MFCU/Ombud/HCS/C 0x2 - 02/14/13-CJ

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

1265

PRINTED: 03/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505206	A. BUILDING _____ B. WING _____	C 03/01/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE & REHAB CTR VANCOUVER	400 EAST 33RD STREET VANCOUVER, WA 98663

(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	INITIAL COMMENTS	F 000	**POC DATE CERTAIN EXTENTED TO 05/28/2013 PER REQUEST OF SCOTT PERLMAN**	

This report is the result of an unannounced Abbreviated Survey conducted at Kindred Vancouver on 02/28/2013 and 03/01/2013. A sample of 9 residents was selected from a census of 69

The following complaints were investigated:

#2758382
#2758460
#2762486
#2762558
#2763537
#2763638
#2763652

The survey was conducted by:

[redacted], RN, BSN
[redacted] RN, MS

The survey team is from:

Department of Social & Health Services
Aging & Disability Services Administration
Residential Care Services, District 3, Unit D
5411 East Mill Plain Blvd., Suite 203
Vancouver, WA 98661

Telephone: 360-397-9550
Fax: 360-992-7969

3-8-13
Residential Care Services Date

RECEIVED
MAR 22 2013
DSHS/ADSA/RCS

LABORATORY/DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE/ — (X6) DATE

Executive Director 3/22/2013

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 311 SS=E	483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS	F 311	*This Plan of Correction is the center's credible allegation of compliance.*	

A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to provide appropriate treatment and services to maintain or improve resident abilities for 4 of 4 residents (#4, 5, 8, & 9). This failure placed the residents at risk for continuing decline in physical functioning.

Findings include:

In reviewing the records of 4 residents who had been assessed as needing nursing services to maintain or restore abilities (for example, practice with standing, walking, or transferring) it was found that during the months of January and February, 2013, the services had been delivered on a reduced number of days, compared to previous months. Residents #4, 5, 8 & 9 did not receive their individual nursing restorative programs for multiple periods of consecutive days during the 2 months, having more days without services than with them. For example, none of the 4 residents had restorative programs from 2/21/13 to 2/28/13, or for 5 days in a row.

A review of employee assignments for February, 2013 found "No RA" (No Restorative Aide) written on 14 of the 28 daily assignment records.

<Resident #4>

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F311

4/11/13

1. Resident # 9 is no longer in the facility. Resident # 4, 5, and 8 have had their restorative programs reviewed and updated as warranted. Care plans updated.

2. Residents currently on restorative programs had their programs reviewed. Care plan and program updated as warranted. Residents not currently on a program have been screened for need and picked up on case load as necessary.

3. Staff Development Coordinator/Designee in-serviced licensed nurses on the restorative nursing program, including screening and maintaining program schedules. Staff has been hired to decrease the likelihood of restorative aides working as nursing assistants.

4. Director of Nursing/designee will review schedule to maintain appropriate staff to provide restorative nursing services. Weekly audit of restorative records for documentation of services delivered. This data will be reviewed and analyzed monthly for three months and quarterly at the Quality Assurance Meeting with a subsequent plan of action developed and implemented as

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On 3/1/13 at approximately 11:00 a.m. Resident #4 was seated in a wheelchair, shaving. He stated that he hadn't had "therapy" in 3 weeks. Since he was not currently enrolled in physical therapy services, the surveyor asked if he was referring to the exercises with a T-band provided by a Restorative Aide. He said yes. "When I'm sitting here not doing nothing, they hand it (pointing to the T-band) to me." He said he guessed it was supposed to make his arms stronger. The surveyor asked if his program involved practicing transfers and exercising the lower extremities, and he said he did not remember doing that. A review of the restorative record found initials indicating the exercises with the T-band, as well as "sit to stand transfers at railing + LE (lower extremity) exercises", had been done on 6 of the 28 days in February, 2013. They were planned for 6 days a week. During the last 3 weeks, the program had been provided on only 2 days, 2/14 & 2/20/13.

<Resident #8>
On 3/1/13 at 11:10 a.m. Resident #8 was sitting in a wheelchair in her room. The fingers of her left hand were bent so they pointed back toward the palm. When asked to show how much she could move her fingers, she moved the first joint slightly at the knuckles, but the fingers remained flexed at both joints. No splint was on the hand at that time or when the resident was observed again at 3:00 p.m. in the day room.
A review of the nursing restorative record found the resident was to have active range of motion exercises to her lower extremities 5 times a week, passive range of motion exercises to the fingers of the left hand (staff moving the fingers for her) 5 times a week, and "Splint wearing. On

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indicated. The Administrator is responsible for overall compliance.

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at all times as tolerated. Off for all meals hygiene, exercises, and UE (upper extremity) tasks. The exercises which were to be done 5 times a week were initialed as done 8 days total during the month of February.
At 3:00 p.m. during interview, Licensed Nurse (LN) H stated that she was the evening shift nurse for Resident #8. She stated she had been working at the facility since December of 2012 and had "never seen a splint on" Resident #8's left hand.

<Resident#9>
On 3/1/13 at 11:25 a.m., Resident #9 was observed asleep in her wheelchair with her head on a pillow placed on the raised bed. A review of the record found she had completed Physical Therapy in January, 2013 and was referred for Restorative Nursing services to continue with exercises including standing for 15 minutes (after being assisted up with a mechanical lift) and range of motion of the upper extremities with 1 to 2 pound hand weights, also for 15 minutes. She was to have this program 6 days a week. Review of the restorative flow sheet found the program occurred 4 days in February, 2013. On one other day, she declined the exercises because she had a visitor.

<Resident #5>
Resident #5 had a restorative program to strengthen the legs and improve walking ability. It included hip exercises and walking with a walker using 3 to 6 pound weights, 3 to 5 times a week. The restorative flow sheet indicated he had these exercises 8 times during February, 2013. Like the other residents, he had no restorative services during the last 8 days of the month.

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F 311	Continued From page 4	F 311	*This Plan of Correction is the center's credible allegation of compliance.*	

On 3/1/13 at 02:45 p.m., a telephone interview was conducted with Nursing Assistant (NAC) K who was assigned to work as a restorative aide. NAC K stated "I have only been able to work with the restorative program 3-4 times in the past month. I do all of the facility weights also, so even when I work as a Restorative Aide, I don't always do the resident specific programs."

At 3:15 p.m., during interview, the Director of Nursing (DNS) stated that "With the exodus of staff that I've had, I've had to pull the staff." (from working as Restorative Aides to working as Nursing Assistants). The DNS indicated one of the Restorative Aides had sustained a back injury in December and had been unable to work as a Restorative Aide. Then, she stated "Normally I would have moved somebody else in, but I was already short (staffed)." She stated that the Nursing Assistants had been instructed to do basic range of motion when dressing their residents, but the restorative programs had not been done as planned on the days when there was no Restorative Aide.

Refer to F 353 and F 514.

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F353

4/11/13

1. Resident # 1 is no longer in the facility. Resident # 2 personal items were placed within reach immediately after notification from surveyor. On 3/5/13, Administrator interviewed Resident # 4 and drafted a grievance report regarding Restorative Rehab (specifically). Resident #4 was given restorative care and care plan was updated.

2. The Director of Nursing/designee, will identify through direct observation those residents affected by insufficient staffing. Adequate staff will be provided to meet the needs of the resident identified through this process.

3. The facility has been aggressively recruiting for CNAs since 1/1/13. Wages for nursing staff were adjusted in March to meet competitive demands. On 1/16/13, the facility contracted with two temporary staffing agencies to provide direct care staff for the facility. During the weeks of 1/29/13, 2/26/13, 3/5/13 and 3/19/13, the facility hired three (3) RN's and 10 CNAs, who completed their mandatory orientation 3 days after their respective hire dates. Two injured CNAs have returned to full duty (week ending 3/22/12) without restrictions.

F 353 SS=F	483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS	F 353	

The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.

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The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans

Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel

Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

This REQUIREMENT is not met as evidenced by
Based on interview and record review, the facility failed to have sufficient nursing staff available to meet the needs of the residents. This deficient practice placed all residents at risk for having unmet needs and decreased quality of life when they were not able to receive restorative care, baths/showers, oral care and to have their call lights answered on a timely basis.

Findings include:

On 3/1/13, at 01:30 p.m., during interview, Licensed Nurse (LN) G, in charge of the Restorative Nursing program, stated that there were 3 Restorative Aides (RA) on staff, but Nursing Assistant (NAC) K was the only one doing restorative services at the current time. He explained this was because one RA was injured and because, "Sometimes an RA gets pulled to

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All CNA positions are now filled.

4. The Director of Nursing or designee will monitor staffing and scheduling of nursing personnel on a daily basis to assure that staffing levels are sufficient to meet the residents' needs. The Administrator is responsible for overall compliance. He will review staff assignments on a daily basis to insure adequate staffing is available.

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the floor" assigned to fill in as a Nursing Assistant). When asked about the restorative records for the month of February, he acknowledged there had been multiple days when there was not an assigned RA, saying "It's definitely been a struggle with staffing."

<Resident #1>
Resident #1 was receiving hospice care and was scheduled to receive 2-3 baths/showers per week. During the month of February, the Resident should have received 8-12 baths/showers. Facility documents record the Resident received a bath/shower only 4 times, on 2/1, 2/3, 2/6 and 2/19. No other information was available in the record.

On 3/1 at 11:36 a.m., the Resident's breakfast tray was observed to be sitting at the Resident's bedside. It contained partially eaten, cold food. The Resident stated "I just can't eat any more. I finished eating all I want several hours ago. I guess they are short staffed again."

<Resident #2>
Resident #2 had recently fallen out of bed, sustaining a broken leg. The care planned interventions to prevent future falls included directives to "Place the overbed table and other items the resident uses within reach."

On 3/1 at 01:15 p.m., the Resident was observed with the bedside table approximately 5 feet away from the bedside, with the Resident leaning toward the side of the bed attempting to reach the personal items. The Resident stated "I can't reach my things. They are in a hurry and don't

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put my stuff back." The Director of Nursing was notified.

<Resident #4>
On 3/1 at 10:40 a.m. Resident #4 stated "I use my call light regularly. The length of time it takes for the staff to answer my light depends on if they have enough help or if they don't. Usually there is not enough help, especially when someone calls in sick. I usually have to wait 15-20 minutes for my call light to be answered."

At 01:25 p.m. LN I stated "On day shift the Nursing Assistants (NACs) have 12-13 residents apiece. The baths and showers are not getting done. It is hard when we know we are not taking care of the residents."

At 01:30 p.m., the Director of Nursing stated "Staffing has been very difficult for me. I have managed to piece it together. Some staff have left to work elsewhere. I have 3 staff members on light duty. We are running ads. We are just piecing it together. Staff have expressed concerns to me about resident care. Right now, no one is going home feeling good about what we do here."

At 01:45 p.m., NAC L stated "It is hard to get our showers done. Like today, our assignments changed 4 times this morning. I started out having 4 showers, then 2 showers. By the time everything was changed around, I was only able to give one of the showers I was assigned to do. I will try to make it up tomorrow. Everything changes when they figure out if staff are here or not here."

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At 03:45 p.m. Resident Care Manager C stated "Nurses monitor if baths are given and if the baths are charted. The nurses are getting busy and not checking before the NACs leave. The Nurses have to answer the phones which ring off the hook especially on the evening shift and they also have to replace staff if an aide calls in sick."

At 04:15 p.m. the Administrator stated "We try to staff ratios of 1 NAC to 10 residents on the day shift, 1 NAC to 12 residents on the evening shift and 1 NAC to 20 residents on the night shift."

Staffing records were reviewed for the period of 02/01/13 through 02/28/13 and showed the facility was staffed to the Administrator's expectations on 19 of 28 of the day shifts (or 68%) of the time, 11 of 28 of the evening shifts (or 40%) of the time and 2 of 28 of the night shifts (or 7%) of the time.

Refer to F 311 and F 514

F 514 483.75(l)(1) RES SS=E RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented, readily accessible, and systematically organized.

The clinical record must contain sufficient information to identify the resident, a record of the resident's assessments, the plan of care and services provided, the results of any preadmission screening conducted by the State,

F 363

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4/11/13

F514

1. Residents # 1, 3, and 9 are no longer in the facility. Residents # 4, 5, and 8 have received showers.

2. Bathing records reviewed. Residents have received showers per schedule. Staff has documented showers given.

3. Staff Development Coordinator/designee has in-serviced nursing staff on the proper documentation of showers/baths. A review of the bathing documentation will be performed by the DNS/designee for residents to ensure accurate completion.

F 514

4. The DNS/designee will perform random audits of shower documentation to ensure compliance. The findings will be discussed at the monthly PI meeting until compliance is met. The DNS/designee is responsible to ensure compliance.

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and progress notes

This REQUIREMENT is not met as evidenced by
Based on observation, interview and record review, the facility failed to maintain accurate medical records related to resident bathing. This deficient practice placed residents at risk of not having documentation of care and services provided per the resident assessment and plan of care.

Findings include:

For residents 1, 3, 4, 5, 8, and 9, bath records reflected sporadic bathing. For some residents, the records showed only 1 bath for the past 2 weeks.

<Resident #1>
Resident #1 was receiving Hospice care and was care planned to receive 2-3 baths per week. The medical record reflected The resident had been bathed on 2/1, 2/3, 2/6 and 2/19. No other information was available.

On 3/1 at 10:25 a.m., the Resident Care Manager (RCM) Cstated "I think Hospice is supposed to be giving those baths. I will call them and find out if the baths were given or not. I don't know how we would know if Hospice had done the bath. I don't know where they are supposed to chart."

Resident #3 had only one bath recorded during the last two weeks of February 2013.

<Resident #4>

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Resident #4 had 1 bath recorded during the month of February. On 3/1 at 01:20 p.m. RCM C stated Resident #4 "Complained one day that he hadn't gotten a bath so I have been asking him every day. They are just not charting that he is getting one. I know he is getting bathed, but according to our documentation he hasn't had a bath or shower for 20 days." RCM C then went into check with the resident. She returned after speaking with the resident and stated "I just asked him (the resident) and he says he hasn't had a bath for 2 weeks."

Resident #5 and Resident #8 had only one bath recorded during the last two weeks of February 2013.

The care plan for Resident #9 indicated she was to have a bath 2 times per week. The bathing record in the chart had documentation of only 2 baths during the last 2 weeks of February instead of the 4 she should have had.

At 03:45 p.m., RCM C stated "I found some work sheets that show (Resident #4) received a bath on 2/8, 2/11, 2/15, 2/18, and 2/22." The RCM then stated "We seem to have a computer problem. On these work sheets, you can see the resident got a bath, but if you look in the computer, there is nothing recorded. I talked to the NAC staff and they tell me they are documenting, so I guess we have to get ahold of the computer people." The RCM indicated the daily work sheets were not a part of the permanent medical record.

Refer 311 and F 353

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KINDRED TRANSITIONAL CARE & REHAB CTR VANCOUVER	400 EAST 33RD STREET VANCOUVER, WA 98663

(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