued from page 14:</p> <p>Audits of oral care with residents with natural teeth will be ongoing and will be done with random resident's bi - weekly times 3 months and monthly thereafter. Director of nursing services and Social Service Designee will ensure correction of dental services and Staff development personal will ensure that ongoing training and good oral hygiene is maintained. Front line staff in service will be completed by 11/10/13 Lic. staff in-service completed 10/18/13.</p>	

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F 412	<p>Continued From page 15</p> <p>further observation showed the gum line surrounding Resident #43's few remaining lower teeth was red and inflamed. The resident stated it was "hard to eat with the only teeth I've got" and said he would like to have his remaining lower teeth removed and get a full set of dentures. During the interview, Resident #43 asked Licensed Nurse (LN) A to tell the SSD he would like to set up an appointment to get dentures. (LN A was present for the interview at Resident #43's request.)</p> <p>On 9/19/13 at 10:51 a.m., during an interview, the DNS stated Resident #43 did not have money for dentures and the facility could not afford to pay the cost of his dentures.</p> <p>On 9/20/13 at 10:32 a.m., during an interview, the SSD stated Resident #43's last dental appointment was 9/17/12 at River Dental. The SSD stated River Dental recommended removing Resident #43's remaining teeth and providing a full set of dentures. River Dental indicated Medicaid would not pay for dentures, so the SSD did not pursue a Medicaid benefit to provide dentures for the resident.</p> <p>The facility failed to provide necessary dental services for Resident #43 when, after the resident requested to have dentures made, as recommended by his dentist, facility staff did not pursue a Medicaid benefit to provide dentures for the resident. This failure caused Resident #43 to experience ongoing tooth decay in his few remaining teeth, further tooth loss, difficulty with chewing, and to remain nearly edentulous without intervention for at least one full year after requesting a full set of dentures.</p>	F 412			

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F 412	Continued From page 16	F 412		
F 493 SS=E	<p>483.75(d)(1)-(2) GOVERNING BODY-FACILITY POLICIES/APPOINT ADMN</p> <p>The facility must have a governing body, or designated persons functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the facility; and the governing body appoints the administrator who is licensed by the State where licensing is required; and responsible for the management of the facility</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed in its legal responsibility for implementing policy related to use of resident funds when 3 facility managers (Social Services Director, Business Office Manager and Director of Nursing Services) actively facilitated, with the knowledge of the Administrator, the use of \$200 of resident money from the Resident Advisory Committee bank account as a gift to a facility employee. This failure placed residents at potential risk for financial exploitation.</p> <p>The facility Employee Handbook stated, "...all employees must graciously decline tips and gratuities offered by residents or families."</p> <p>On 9/16/13, during the initial tour of the facility, a notebook containing Resident Advisory Committee (RAC) meeting notes was on display for public viewing in the TV room. Meeting notes</p>	F 493	<p><b>F 493 CFR 483.75 (d)(1)-(2) GOVERNING BODY-FACILITY POLICIES/APPOINT ADMN</b></p> <p>The facility's current policy reads "All residents are served equally, and all employees must graciously decline tips and gratuities offered by residents or families." Current administration has in-serviced DNS, social services director, business office manager and other relevant employees regarding this policy. It has been established that employees may not accept any gifts of any nature from any resident or family no matter the origin of the money or the circumstances by which it is being given or the reason it is being given.</p>	11/01/13

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F 493	<p>Continued From page 17</p> <p>reflected that the group's name was changed from Resident Council to RAC when, as of June 2013, the group had no officers because no residents wished to run for office.</p> <p>The notebook contained a copy of a letter written for the Business Office Manager (BOM), dated 8/14/13, signed by the Social Services Director (SSD), which stated the RAC wished to donate \$200 to a fund for the staff whose family member died in an accident. The letter named 9 residents who agreed to the donation: Resident #s 22, 5, 31, 23, 58, 43, 47, 12, and 83.</p> <p>During interviews on 9/18/13, the BOM, Administrator (ADM) #1, the Director of Nursing Services (DNS), and the SSD each stated the RAC was a group comprised only of facility residents and the money in the RAC account came from RAC fundraisers such as garage sales and holiday bazaars.</p> <p>At 1:32 p.m., the BOM stated she managed the RAC bank account. The BOM reported that on 8/14/13, the SSD gave the BOM a copy of the letter written by the SSD, signed by the SSD and 8 residents, indicating the residents wanted to donate \$200 to a fund for Nursing Assisfant (NA) E. On this copy of the letter, Resident #12's name was crossed off the list of named residents.</p> <p>The cancelled check for \$200, dated 8/14/13, written to NA E, was signed by the BOM and the DNS. The name of the bank account was "Woodland Convalescent Center Residents Account." Bank account statements showed "Joint Names" including ADM #2, the DNS and the BOM.</p>	F 493	<p>Continued from page 17.</p> <p>The corrective action will be taken immediately. The facility administrator and the business office manager will approve or deny all checks for funds being spent from the resident council checking account.</p> <p>The administrator will in-service all newly hired employees regarding facility policy in regard to gifts from residents or family of residents.</p>	

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F 493	<p>Continued From page 18</p> <p>The BOM said she knew facility employees were not permitted to receive money or gifts from residents but, regarding the gift to NA E, the BOM "didn't see it that way."</p> <p>At 1:48 p.m., ADM #1 stated he was not employed at the facility at the time the check was written to NA E but, if he had been, he would have raised concerns about the appropriateness of using RAC money for a gift to a staff member.</p> <p>At 14:47 p.m., the DNS stated the accidental death of NA E's family member occurred on Sunday, [REDACTED] and was on the news. By Wednesday, [REDACTED] many residents were aware of the death and learned that staff were collecting money for NA E. The SSD informed the DNS that residents wanted to contribute. The DNS stated that the money was a combined gift from residents and staff "all lumped together."</p> <p>The DNS said she knew facility employees were not permitted to receive money or gifts from residents but, coming from the RAC account, "it wasn't like taking residents' personal money. I saw this as different."</p> <p>The DNS stated ADM #2 was administrator at the time and was aware of the gift.</p> <p>On 9/19/13 at 10:00 a.m., during an interview, the SSD stated that, on [REDACTED] some residents heard about the money being collected by staff members for NA E. The Activities Supervisor told the SSD that residents wanted to contribute money from the RAC account.</p> <p>The SSD stated she asked Resident #5, and the resident confirmed that he and other residents</p>	F 493			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  09/23/2013
NAME OF PROVIDER OR SUPPLIER  WOODLAND CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 310 FOURTH STREET WOODLAND, WA 98674		
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F 493	<p>Continued From page 19</p> <p>wanted to donate money to NA E. Resident #5 named several residents who wanted to donate money.</p> <p>The SSD said she typed the letter for the BOM, dated [REDACTED], naming the residents. The BOM told the SSD to get the residents' signatures. The SSD approached the residents individually in their rooms to ask if they wanted to sign the letter. The SSD stated she obtained signatures from all residents named in the letter except one: Resident #12 had changed his mind so his name was crossed out.</p> <p>The SSD stated, "It did not occur to me that it might be a problem. I thought, 'It's what the residents wanted to do. It's their right. It's their money.'"</p>	F 493		