

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

362
PRINTED: 12/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505452	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/26/2013
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NAME OF PROVIDER OR SUPPLIER MESSENGER HOUSE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10861 NE MANITOU PARK BLVD BAINBRIDGE ISLAND, WA 98110
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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 Messenger House Care Center 11/22/13 & 11/26/13. The sample included 4 current residents out of a census of 71.</p> <p>The following are complaints investigated as part of this survey:</p> <p>#2903760</p> <p>The survey was conducted by:</p> <p>[REDACTED] RN, MN</p> <p>The surveyor is from:</p> <p>Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 3, Unit A PO Box 45819 MS: N27-24 Olympia, Washington, 984504-5819</p> <p>Telephone: (253) 983-3800 Fax: (253) 589-7240</p> <p>[REDACTED] 12/16/13 Residential Care Services Date</p>	F 000		12/20/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [REDACTED]	TITLE Administration 12-13-12	(X6) DATE
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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.

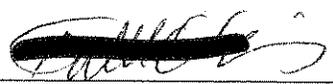
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F 245 SS=D	<p>483.15(d) PARTICIPATE IN SOCIAL/RELIGIOUS ACT/COMMUNITY</p> <p>A resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to accommodate 1 of 4 residents (Resident #1) individual choice for how she spent her time. This failure placed resident #1 at risk for a diminished quality of life.</p> <p>Findings include:</p> <p>Resident #1 admitted to the facility with multiple diagnoses to include [REDACTED]</p> <p>On 11/26/13 at approximately 2:00 p.m., Resident #1 was observed sitting in her wheelchair near the nurses station. Resident not interviewable at that time.</p> <p>Observation of Resident #1's curtains on 11/22/13 and 11/26/13 revealed the corner piece of the curtain hanging with several hooks missing that should have connected to the curtain rod. The handle used to pull the curtain open or closed had been disconnected from the curtain and placed in the corner of the window seal.</p> <p>On 11/22/13 at 10:30 a.m., observations revealed the curtain in Resident #1's room was closed. Observations on 11/26/13 at 3:15 p.m., with the licensed nurse (Staff D) revealed the curtain</p>	F 245	<p>F245 Resident #1's curtains have been repaired to accommodate easy opening and closing.</p> <p>Resident #1's care directive has been revised to match the care plan which directs staff to open curtains daily for bird watching.</p> <p>All residents will be reviewed for person centered care preferences; Care plans/care directives will reflect personal choices.</p> <p>Nursing staff will be in-serviced on person centered care philosophy.</p> <p>Care plans/care directives will be reviewed quarterly to reflect resident's personal choices.</p> <p>Care plans/care directives will be reviewed quarterly at care conferences with residents & families with changes documented.</p> <p>Continued compliance will be monitored by:</p> <ol style="list-style-type: none"> 1. Resident Care Manager 2. Social Service 3. Director of Nursing 4. Quality Assurance Committee for compliance. 	12/20/13

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F 245	<p>Continued From page 2</p> <p>opened at approximately six inches from the wall. Staff D stated the curtains were usually fully opened, but may be closed because the curtain is not connected to the curtain rod and may not be able to fully open. Staff D proceeded pull on the curtain to fully open.</p> <p>During an interview on 11/26/13 at 3:30 p.m., Social Services (Staff C) stated Resident #1 liked to have the curtain open during the day because she liked to watch the birds. Staff C stated she spoke about it with the resident's [REDACTED]. When asked, Staff C stated Resident #1 would not be able to independently open the curtains without staff assistance.</p> <p>Review of the care plan dated 8/22/13 documented "resident enjoys watching birds open curtains daily." Staff C confirmed the care directive (a care guide for nursing assistants) located in the resident's room behind the closet door did not provide direction to staff to open the curtains to allow Resident #1 the choice of watching the birds from her bedroom window. Staff C proceeded to add this to the care directive.</p> <p>On 11/26/13 at 3:50 p.m., interview with nursing assistants (Staff E) and (Staff F) stated they follow the residents care directive to obtain needed information to provide resident care and assist with resident preferences. Staff E stated she did not know Resident #1 chose to have her curtain open to watch the birds, but it made sense, because the resident's [REDACTED] brought in bird seed for the bird feeder located outside the resident's window. Staff E stated Resident #1 was not able to open the curtains independently.</p>	F 245			

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F 245	Continued From page 3 On 11/26/13 at approximately 4:00 p.m., the Administrator (Staff A) and the Director of Nursing (Staff B) were informed of the above findings.	F 245		
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