

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

PRINTED: 06/12/2013
FORM APPROVED
OMB NO. 0938-0391

858

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/06/2013
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NAME OF PROVIDER OR SUPPLIER NISQUALLY VALLEY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE P O BOX 370 MCKENNA, WA 98558
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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 Standard Survey conducted onsite at Nisqually Valley Care Center on 6/6/2013. The sample included 4 residents out of a census of 47. The sample included 2 current residents and the records of 2 former residents.</p> <p>The following is a complaint investigated as part of this survey:</p> <p>#2810943</p> <p>The survey was conducted by:</p> <p>██████████ RN, MSN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Long-Term Support Administration Division of Residential Care Services District 3, Unit B 1949 S. State Street Tacoma, WA 98405-2850</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p><i>Dina Boncin-John</i> 6/25/13 Residential Care Services Date</p>	F 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Garth</i>	TITLE Administrator	(X6) DATE 7/3/13
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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 205 SS=D	<p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide notice of the their bed hold policy at the time of transfer to the hospital for 3 of 4 residents (#'s 1, 2 & 3) reviewed for bed hold policy.</p> <p>Without receiving notice of the bed hold policy, Residents #1, 2, & 3 were placed at risk for not being aware of their rights to hold their bed while in the hospital.</p> <p>Findings include:</p>	F 205	<p>F-205</p> <p>This plan of correction is being submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any deficiency cited.</p> <p>Upon discharge, nurses will provide bed hold policy to resident at time of discharge.</p> <p>Administrator or designee will follow-up with POA/guardian for bed hold policy.</p> <p>Nurses will be in-serviced on bed hold policy.</p> <p>Chart will be audited and results will be forwarded to QA.</p> <p>Administrator or designee is responsible.</p> <p>Completion Date: July 11, 2013</p>	

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F 205	<p>Continued From page 2 All interviews took place on 6/6/13.</p> <p>On 5/20/13, written information was received from a resident advocate alleging the facility did not want to readmit Resident #1 from the hospital.</p> <p>Record review revealed Resident #1 transferred to the hospital on 5/19/2013 and readmitted to the facility on [REDACTED] 13.</p> <p>Further record review revealed there was no documented evidence Resident #1 or the resident's legal representative received the bed hold notice when the resident went to the hospital.</p> <p>Interviews with licensed Staffs C and D at 10:10 and 10:20 a.m., respectively, revealed the facility policy was to send the notice of bed hold to the hospital with the resident and document it on a checklist which subsequently went to the administrator.</p> <p>Expanded closed record review of residents that transferred to the hospital revealed Residents #2 & 3 did not have documented evidence the bed hold policy was provided at the time of transfer.</p> <p>Interview with Staff A (administrator) at 8:50 a.m. revealed she believed the notice should be signed by the resident/legal representative at the time of transfer if possible and documented in the nursing progress notes that it was offered. Staff A stated she did not consistently receive the checklists that documented when the bed hold policy notice was sent to the hospital with the resident. Staff A stated she did not have any further information for Residents #1, 2, & 3.</p>	F 205			

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F 205	Continued From page 3 Interviews and record review revealed the facility did not have a clear and consistent policy for notifying residents about the facility's bed hold notice upon transfer to the hospital.	F 205		
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