

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

PRINTED: 02/06/2013
FORM APPROVED
OMB NO. 0938-0391

8847

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A263	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2013
NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE NURSING FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE STATE HIGHWAY 902 & SALNAVE ROAD MEDICAL LAKE, WA 99022	
(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 Quality Indicator Survey conducted at Lakeland Village Nursing Facility on 1/28/12, 1/29/13, 1/30/13, and 1/31/13. A sample of 32 residents was selected from a census of 88. The sample included 31 current residents, and the records of 1 former and/or discharged resident.</p> <p>The survey was conducted by:</p> <p>Colleen Daniels, R.N., B.S.N. Linda Loffredo, R.N., B.S.N. Lisa Harting, R.N., B.S.N. Mara Ryan, B.S.W. Sandie Lindgren, M.S.W. Jessica Wolfrum, R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social and Health Services Aging & Disability Services Administration Residential Care Services, District 1, Unit B 316 W Boone Ave, Ste 170 Spokane, WA 99201</p> <p>Telephone: (509) 323-7303 Fax: (509) 329 -3993</p> <p><i>[Signature]</i> 2/6/13 Residential Care Services Date</p>	F 000	<p>RECEIVED</p> <p>FEB 7 2013</p> <p>DSHS CS SPOKANE WA</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *acting Supt* (X6) DATE *2/22/2013*

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 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review it was determined the facility failed to develop a comprehensive plan of care for 1 of 1 (#76) residents reviewed for unnecessary medications in a sample of 32. This failure placed the resident at risk for inaccurate monitoring of unidentified side effects and potential to not attain or maintain the highest practicable physical, mental and psychosocial well-being.</p> <p>Findings include:</p>	F 279	<p>F279</p> <p>The facility will ensure the development of a comprehensive care plan based on a comprehensive assessment for resident #76 to ensure accurate monitoring for potential side effects of medications in order to attain or maintain their highest physical, mental and psychological well-being. The Case Manager Registered Nurse for resident #76 will develop a comprehensive care plan for them to monitor for potential side effects related to changes in her medications. The Nursing Facility CMRN will review monthly pharmacy med reviews on a monthly basis in order to develop care plans to ensure accurate monitoring of potential unidentified side effects to attain or maintain their highest physical, mental and psychological well-being. The facility will review acute documentation including initiated of care plans for medications and the details of this citation as an agenda item for the Quality Assurance Committee meetings for the next three quarters.</p> <p>Corrective action will be completed by February 28, 2013. Director of Nursing Services and NF Administrator will ensure compliance.</p>		

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F 279	<p>Continued From page 2</p> <p>Resident #76 was admitted to the facility in 1967. Diagnoses included profound mental retardation, hyperlipidemia and depression. The resident was unable to make needs known.</p> <p>The facility assessment completed in November 2012 indicated the resident's behavior placed her at risk for decreased participation in activities and harm to self.</p> <p>Record review of the resident's physician's order for January 2013 included the medications Prozac and Celexa. The facility was in the process of a gradual dose reduction of the Prozac while introducing the new medication Celexa.</p> <p>The record review of the August 2012 behavior plan included interventions of redirecting the resident and a calm approach for assessed targeted behaviors.</p> <p>The record review of the August 2012 care plan did not include goals, assessment or interventions for Resident #76 use and monitoring of antidepressants.</p> <p>Staff #E said during an interview in the resident's cottage on 1/31/13 at 1:00 p.m. "The medication would be on the care plan." When Staff #E attempted to find the assessment to show the surveyor she was unable to do so.</p> <p>A confirming interview was held with Staff #F on 1/31/13 at 1:00 p.m. Staff #F stated " if it's not there the nurse didn't do it."</p> <p>Summary: Resident #76 diagnoses included depression. The facility had a behavior monitoring plan in effect. The resident was tapering off one antidepressant while adjusting to a new antidepressant. The resident did not have a care plan in place for use and monitoring of antidepressants. This failure placed the resident at risk for harm related to medication side effects and potential for not meeting her highest</p>	F 279		

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F 279	Continued From page 3 practicable physical, mental and psychosocial well-being.	F 279			
F 285 SS=D	483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & MR 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. A nursing facility must not admit, on or after January 1, 1989, any new residents with: (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; (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 (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation. (ii) Mental retardation, as defined in paragraph (m)(2)(ii) of this section, unless the State mental retardation or developmental disability authority has determined prior to admission-- (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 (B) If the individual requires such level of services, whether the individual requires specialized services for mental retardation.	F 285	F285 Lakeland Village Nursing Facility will ensure that all residents (including resident #74) have a completed PASRR Level II assessment. These assessments will be performed by the Nursing Facility Case Manager Registered Nurses. All admissions to the Nursing Facility will have the appropriate level PASRR screening completed prior to or during the admission process. The Nursing Facility is acquiring outside consulting services to review the entire Nursing Facility PASRR process to be completed by July 1, 2013. The Nursing Facility will review the PASRR part 1 and 2 process at scheduled Quality Assurance Committee meetings for the next three quarters. Corrective action will be completed by February 28, 2013. Director of Nursing Services and NF Administrator will ensure compliance.		

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F 285	<p>Continued From page 4</p> <p>For purposes of this section:</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:</p> <p>Based on interview and record review, it was determined the facility failed to ensure Pre-Admission Screening and Resident Review (PASSR) was completed for one of one resident (#74) reviewed for Level II evaluation in a sample of 32. Failure to ensure a Level II evaluation was completed placed the resident at risk for decline related to intellectual disability. Findings include:</p> <p>Resident #74 had diagnoses including profound intellectual disability. Per record review, the resident was admitted 6/3/11 with impaired vision and hearing, aphasia, and memory problems. The resident had no mood or behavior problems and required extensive to total assistance with most activities of daily living.</p> <p>Review of the most recent facility assessment dated 11/30/12 revealed the resident had psychoactive medication for anxiety and had no other mood or behavior symptoms.</p> <p>Per record review, the facility completed a PASSR Level I screen on admission and determined the resident was exempted from a Level II evaluation to determine the need for specialized services related to intellectual disability.</p>	F 285		

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F 285	Continued From page 5 In an interview on 1/29/13 at 3:30 p.m., Staff #F confirmed the resident did not have the required Level II evaluation on admission. He stated the resident was scheduled to have the Level II evaluation completed in the next 30 days.	F 285			
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 authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to prepare and distribute food under sanitary conditions related to uncovered hair in the kitchen. Findings include: On 1/28/13, 1/30/13, and 1/31/13, two kitchen staff were observed with uncovered long full beards while preparing and distributing food. Per interview on 1/31/13 at 11:45 a.m., Staff #A stated there was no policy for covering beards.	F 371	F371 The Nursing Facility will ensure it will prepare and distribute food under sanitary conditions related to uncovered hair of kitchen staff. Kitchen staff will be required to wear appropriate coverings to cover beards while preparing and distributing food. The Facility Food Manager or designee will observe kitchen food service workers with beards to ensure that beards are covered in order to ensure that foods are prepared and distributed under sanitary conditions. The Facility Kitchen Manager or designee will report compliance to the Nursing Facility Quality Assurance Committee on at least a quarterly basis for the next three quarters. Corrective action will be completed by February 28, 2013. The Facility Food Service Manager, the Facility Service Administrator and the Nursing Facility Administrator will ensure compliance.		
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all	F 431			

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F 431	<p>Continued From page 6</p> <p>controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to implement a system to safely dispose of controlled medications administered in a patch on the skin (pain patch). Failure to safely dispose of patches</p>	F 431	<p>F 431</p> <p>The Lakeland Village Nursing Facility will ensure the implementation of a safe system of appropriate disposal of topical medication patches containing a controlled substance. The Nursing Facility will ensure that residents are not accidentally exposed to a controlled substance which could possibly result in an overdose if they were accidentally ingested by ensuring safe disposal of the topical patches containing a controlled substance. The Nursing Facility will establish a system to ensure the safe disposal of patches containing a controlled substance in the presence of a second licensed nurse as a witness. These medicated patches will be disposed of in a secured tamper resistant container in the med rooms on the cottages. The two nurses will document the disposal of the aforementioned patches in the Blue Controlled Substance Tracking Books for the corresponding cottage. All facility licensed nursing staff will be in-serviced on the proper disposal of these medicated patches. The Nursing Facility will review a sample of the Blue Controlled Substance Tracking Books in which topical medicated patches are tracked for compliance with the appropriate disposal of them as an agenda item for the Quality Assurance Committee on at least a quarterly basis for the next three quarters.</p> <p>Corrective action will be completed by February 28, 2013. Director of Nursing Services and NF Administrator will ensure compliance.</p>	

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F 431	<p>Continued From page 7</p> <p>after use potentially placed residents residing in 2 of 7 cottages at risk for accidental exposure and possible overdose if the used patches were accidentally ingested. Findings include:</p> <p>1. During review of medication storage in Rosewood Cottage on 1/29/13, Staff #C stated one resident in the cottage was prescribed a pain patch. She stated used pain patches were not disposed with two witnessing licensed nurses like other controlled medications, but placed in the garbage receptacle by one licensed nurse.</p> <p>2. During review of medication storage in Tamarack Cottage on 1/30/13 at 2:43 p.m., Staff #B stated one resident in the cottage was prescribed a pain patch. Staff #B stated there was no specific policy regarding disposal of narcotic patches. She stated she removed the used patch from the resident, removed gloves, placed the used patch within the used gloves, and disposed of the glove in the garbage receptacle near the medication cart.</p> <p>On 1/31/13 at 3:15 p.m., Staff #F confirmed a pain patch was a controlled medication and stated the facility had not finalized a policy for safe disposal of pain patches.</p>	F 431		
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