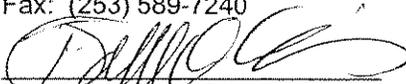


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/04/2014
NAME OF PROVIDER OR SUPPLIER WASHINGTON VETERAN HOME-RETSIL			STREET ADDRESS, CITY, STATE, ZIP CODE 1141 BEACH DRIVE RETSIL, WA 98378		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Standard Survey conducted onsite at Washington Veteran's Home on 12/23/14, 1/28/14 and off site data collection on 2/4/14. The sample included 16 current residents out of a census of 239.</p> <p>The following are complaints investigated as part of this survey: #2938422 #2934920 #2921934 #2930736 #2921179</p> <p>The survey was conducted by: Woodetta Owens, RN, MN Tara Hawks, RN, BSN</p> <p>The surveyor is from: 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> Residential Care Services Date</p>	F 000	<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>		

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

TITLE

(X6) DATE

Administrator

02/18/2014

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 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to provide medically related social services to attain or maintain the highest practicable mental and psychosocial well-being for 2 of 4 sampled residents (Residents #1 & #2) as recommended in the Level 2 Psychiatric Evaluation (PASRR). This failure placed residents at risk for diminished quality of life.</p> <p>Findings include:</p> <p>Resident #1</p> <p>Resident #1 admitted to the facility with multiple diagnoses to include anxiety and [REDACTED] and was prescribed the medication [REDACTED].</p> <p>On 1/28/14 at 10:39 a.m., Resident #1 was observed in his room lying in on his back in the bed with his eyes closed. When the complaint investigator spoke his name, the resident opened his eyes. When asked, the resident stated care is good, closed his eyes, and would not engage in any further conversation.</p>	F 250	<p>Regarding F250: The facility does and will continue to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>1) a. Resident #1 had a Level II PASRR recommendation for a sleep monitor to determine hours of sleep. This was done between February 4 and February 6, 2014. The results of the sleep study were given to the resident's primary physician. The dose of his bedtime medication was increased on February 13, 2014.</p> <p>Resident #1's Level II PASRR also recommended a psychiatric evaluation. The primary physician was notified of this on January 31, 2014. The request was submitted through the Federal VA system (CPRS) on February 14, 2014, and we are currently waiting for confirmation of when the appointment is scheduled with The VA Puget Sound Health Care System.</p>		

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F 250	<p>Continued From page 2</p> <p>Review of the record revealed a "level II follow-up or significant change psychiatric evaluation" dated 5/16/13, and signed by the reviewing psychiatrist on 5/23/13 who agreed with the recommendation for the resident to have a "psychiatric evaluation with the goal of obtaining adequate sleep, stability of mood and a decrease in agitation." Further review revealed the resident was to have a Level II follow up on 8/16/13 to assess mood and behavior.</p> <p>Review of the record did not reveal if the resident received the recommended level II psychiatric evaluation follow up, or if a referral to have a psychiatric evaluation follow up had been ordered by the primary care physician.</p> <p>On 1/28/14 at 2:18 p.m., social services (Staff C), confirmed the resident did not have a psychiatric evaluation as recommended on the level II PASRR, and stated there is no way of knowing if the psychiatric evaluation had been ordered by the primary care physician. Staff C stated, social services is not involved with this process.</p> <p>Further review of the level II follow-up evaluation dated 5/16/13, documented, "Since last PASRR evaluation, I see only one psychiatric consult dated 5/27/10, and it is unfortunate that ongoing symptoms of yelling, demanding behavior and agitation have not triggered specialist-level care in the interim because these symptoms are evidence of marked distress for the resident."</p> <p>According to the level II follow up evaluation, it was recommended that the facility monitor Resident #1's sleep with 6-7 hours of unbroken sleep as a target. Review of the record did not reveal resident #1's sleep had been monitored.</p>	F 250	<p>b. Resident #2's Level II PASRR recommended he receive a psychiatric evaluation. . The request was submitted through the Federal VA system (CPRS) on February 14, 2014, and we are currently waiting for confirmation of when the appointment is scheduled with The VA Puget Sound Health Care System.</p> <p>2) The facility identified seven (7) residents who received a Level II PASRR evaluation over the last 12 months. The Level II recommendations were reviewed to ensure they had been addressed by the physician or other appropriate provider. No other deficiencies were identified.</p> <p>3) Social Services and Nursing will collaborate to ensure that residents who trigger Level II PASRR evaluations are followed up. The Level II results will be reviewed and recommendations will be implemented. Social Services will notify Nursing</p>		

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F 250	<p>Continued From page 3</p> <p>A faxed document received by this complaint investigator on 2/4/14 from the director of nursing services (Staff A), documented in part, "we could not find any sleep monitor for Resident #1."</p> <p>Resident #2</p> <p>Resident #2 admitted to the facility with multiple diagnoses to include [REDACTED] and was prescribed the medication [REDACTED] (an [REDACTED])</p> <p>Resident unavailable for interview.</p> <p>Review of the record revealed a "Level II Initial Psychiatric Evaluation Summary Information" dated 10/29/13, and signed by the reviewing psychiatrist on 11/5/13 who agreed with the recommendation for the resident to have a "psychiatric evaluation at the earliest possible opportunity and for ongoing care at regular intervals."</p> <p>The evaluation documented, in part, "ongoing symptoms of disorganized thought, rumination on delusional romantic relationships with female staff, and impaired insight and judgment warrant specialist level care."</p> <p>Review of the record did not reveal if the resident received the recommended psychiatric evaluation, or if a referral to have a psychiatric evaluation had been ordered by the primary care physician.</p> <p>On 1/28/14 at 1:00 p.m., during an interview, social services (Staff B), confirmed the resident did not have a psychiatric evaluation, and after a</p>	F 250	<p>when a Level II PASRR is completed and the paperwork is received. A tracking sheet (see attached "PASRR Level II Recommendation Follow-up Checklist") will be placed in the resident's chart to allow each responsible party to initial off when their task is completed. Also, a copy of the completed "CPRS Request" (for referral to the Federal VA) will be included in the chart until the appointment with the specialist has been initiated.</p> <p>4) Residents who receive a Level II PASRR evaluation will be reviewed quarterly. Problem areas will be identified, addressed and monitored following established Quality Improvement protocols.</p> <p>5) Compliance Date: March 17, 2014</p> <p>6) Responsible Party: Associate Superintendent and Director of Nursing</p>		

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F 250	<p>Continued From page 4</p> <p>review of the record confirmed she could not find a physician's order for the psychiatric evaluation.</p> <p>On 1/28/14 at 2:30 p.m., Staff B and Staff C stated the facility does not have a system in place to track if residents are being referred for psychiatric evaluations. When asked, Staff B stated, once requests for psychiatric evaluations are made, the primary care physician will put the order in via a computer system. Staff B and Staff C stated there is no way to know if the primary care physician's order for the psychiatric evaluation has been submitted, because the facility does not have access to the computer system the physician uses. Staff B and Staff C confirmed they do not follow up to ensure if psychiatric services are rendered once requested.</p> <p>On 1/28/14 at 2:45 p.m., during an interview, the Associate Superintendent (Staff D) stated the facility no longer has a psychiatrist, and they utilize an outside source, and services are limited.</p>	F 250		

 Adm. 02/18/2014