

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

PRINTED: 07/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/12/2013
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NAME OF PROVIDER OR SUPPLIER BOOKER REST HOME ANNEX	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 SOUTH 3RD STREET DAYTON, WA 99328
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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 Quality Indicator Survey conducted at Booker Rest Home Annex on 07/08/13, 07/09/13, 07/10/13, and 07/11/13. A sample of 17 residents was selected from a census of 27. The sample included 17 current residents.</p> <p>The survey was conducted by:</p> <p>██████████ R.N., B.S.N. ██████████ B.S.W. ██████████ R.N., B.S.N.</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Long-Term Support Administration (AL TSA) Division of Residential Care Services, District 1 Unit B 316 West Boone Avenue, Suite 170 Spokane, Washington 99201-2351</p> <p>Telephone: (509) 323-7303 Fax: (509) 329-3993</p> <p><i>[Signature]</i> 7/19/13 Residential Care Services Date</p>	F 000		
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SPOKANE WA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE CEO	(X6) DATE 7/25/13
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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 285 SS=D	<p>483.20(m), 483.20(e) PASRR REQUIREMENTS FOR MI & 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 retardation or developmental disability 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> <p>(i) An individual is considered to have "mental illness" if the individual has a serious mental</p>	F 285			

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F 285	<p>Continued From page 2</p> <p>illness defined at §483.102(b)(1). (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 interview and record review it was determined the facility failed to ensure 2 of 2 residents (#28, 33), whose Pre-Admission Screening and Resident Review (PASRR) were reviewed were completed correctly in a sample of 17. This failure caused the lack of a PASSR level 2 evaluation in order to determine the need for specialized services. These failures placed the residents at risk for unmet mental health needs. Findings included:</p> <p>Resident #28. The most recent PASRR dated 10/11/12 noted the resident had active diagnoses of [REDACTED] and [REDACTED] which required a level 2 assessment. However the PASRR noted the resident did not require a level 2.</p> <p>Per current physician's orders, the resident was prescribed an [REDACTED], an [REDACTED] medication and 2 [REDACTED] medications. The record also noted the resident had behaviors including yelling out, crying, cursing and laughing to the extreme.</p> <p>Resident #33. The most recent PASRR dated 2/12/13 noted the resident had an active diagnosis of [REDACTED] and did not meet any of the advanced categorical determinations to exclude her from needing a level 2 evaluation.</p>	F 285	<p>The PASRR screening from was faxed on residents #28 and #33 to Joe VanAusdle the Level 2 PASRR evaluator for our facility in Pomeroy, WA. on July 10th, 2013. He arrived and evaluated both residents on July 17th, 2013. On July 18th, 2013 he spoke with Social Service Designee and informed her the facility and the residents would be receiving his reports in approximately 3 weeks. The Social Service Designee did complete corrected PASRRs on both residents stating they needed Level 2 PASRRs July 18th, 2013. The DNS will now double check PASRRs on all new admissions to ensure that no potential Level 2 PASRRs are missed. The Social Service Designee has also been informed on who is required to have a Level 2 PASRR completed upon admission to the facility.</p>	07/18/2013	

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F 285	Continued From page 3 However, the PASRR noted the resident did not require a level 2. Per current physician's orders, the resident was on two [REDACTED] medications and a [REDACTED]. The resident was noted to have a history of paranoid delusional thinking and required monitoring of her mood and behaviors. In an interview on 7/11/13 at 11:20 a.m., Staff #A confirmed the above residents required level 2 evaluations and they had not been completed. The facility was aware the residents had primary diagnoses of [REDACTED] and did not ensure an independent mental health assessment was completed in order to provide any recommended services for quality of care.	F 285			