750 992 7969 2013-04-23 07:58 #HTBD 34/65/2013 DEPARTMENT OF HEALTH AND HUMAN SERVICES ORIGINATEROVED CENTERS FOR MEDICARE & VIEDICAID SERVICES OME NO 1938-01 STATEMENT OF DEFICIENCIES (XI) FROVIDER/SUPPLIER/OUA K2) MULTIPLE CONSTRUCTION (X3) BATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 50520E 5 WING 03/25/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY STATE OF CODE 400 EAST 13RD STREET KINDRED TRANSITIONAL CARE & REHAB OTR VANCOUVER VANCOUVER, WA 98863 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PROVIDER'S PLAN OF COFRECTION (X4) ID (46) COMPLETION (EACH DORRECTIVE ACTION SHOULD SE PERFIX PREFIX REGULATORY OR USC IDENTIFYING INFORMATION! CROSS-PERERENCED TO THE APPROPRIATE 120 TAC DEFICIENCY: F 000 F 000 INITIAL COMMENTS POC DATE CERTAIN This report is the result of an unannounced **EXTENTED TO 05/28/2013** Abbreviated Survey conducted at Kindred Transitional Care and Rehabilitation of Vancouver PER REQUEST OF on 03/22/2013 and 03/25/2013. A sample of 9 SCOTT PERLMAN residents was selected from a census of 59. The sample included 4 current residents and the records of 5 former and/or discharged residents. The following complaints were investigated: #2774226 #2765073 #2775559 The survey was conducted by: Rebecca Christiansen, RN, MS RECEIVED The survey team is from: APR 23 2013 Department of Social & Health Services Aging & Disability Services Administration DSHS/ADSA/RCS Residential Care Services, District 3, Unit D 5411 East Mill Plain Blvd., Suite 203 Vancouver, WA 98661 Telephone: 360-397-9550

LASORATORY DIRECTOR'S OR PROVIDER/SUPPLIEF REPPESENTATIVES SIGNATURE

(XE) DATE TITLE 4/15/2013

Any peticiency 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 hornes, the findings stated above are disclessable 90 days tollowing 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 case these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Fax: 360-992-7959

Residential Care Services

PRHATEL,	-04/1£ 2013
FORM	CPREO ED
014 <u>5 ≥0</u>	<u>D938-8391</u>

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DEPARTMENT OF HEALT	HAME FUMAN SERVICES		Ho .
CENTERS FOR MEDICAR	E & MEDICAID SERVICES		<u>0₩6</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X23 MULTIPLE CONSTRUCTION A. BUILDING	(a)
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KINDRED TRANSITIONAL CARE & REHAB CTR VANCOUVER

400 EAST 33RD STREET VANCOUVER, WA 98663

(X4) 10 PEFFY ~4 G

BUMMARY STATEMENT OF DESIGNEROUS EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULTORY OR USC DENTIFYING INFORMATION

PREFIX TAG

FROMDER'S PLAN OF CORRECTION 15AOH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY

COMPLETION DATE

## F 279 483.20(d), 483.20(k)(1) DEVELOP SSEE COMPREHENSIVE CARE PLANS

A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.

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.

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),

This REQUIREMENT is not met as evidenced

Based on observation, interview and record review, the facility failed to use the results of the assessment to develop, review and revise the resident's comprehensive plan of care related to bowel management for 3 of 3 residents (#4, 1 & 9) with problems related to spinal cord injury or lower extremity paralysis. This fallure placed the residents at risk of complications from not having a regular bowel care program.

According to the National Spinal Cord Injury Association, "Autonomic dysreflexia (AD), also F 279:

This Plan of Correction in the remains resultile allegation of complaints

Preparation analog execution of this plan of correction dess not concritude administration of agreement higher provides of the south of he facts alleged or conclusions set forth in the statement of deferences. The pier of correction is prepared and/or processed onk is because it is required by the provincing of federal and state lim.

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05/08/13

- 1 Residents #1, 4, and 9 are no longer in the facility.
- 2. Residents with a diagnosis of hemi/paraplegia have had orders for bowel care obtained and care plan updated as warranted. Residents with homi/paraplogia will be reviewed upon admit for specific bowel program and care plan initiated.
- 3. Staff Development Coordinator/designee in-serviced licensed nurses on obmining specific be wel protocol for residents with hemi/paraplegia and updating care plans. Nursing staff in-serviced on bowel protocol. documentation of bowel movements and follow up if no bowel movements. The DNS/designee will audit three times per week for compliance with bowei protocol.
- 4. The findings will be discussed at the monthly PI Meeting until compliance is met. The DNS is responsible to validate compliance with this standard

sensation of the need to urinate or defecate.

According to the Minimum Data Set (MDS), an assessment tool, the Flesident was alert and oriented, but was dependent on staff for most

FRINTED: 04/06/23 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES MB NC 083842 STATEMENT OF BEPICIENCIES (X1) PROVIDER/EURPLIER/CLIA (X2) MULTIPLE CONSTRUCTION OUS DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER COMPLETED A SUILDING \_ 505206 S. WING 03/25/2013 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY STATE ZIP CODE 400 EAST 33RD STREET KINDRED TRANSITIONAL CARE & REHAB OTR VANCOUVER VANCOUVER, WA 98663 PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
GROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATENIERT OF DEFICIENCIES (BACH REFICIENCY MUST BE PRECEDED YS FULL REGULATORY OR USO CENTIFYING INFORMATION) 5(4) iD COMPLETION PREFIX ⇒eer.χ TAC TAG DEFICIENCY F 279 Continued From page 3 F 279 · activities of daily living (ADLs). Bowel assessments were completed on 7/31/12 and on 9/29/12. The 7/31 assessment showed the Resident was always continent (able to control) his bowel function with a usual pattern of having a bowel movement (BIM) "every day to every 2 days". The 9/29 assessment completed on re-admit showed the Resident was "always incontinent (unable to control) of bowel, was physically reliant on care giver to go to the bathroom, and had no sensation of need to have a BM." The data gathered in the bowel assessments was : not incorporated into the plan of care. The plan of care specified the Resident required "Extensive staff assistance", but there was no care plan to address the Resident's bowel issues. The plan of care did not include how potential complications of prolonged incontinence, constitution, AD or other concerns would be identified or avoided. The plan of care did not specify how the facility would assist the Resident to achieve his prior level of continence or to achieve having a bowel movement every 1-2 days.

The facility staff had physician orders for a laxative twice daily and for a suppository daily as needed for bowel care. The facility did not use the suppository order to establish a bowel program for the Resident or to intervene timely in

Bowel records reflect the Resident had no bowel movement on 2/22, 2/23, 2/24, 2/25, & 2/26 (or 5

periods of extended constipation.

consecutive days). No suppository was

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CENTERS FOR MEDICARE & MEDICAID SE					FORM OMB NO		

CENTER	RS FOR MEDICAR	E & MEDICAID SERVICES			Ę		0938-0391
	OF DEFICIENCIES FIGORESCRIÓN	(#1 PROVIDER/SUPPLIER/CLIE IDENTIFICATION NUMBER:	<u> </u>	E CONSTRUCTION		(XS) 245 201	E SURVEY PLETED
		505206	E WING			03,	C /25/2013
TAME DE P	POVIDER OR BUFFLIER	The state of the s	ŞTP	EET ADDRESS, OFFY S	TATE, DE CODE		
KINDRES	TRANSITIONAL C	ARE & REHABICTR VANCOUVER	Į.	00 EAST 33RD STREE ANGOUVER, WA 91			
X4; ID PREFIX TAG	EACH DEFIC!EN	FATEMENT OF DEFICIENCIES BY MUST BE FRECEDED BY FULL USD THEMTIFYING INFORMATION	O PREFIX TAG	EACH CORREC CROSS-9,24EREN	PLAN OF CORRECTI DTIVE ACTION SHOU NOED TO THE APPRO DEFICIENCY)	LD BE	IZS) COMPLETION CATE
F 279	Continued From p	pag∈ 4	F 279				-
	time. Nursing not Resident was "fee drinking well." No	ne Resident during this period of es written on 2/26 reflected the eling better but still not earing or information was available to ded period of constipation was for					
	3/6, 3/7, 3/ <b>8</b> , 3/9,	in hac no bowel movement on 3/10, & 3/11 (or 8 consecutive	:	:			
	evening on 3/12 a staff about feeling notes did not refle Resident's extend	tory was administered on the fifter the Resident complained to bloated and nauseated. Chart set facility intervention in the led period of constipation prior complaints on 3/12.					
	stated "The Resid light and ask us it could sometimes	p.m., Nursing Assistant (NAC) K lent (#4) would put on his call he had solled himself. He tell he had a bowel movement if mself, but he couldn't feel	:				The state of the s
	stated "We have can use for restor for the evening state of the evening state of the evening state of the event of the eve	4 a.m., Licensed Nurse (LN) F a written bowel protocol that we ents. Our bowel protocol calls nift to give milk of magnesia after, then if no BM, the night shift only, then if no BM, the day shift ema. A resident should never then 3-4 days without a boweless the protocol got missed for sident #4)."					
The same and the s	i (RCM) C stated "	p.m., Resident Care Manager The Resident (#4) was alert and able to determine his own		· · · · · · · · · · · · · · · · · · ·			 

bowel care needs. His usual pattern was to go

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2013-04-23 07:59				>>	360 992		P 7/23
DEPARTMENT OF HEAL	TH AND HUMAN SERVICES						1 04/05/2013 14FPROVED
DENTERS FOR MEDICA	RE & MEDICAID SERVICES						1988-0391 1988-0391
STATEMENT OF DEFICIENCIES (X): PROMPERSUPPLIER/CUA		1	TIPLE CO	PNSTRUCTION	-	FAC (EXI)	E SURVEY AFLETED
	505208	B. WING				1	C /25/2013
NAME OF PROMOTE OF OUTPUT	ER CARE & REHABICTR VANCOUVER	₹	400 €	ADDRESS CITY GTA AST 33RD STREET COUVER, WA 988			
FREFIX SACH DEFICE	STATEMENT OF DEFICIENCIES CHOY MUST BE PRECEDED BY FULL OF LSC ITENTIFYING WPORMATION)	:D PREF 740		(BACH CORRECT CROSS REFERENC	LAN OF CORRECTI INTE ACTION SHOUT SED TO THE APPRO MICIENCY)	LDEE	-X5) CÇMPLETIDI: DATE
she had not dis of time with no Resident. RCN considerations	n page 5 " When asked, RCM C stated cussed risks of extended periods bowel movements with the first capacital for paraplegics or quadriplegics planned if it was different from the		79			4	
	is admitted to the facility on $\mathbb{O}$ 13	3					
to the MDS, the but was totally assistance.	to include  According Resident was elert and oriented dependent on staff for ADL	9					
showed the Re was accustome every day. The	essment completed on 1/12/13 isident was always incontinent and ed to having a bowel movement are Resident had no ability to feel the or to have a bowel movement.	:					
gathered in the develop a plan	evidence that the information bowel assessment was used to of care for bowel management for There was no plan of care for a	76					

Resident #9 was admitted on

(or 6 consecutive days).

<Resident #9>

FORM CM5:2567 (02-99) Previous Versions Obsoleie

bowel management program and there was no indication that risks of not having a regular program had been identified or considered.

Bowel records show the Resident had no bowel movement on 2/12, 2/13, 2/14, 2/15, 2/16 & 2/17

1/12 with a

DEPART	MENT OF HEALT	HAND HUMAN SERVICES			PED DE USPECIE
CENTER	S FOR MEDICAR	E & MEDICAID SERVICES			NO 0938-0391
TATEMENT OF DEFICIENCIES (331, PROVIDER/SUPPLIER/OBA ND PWAN OF CORRECTION (CENTIFICATION NUMBER)			PLE COMSTRUCTION (XX)	DATE SURVEY COMPLETED	
		505206	E MING_		C 03/25/2013
	TRANSITIONAL C	ARE & REHAS OTR VANCOUVER		TREET ADORESS DITY STATE, ZIP CODE 400 EAST 35RD STREET VANCOUVER, WA 98663	apartiment of the second of th
(XA) ID PREFIX TAG	(EACH DÉFICIENC	ATEMANT OF DEFICIENCIES BY MUST BE FRECEDED BY FULL LSC II ENTIFYING INFORMATION)	CFREFIX	PROVIDER'S PLAN OF COPRECTION  EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEPICIENCY)	OASE TAMPLENON A DASE
f 279	Continued From p	age 6	F 27	9	
	impaired moveme	nt of both lower extremities and re. According to the MDS, the r and oriented but was totally			
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	accustomed to ha was noted to be in participate in bow Bowel records for movement on 3/1 3/19, 3/20, 3/21, 3 consecutive days Resident received could receive a stressident had rect 3/18 with no result in the bow Resident.  Refer to F 309	Resident #9 reflect no bowel 3, 3/14, 3/15, 3/16, 3/17, 3/18, 3/22, 3/23 & 3/25 (or 12 ). MAR records reflected the i a laxative twice a day and appository daily as needed. The elived a suppository once on its recorded.  Information was located well management program for the	The state of the s	This Plan of Correction is the remark conditionallegation of compliance.  Preparation and/or execution of this plan of correct does not constitute admission or agreement by the provider of the truth of the facts alteged or conclusing set forth in the stotement of deficiencies. The plan of correction is prepared and/or executed valety becaute it is required by the provisions of federal and state the F281.  1. Resident #4 is no longer in the facility.  2. An audit of alert documentation by the licensed nurses and CNAs with a 7 day to back period was performed to establish a baseline.  3. Staff Development Coordinator/design in-serviced licensed staff on bowel protoc diabetes management, change of condition policy and procedure with a focus on	ons  ()  ()  ()  ()  ()  ()  ()  ()  ()  (
F 281 S\$=G	PROFESSIONAL The services profes must meet profes This REQUIREN by: Based on intervi	ERVICES PROVIDED MEET STANDARDS  vided or arranged by the facility scional standards of quality.  ENT is not met as evidenced sew and record review, the facility services provided met address of quality for 1 of 9		recognizing the significance of the chang and communicating them clearly and promptly to the attending practitioner.  DNS/designes will audit alert documenta of LNs and CNAs three times per week during morning clinical meeting with follup as warranted.  4. Results of this audit will be discussed the monthly PI meeting until compliance met. The DNS is responsible for overall compliance.	low in

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COMPLETION

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DEPARTMENT OF HEALTH MRD HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0936-0391 OXS) DATE SURVEY
COMPLETED (X1 | FROMDER/SUPPLIER/OLX IDENTIFICATION MUMBER: STATEMENT OF DEFICIENCIES AND PLAN OF CORPECTION (X2) MULTIPLE CONSTRUCTION A. SUILDING \_ 505296 03/25/2013 STREET ADDRESS, CITY, STATE, ZIP CODE WAME OF PROVIDER OR SUPPLIEF 400 EAST 33RD STREET KINDRED TRANSITIONAL CARE & REHAB CTR VANCOUVER VANCOUVER, WA 98663 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 24 151 EACH DEFICIENCY MUST BE FRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD SE PREFIX FEGULATORY OR USO HENTIFYING INFORMATION: CROSS-REFERENCED TO THE APPROPRIATE TAG 4.3 DEFICIENCY

F 281 Confinued From page ?

residents (#4), when they falled to monitor or recognize changes in the Resident's condition. This failure caused harm for the resident when when the need for soule medical treatment was celaved.

Findings include:

According to the American Nurses Association, Scope and Standards of Practice; 2011, " according to standards of care, a licensed nurse shall, in a complete, accurate and timely manner, report and document nursing assessments or observations, the care provided by the nurse for the client, and the client's response to that care. Nurses assume a liability risk if they fail to monitor a patient or to recognize changes in a patient's condition. Failure to recognize the significance of changes or to communicate them clearly and promptly to the attending practitioner could endanger the patient "

Resident #4 was admitted to the facility on 7/30/12 with diagnoses to include paralyzed legs because of a spinal cord injury/infection, diabetes and lung disease. The Resident went to the hospital on 9/17, then re-admitted on 9/29/12. The Resident had no feeling below the waist and had to use a Foley catheter (a tube to drain the bladger) for urine. According to the Minimum Data Set (MDS), an assessment tool, the Resident was normally alert and oriented but was dependent on staff for activities of daily living. The Resident received routine insulin (a medication to control blood sugars) and a sliding scale type of insulin that could be adjusted, depending on the Residents blood sugar readings. Sliding scale insulin was to be

F 281

FORM CMS-2557(02-59) Previous Versions Obsoleté

Event ID: VUXP11

Facility ID: WA18100

if continuation sheet Page 8 of 21

2013-04	-23 07:59				>>	360 992		P 10/23
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		E & MEDICAID SERVICES						0938-0391
STATEMENT	OF DEVICUENCIES OF SORRESTION	RAY PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER	(X2) MUL 4. BUILD		DNSTRUCT ON	undere eine delt meil der Translate under Aude eine Aufre eine Antersegen und zu der	COIV	E SURVEY MPLETED
		\$05205	E WING	***************************************		****	į	C /25/2013
NAME OF P	ついべひきさ ぐた もしときいぼき		,	STREET	ADDRESS CITY STANS	ZW CODE	Procedure to recent the Partie In Co.	
KINDEEI	D TRANSITIONAL C	ARE & REHABIOTR VANCOUVER	!	400 8	SAST 33RD STREET COUVER, WA 3866			-
(74) HD PREPIX TAG	KERCH DEFICIEN	TATEMUNT OF DEFICIENCIES OY MULT BE PRECEDED BY FULL LISC (SENTIFYING INFORMATION)	il Fref TAG		PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCE) DEFI(	E ACTION SHOL	LD SE	.X4; GDW2525710M DATE
F 281	. Continued From :		:	281				
101	administered for b	plood sugars over 130 mg/dL	1					- Landanie description
		anged to give slightly less lin starting on 3/12 at 4:30 p.m.						
	The Resident was (CBG's) done 5 it	s to have blood sugar checks in mes per day.				•		
		eview reflected the Resident						
		plood sugar, poor appetite,						
		itake decreased urine output f "not leeling welf" peginning with	1					,
	the day shift (6:0)	) a.m. until 2:30 p.m.) on	1					
		nally the Resident was	1					
		no bowel movement recorded	•	í				
		3/9, 3/10, & 3/11. The Resident		į				
	was "moaning" o	n several occasions during the	1	1				i
		6 p.m. until 10.30 p.m.) of 3/12	j					: [
		ft (10:00 p.m. until 6:30 æ.m.) of						,
	3/13. The Resid	ent was given a suppository on	į	:		*		
		'12 for no bowel movement, but	,	ļ.				
		essment recorded. The tassessed on the evening shift.	;		•			;
		sident was not assessed on the		4				1
		<ol> <li>Vital signs were not recorded.</li> </ol>		1				
		was not administered. The	'. <u>!</u>	1				Ì
		ot notified of the changes in						
		on until 8:00 a.m. on 3/13.	-					
	Blood sugar che	cks were elevated despite the		;	•			
í		ing. Blood sugars were recorde	d					4
	as follows:	_ 040(4) _1040						
	-: 3/12 at 7:00 a.m	. = 318 mg/dL sliding scale						

insulin given as ordered, "did not eat breakfast" - 3/12 at 11:30 a.m. = 317 mg/dL "sliding scale

insulin not given", orders were for 12 units of Novolog Insulin, "did not eat lunch",

3/12 at 4:30 p.m. = 224 mg/dL "sliding scale insulin not given", orders were for 5 units of Novolog Insulin, "not eating, constlipated",

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ETATEMENT OF DEFICIENCIES AND PLAN DE OOFRECTION		CXT PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	:X3) MULTIPLE (	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		508206	S. VVING		C 03/25/2013	
	FOODER OR SUFFLIER TRANSITIONAL CA	RE & REHABICTR VANCQUVER	450	TADDRESS, CITY STATE, JIP CODE EAST 33RD STREET NOOUVER, WA 98663	1 27,20.0	
(X4)1D PREFIX 14G	EACH CEFICIENC	ATEMENT OF CEFICIENCIES Y MUST SE PRECEDED BY FULL (SC DENTIFYING INFORMATION)	IO PREFOS TAG	FROVIDER'S PLAN OF CORPECTION SHOULD CROSS-REFERENCED TO THE APPROXIDERICENCY)	DIBE COMPLETION	
	insulin not given", in Novolog Insulin, 3/13 at 3:00 a.m. r insulin not required Urine output was r prior week, with in The Resident had	186 mg/dL "sliding scale orders were for 3 units of 107 mg/dL sliding scale	F 281			
F 282	Resident's urinary On evening shift or recorded. On the output of -0- was recompleted to determined correct On 3/13/13 at 8:15 notes. Resident # emergently for sign shock (an overwhip pressure of 70/40 and swelling and swelling and stated "I am contition we did anyth See F 30\$ for detexplanations of the condition. 483.20(k)(3)(II) SI PERSONS/PER IT The services promost be provided	cutput was 400 cc (milliters). f 3/12, no urine output was night shift of 3/13, a urinary ecorded. No assessment was rmine if the catheter was the catheter was by or was open to drainage. Sa.m., according to nursing was sent to the hospital ns and symptoms of septicel ming infection) with a "Blood, pulse 130, temperature of 99.7 redness of the genital area."  5 p.m., the Director of Nursing muing to investigate, but I don't aing wrong."  alled interviews and e Resident's deteriorating  ERVICES BY QUALIFIED DARE PLAN  vided or arranged by the facility by qualified persons in	F 282	station for reference.  4. DNS/designee will monitor for compliance of orientation. The	correction by the conclusions a plan of ty because d state law.  05/08/13 acility  to be  neut tions for the agency ty. An ch nurse's	
	accordance with care.	each resident's written plan of		Administrator is responsible for va compliance with this standard.	lidating	

DEPART	MENT OF HEALTH	Y ANÓ HUMAN SEPVICES						4PPROVED
CENTER	IS FOR MEDICAR:	E 3 MEDICAID SERVICES	<del></del>			<u> </u>	<u>MMB NO.</u>	0538-0391
	OF DEFICIENCIES FIDORRECTION	(X1) PROVIDER/SUPPLIER/OLD (DENTIFICATION NUMBER	1		INSTRUCTION			E BURVEY PLETED
		505206	B. WING	and the second s	Parky welling a second law.		03/	D 25/2013
	ROVIDER DA SUFFLIEF DIT <b>RANS</b> ITI <b>O</b> NALIO,	APE & REHABIOTR VANCOUVER	100	400 E	ADDRESS CITY, STATE AST 30RD STREET COUVER, WA 9868:			
:X4+ (D) PREFIX 3+G	(EACH DEFICIEN	ATEMENT OF DESIGNENCIES LY MUST BE PRECEDED BY FULL LEG MENTIFYING INFORMATION;	id Prefi Tag	-	PROVIDERS PLA IEACH CORRECTION CROSS-REFERENCET DEFIC	E ACTION SHOUL	.D BE	(255) ECHWIMUSETSON DATE
F 282	Continued From p	age 10	F 2	282				
	by: Based on intervie failed to ensure call with each resident residents (#4) who method of orienting	ENT is not met as avidenced wand record review, the facility are was provided in accordance is written plan of care for 1 of 9 on the facility failed to have a gitemporary/agency staff to the have a timely way to retrieve						
	, information when	questions arose regarding the n delivered to the Resident by						
	Resident #4 was a 7/30/12 with diagraph because of a spin lung disease. The on 9/17, then was 9/29/12. The Resident had to drain the bladder the Resident was the Resident was	admitted to the facility on noises to include paralyzed legs at cord problem, diabetes and a Resident went to the hospital re-admitted to the facility on sident had no feeling below the use a Foley catheter (a tube to for urine. According to the at (MDS), an assessment tool, normally alert and oriented but in staff for activities of daily	The same and the same of the s					
	the Resident had were to observe a routine, sleep par abilities and to no interventions were complaint was a	ian of care dated 8/8/12, noted chronic pain. Interventions and report changes in usual terms and decrease in functionatify the physician if the current significant change from the						

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TATEMENT	OF DEFICIENCIES IF DORRECTION	WT FROMDERMUPPLIER/CLIA IDENTIFICATION NUMBER	0:21 #UL A BUILS		CONSTRUCTION	W31 54	TE SURVEY MAPLETED
		505206	₽ MING	·	AND	0:	3/25/2013
	POVIDER OF SUFFLIER DITRANSITIONAL CA	RE & REHAB OTR VANCOUVER	<u> </u>	406	ETHODRESS ONY STATE OF CODE   E487-33RD STREET   NCOUVER, WAL\$8663		;
X4) IL FREFIX F4G	EACH DEFICIENC	ATEMENT OF BEFICHENCIES Y MUST BE PRECEDED BY FULL (SO DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS REFERENCED TO THE APP? DEFICIENCY)	ULD BE	
F 282	#4 had started to h sugar control and l 3/12/12, the Resid problems with low On 3/12, during the	age 31 y records, on 3/11/12, Resident isve some problems with blood had become sleepy. On entilling a experiencing or then normal urine output, a day shift, the Resident itory for bowel care.		282			
	3/12, Licensed Nu was the nurse on G stated "I was or The Resident told results from the suon the day shift. I at about 9:00 p.m.	iff (2:00 pim. to 10:30 pim.) of rse (LN) G is facility employee, duty. On 3/22 at 4:45 pim., LN duty on the evening of 3/12, meine felt better after having appository he received earlier had a large bowel movement in checked his blood sugar, priented and his catheter was		:	· · · · · · · · · · · · · · · · · · ·		
	chart regarding with between the time the evening shift of (6:00 a.m. to 2:30 the morning of 3/ records indicate Finedication during temporary/agency	is recorded in the Resident's hat happened with the Resident the facility LN G reported off on of 3/12 and when the day shift p.m.} LN F came on duty on 13. Medication administration Resident #4 received no pain the night shift. A y nurse worked on the night shift 10:00 p.m. until the morning of					
	the morning of 3/ condition had cha a nursing assess "Around 7:30 a.m confused and loc	icility LNF reported for duty on 13, Resident #4's clinical anged cramatically. LNF wrote ment note on 3/13 which stated h., noticed res {Resident} very oks pale. Res moaning off and oning noticed lower abd.					

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPE CENTERS FOR MEDICARE & MEDICAIS SERVICES OMB NO. 0938 STACEMENT OF DEFICIENCIES AND FLAN OF COPPECTION ON THROMOTER/SUPPLIER/CLIA 012) MULTIPLE CONSTRUCTION (X2) DATE SURVEY DENTIFICATION NUMBER: COMPLETED 4. BUILDING R WING 505206 03/25/2013 MAME OF PROVIDER OF SUPPLIEF STREET ADDRESS CITY, STATE OF CODE 400 EAST BORD STREET KINDRED TRANSITIONAL CARE & REHAB CTR VANCOUVER VANCOUVER, WA 98663 SUMMARY STATEMENT OF DEFICIENCES CHACH DEFICIENCY MUNT BE PRECEDED BY FULL PEGULATORY OF LSC ICENTIFYING INFORMATION PROVIDER'S PLAN OF CORRECTION
(SACH CORRECTIVE ACTION SHOULD BE
CROSS-REFFRENCED TO THE APPROPRIATE PREFIX POMPLETION DATE PREFIX TAC TAG DEPICIENCY F 282 Continued From page 12 F 282 {abdomen}, penis and scrotal area swollen and red. Foley cath (catheter) in (place) but no output i in Foley bag. Foley cath irrigated with NS (mild salt solution) but no return flow. BP (blood pressure) 70/40, pulse 130. Temp (temperature) 99.7. MD (Doctor) notified and received order to transfer res to hospital. On 3/22, at 4:20 p.m., during interview, the Director of Nursing stated: "We had an agency nurse working on the night of the 12th to the morning of the 13th. I have put calls out to her agency to get a statement from her. I am completing an on-going investigation to determine what happened with the Resident that hight." On 3/25 at 9:50 a.m., Nursing Assistant (NAC) K stated "My shift starts at 6;00 a.m. I went into check on (Resident #4) right away on the morning , of 3/13 because the off-going aide told me he was moaning all night and seemed to be in pain. I remember his condition on the marning of 3/13 because he was very different from usual. When I first saw the Resident right after I got here, he was gray in color. I took the vital signs and the blood pressure was very low, the pulse was high, he had a temperature. When I went to pull the resident up in bed. I saw his private area was very swollen. I immediately went and got the day nurse, then he got sent out to the hospital." On 3/25 at 02:55 p.m., when asked how agency , or temporary staff would be trained on the facility. practices and residents, the Staff Development Coordinator stated "I don": have anything to do with training or orientation of agency personnel. I

would think if they are agency, they are

competent. I know we had one nurse here, but I

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

	OF DEFICIENCIES FOORRECTION	MT PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	OCHSTRUCTION /X	COMPLETED
		5052 <b>06</b>	B. WING		C 93/25/2013
	ROVIDER DE SUPPLIER ) TRANSITIONAL C	RRE & REHABICTR VANCOUVER	49	RET ADDRESS, CITY, STATE ZIP COCH C EAST 33RD STREET UNDOUVER, WA 98663	
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F 282	any training or orle	any shifts she has worked. If entation gets done for agency it the administrator. I don't do	F 282		
	"There is a mini of through related to Development Coo would assume the through tempory s	m. the Administrator stated rientation that agency staff go our facility. Our Staff ordinator does that orientation. I staffing would have their ed by the agency."		This Plan of Conversion is the content treathin allegation of compliance.  Preparation and/or execution of this plan of correduces not constitute adminsion or agreement by the provider of the truth of the facts alleged or concluses forth in the stotement of deficiencies. The plan correction is preparationally deficiencies. The plan correction is preparationally of federal and stone its required by the provisions of federal and stone F309.	dont of use
	HIGHEST WELL Each resident mu provide the necess or maintain the hi mental, and psyc accordance with and plan of care.	est receive and the facility must esary care and services to attain ghest practicable physical, hosocial well-being, in the comprehensive assessment	F 309	1. Resident #4 is no longer in the facility 2. An audit of alert documentation by licensed nurses and CNAs with a 7 day! back period was performed to establish a baseline. 3. The facility has implemented a plan orientation of agency staff prior to their shift. Staff Development Coordinator/designee in-serviced nursin staff on identifying, reporting, and follo on change of condition. The DNS/desi will audit alert documentation of LN ar	ook  for first  w up gnes
	Based on interving failed to provide attain or maintain physical, mental when they failed and respond to residents (#4) which is the state of the st	ENT is not met as evicenced ew and record review, the facility necessary care and services to a the highest practicable level of and psychosocial well-being to complete a timely assessment eported concerns for 1 of 9 nose overall condition was in lure resulted in unnecessary particular and resulted in unnecessary particulars.	· ·	will addit alert documentation of the all CNAs three times per week during mot clinical meeting with follow up as warranted.  4. The findings of the audit will be discussed in the monthly PI meeting upon compliance is met. The DNS/designer responsible to validate compliance with standard.	ning :

blood sugar. Paramedics were summoned to the doctor's office and administered treatment to the

Resident: Paramedics recommended hospitalization, but the Resident declined because he wanted to proceed with discharge

DEPART		HAND HUMAN SERVICES			نم خمس	500		RIM APPENDIVE
TATEMENT	( <u>S FOR WEDTOAR</u> OF DEFICIENCIES F COPFECTION	E & MEDICALD DERIVICES  (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER	(X2) MUL A. 5U'LD		ONSTRUCTION	en materia. Entre out to a particular material des	(N3) I	O 0636-036 JATE SURVEY OMPLETED
		505206	E WING	·		***************************************		C 03/26/2013
IAME OF D	POVIDER OR SUPPLIER	<del></del>	1	STREE	TADDRESS OF	TY, STATE ZIP C	<del></del>	
KINDRET	TRANSITIONAL C	ARE & REHABIOTR VANCOUVER		ì	EAST 33RD \$1 COUVER, W			
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F 309	Continued From (	cage 15	F (	309				
	extended monitor later in the month facility with orders	tian declared to order a more ing of the Resident's dispetes . The Resident returned to the sito reduce the amount of insulin o continue to check CBG's 5	,	1				
	worked the day s shift is from 6:00 3/41, he {Resider	Licensed Nurse (LN) F stated "I hift on 3/11, 3/12 and 3/13. My a.m. to 2:30 p.m. On Monday, nt #4) went to the doctor with	**************************************	· <u></u>				
	would sometimes (mg/dL) and as h Doctor wanted to sugare under 130 sliding scale insu	of control. The Resident (#4) have blood sugars as low as 30 igh as 200-300 (mg/dL). The keep the Resident's blood of (mg/dL) and had changed the lin coverage to a lower level. 12, the resident cidn't feel well						; ;
	and was staying 3/12), the Nursing Me that the Resiched in the control of the state	in bed. At about 1:30 p.m. (on g Assistant (NAC M) reported to dent was still not feeling well. I omputer and I saw the Resident wel movement for 5 or 6 days. I domen and I noticed his bowel lish. This had happened an the past. He was getting cause constipation, plus he has reling in legs) from a spinal cording feel anything from the waist me suppository and told the se. He did not have a bowel		e, majoris - ("A" et e e esta e de l'Obbasie e d'Albande e d'Albande e e e e e e e e e e e e e e e e e e				
	movement on m i CBG (blood sug	y shint. ar checks) records for the date c	of !	: ! !				:

3/12 show the blood sugar at 7:00 a.m. was 318 mg/dL and at 11:30 a.m. was 317mg/dL. Medication administration records (MARs) show sliding scale insulin was administered as ordered

7969 P 18/23 PRINTED 04/06/2000 FORM APPROVED OMB NO 0938-0391

	OF DEFICIENCIES F CORRECTION	(X PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(M2) MUL A. BUILD		MOTPUSTRING			3) DATE ООМЯ	SURVEY PLETED
		505206	B WING					03/2	5/2013
	ROWDER OF SUPPLIER TRANSITIONAL CA	RE & REHABICTR VANCOUVER		400 E	ADDRESS, CITY LAST 33RD STR COUVER, WA	EET	ODE		
(X4) I⊡ PRETOX 74G	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 'DENTIFYING INFORMATION	ID PREFI TAG			R'S PLAN OF D RECTIVE ACTIC RENDED TO TH DEFICIENCY	DE CLUOHE MO AIRGORGA BI		(75) OldMPLETVOR DATE
	11.30 a.m. blood s lunch (on 3/12), in: written on 3/12 spe physician's office a The notes do not p the Resident's over not be feeling well, available regarding abdomen had bee information, available Resident's vital sig was no information consideration had	age 16 of given in response to the ugar: "Resident refused to eat sulin not given." Nursing notes eak to communication with the about upcoming appointments, provide any information as to real well being or why he might. There was no information g whether the Resident's in assessed. There was no bie regarding whether the ins had been checked. There in available regarding if any been given to why the ugars were high when he was		209					
	not eating.  During interview, I had worked the extended my shift about 10 shift	Nursing Assistant (NAC) J who rening shift on 3/12 stated "I bout 3/30 p.m. on 3/12. The day that he {Resident #4} had litery because of no BM in quite check him because the be able to tell if he had a BM or him 3-4 times that shift, but it m, before his bowels moved, his linen, I leaned him on one turned him the other way, I not much in the catheter bag, wet {Indicating leakage} and I enitals were red and swollen. If G} about my observations, yould check on him. Also, the like he might be in pain because and moaning which I also told the also seemed really, really tired."	The contract of the contract o						
	} *	tten by LN G at the end of the	  -  -  -  -			-			•

DEPAR		HIAND HUMAI LERVICES			FORM	P 19/23 : 04/05/2013 APPROVED
TATEMENT	RS FOR MEDICAR OF DEFICIENCIES OF COFRECTION	E & MEDICAJD SERVICES  (X) PROVIDER/SUPPLIER/CLIA  (DEMTIFICATION NUMBER.	4. BUILD		CONSTRUCTION (X3-DAT	OBBELOSO: TE SURVEY APLETED
		505208	E. WING		:	C /25/2013
	POVIDER OF SUPPLIER D TRANSITIONAL C	ARE & REHAB CTR VANCOUVER	<u> </u>	€00	ET ADDRESS, CITY, STATE, ZIP CODE ) EAST 33RD STREET NOOUVER, WA 98663	
-XI4) ID PREFIX TAG	FACH DEFICIEN	TATELIENT OF DEFICIENCIES OY WILST BE FRECEDED BY FULL LSC IDENTIFYING INFORMATION	'D PFEF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(XB) COMPLETION DATE
F 309	not hungry this sharge BM following output (urine) at e intake but feeling	page 17 /12 reflected "Res (Resident) ift due to constipation and had g suppository for same "Low and of shift due to poor fluid better after BM "Continue monitor," Push fluids."		309		
	records indicated 16.30 (4.30 p.m.) sugar at 20:00 (8.4 According to the lescale insulin Iteld eating-constipate recorded in the classing notes dictives not eating, we low urine output his second of the couput his parameters.	d". No vital signs were nart for the evening shift. I not reflect why the Resident thather an assessment of the nad been completed or why the sugar remained high despite				:
	duty on 3/12, state 2:00 p.m. until 10 3/12 that he {Resuppository on darend processed on appetite that examples was waiting to he assessment she on the evening of his blood sugar aware of the low	LN G, the evening shift nurse or red "I work the evening shift from 130 p.m. I was told in report on sident #4} had received a say shift. As far as I know, the as patent (functioning). He had evening he said he felt full and twe a BM," When asked what had completed for Resident #4 if 3/12, LN G replied "I checked and gave his medications. I wa urine output, I did not assess the evening of 3/12. I didn't think."	CO	Andrian		and the second s
	An agency/temp	orary staff nurse worked during tween 10:00 p.m. and 6:30 a.m.				

DEPART		HAND HUMAN JERVICES E & MEDICAID SERVIÇES			>> 36		P. 20/23 ED 04706/2013 RM APPROVED VO 0838-0891
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X) PROMOBRIGUPPLIERICLIA IDENTIFICATION NUMBER	1		CONSTRUCTION	[X3]	DATE SURVEY COMPLETED
		505206	B. WING				C 03/25/2013
	POWDER OF SUPPLIER DITRANSITIONAL C	ARE 8 REHABICTR VANCOUVER		400	ETADDRESS, CITY, STATE, 21F EAST 33RD STREET NCOUVER, WA 98663	CODE	The state of the s
AXANID PREFIX TAG	EACH DEFICIEN	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FULL LSC DISKTIFYING INFORMATIONS	ID PREFI TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD EE THE APPPOPRIATE	OKS) DEMPETION DAME
F 309	what was happen and of the evening beginning of the of signs were fecond administered. A C	page 18 contain information to explain Ing with the Resident from the g shift on 3/12/13 until the lay shift on 3/12/13. No vital led. No pain medication was CBG was recorded as being DD z.m. During telephone	F	309			
	Resident (#4) was verbal stimuli on 3 night shift. I was through the night.	ncy nurse stated "I noticed the sarousable and responding to 3/12 when I came on duty for the not aware of any changes I checked his blood sugar at d him moaning, but he didn't n."				·	
	3/13 showed "Ar {Resident} very c moaning off and lower abd. {abdoo swollen and red. but no output in f with NS {mild sal {blood pressure} {temperature} 99	Resident #4's record written on cound 7:30 e.m., noticed resonfused and looks pale. Reson. While positioning noticed men), penis and scrotal area Foley cath (catheter) in(place) foley bag. Foley cath irrigated t solution) but no return flow. BP 70/40, pulse 130, Temp. 7. MD (Doctor) notified and transfer res to hospital."					
	stated "My shift's check on {Reside of 3/13 because was moaning all I remember his because he was I first saw the Recolor was gray, blood pressure v	Nursing Assistant (NAC) K starts at 6:00 a.m. I went into ent #4) right away on the morning the off-going aide told me he night and seemed to be in pain, condition on the morning of 3/13 very different from usual. When sident right after I got here, his I took the vital signs and the ves very low, the pulse was high, ature. When I went to pull the	  - 				

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OF DEFICIENCIES	& MEDIOAID SERVICES  031 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER					(X2) DAT COM	0938-0351 E SURVEY PLETED
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resident up in bed, very swollen. I imm	I saw his private area was lediately want and got the day	F	309				
reported in morning (Resident #4) had a low into his room about look right. He look When we went to resticles. His pents swollen, maybe ab	g report on 3/13 that he been mosning and growing all violed sugar. When I went 17:30 that morning, he didn't ed confused and more pale move him up in bed it saw his and testicles were very out 6-8 inches across. And he				. ,		
review, the facility the Resident not feeling blood sugars and anot assess Reside 3/12 despite receives hift regarding blooproblems and resident, and despite receives, and despite residents.	day hurse LN F did not assess e day shift on 3/12, despite the gwell and having elevated extreme constipation. LN G did not #4 on the evening shift of ving information from the day od sugar problems, bowel dent complaints of not feeling eceiving NAC reports of	** · · · · · · · · · · · · · · · · · ·					
nurse unfamiliar was no indi- the resident or evi- signs. On the mo- reported the resid- the night shift, but recorded. The night	with the resident was on duty. cation the night nurse assessed aluated the resident's vital rning on 3/13, the agency nurse entined been moaning during indicativentions were this nursing assistant.	1 1 1 1 1 1 1					
	FINE IN OF REALTH RS FOR MEDICARE TO DEFICIENCIES TO DEFICIENCIES TO DEFICIENCIES TO DEFICIENCIES TO TRANSITIONAL CA  SUMMAPY STA- 1540H DEFICIENCY REQULATORY OP L  Continued From paresident up in bed, very swollen. I imm nurse then he got  During interview L reported in morning (Resident #4) had a lov into his room about look right. He look When we went to r testicies. His penis swollen, maybe ab had no urine output about 8.15 a.m."  According to staff review, the facility the Resident not feelir blood sugars and not assess Reside 3/12 despite receiv shift regarding blooproblems and resi well, and despite r swollen genitals, a output.  During the night sl the resident or evi signs. On the mo reported the resid the night shift, out recorded. The night	RMENT OF REALTH AND HUMAN LERVICES PS FOR MEDICARE & MEDICALD SERVICES TOF DEFICIENCIES TOF DEFICIENCIES TOF DEFICIENCIES TOF DEFICIENCIES TOF DEFICIENCIES TO DEFICIENCIES TO DEFICIENCY MUST BE PRECEDED BY FOUL REQULATORY OF LSC K-ENTIFYING INFORMATION:  Continued From page 19 resident up in bed, I saw his private area was very swollen. I immediately went and got the day nurse, then he got sent out to the hospital."  During interview LN F stated "The agency nurse reported in morning report on 3/13 that he (Resident #4) had been morning and growing all night and had a low blood sugar. When I went into his room about 7/30 that morning, he didn't look right. He looked confused and more pale When we went to move him up in bed. I saw his testicles. His penis and testicles were very) swollen, maybe about 6-8 inches across. And he had no urine output. We sent nim to the hospital about 8-15 a.m."  According to staff interview and resident record review, the facility day nurse LN F did not assess the Resident on the day shift on 3/12, despite the Resident not feeling well and having elevated blood sugars and extreme constipation. LN G did not assess Resident #4 on the evening shift of 3/12 despite receiving information from the day shift regarding blood sugar problems, bowel) problems and resident complaints of not feeling well, and despite receiving NAC reports of swollen genitals, apparent pain and low urine output.  During the night shift of 3/12 to 3/13, an agency nurse unfamiliar with the resident was on duty. There was no indication the night nurse assessed the resident or evaluated the resident's vital signs. On the morning on 3/13, the agency nurse reported. The night shift nursing assistant	PRENDER MEDICARE & MEDICAID SERVICES  PER FOR MEDICARE & MEDICAID SERVICES  PER PERCENCISM  REPOWDER CREUPPLIER  DITRANSITIONAL CARE & REHABIOTRIVANCOUVER  SUMMARY STATEMENT OF DEPICIENCIES  PERCENDENCY MUST BE PRECEDED BY FULL  REQUILATORY OF LSC MENTIFYING INFORMATION  Continued From page 19  resident up in bed, 1 saw his private area was very swollen. I immediately went and got the day nurse, then he got sent out to the hospital.  During interview LN F stated "The agency nurse reported in morning report on 3/13 that he  (Resident #4) had been morning and growing all night and had a low blood sugar. When I went unto his room about 7.30 that morning, he didn't look right. He looked confused and more pale.  When we went to move him up in bed I saw his testicies. His penis and testicies were very swollen maybe about 6-8 inches across. And he had no urine output. We sent nim to the hospital about 8-16 a.m."  According to staff interview and resident record review, the facility day nurse. IN Fidic not assess the Resident on the day shift on 3/12, despite the Resident not feeling well and having elevated blood sugars and extreme constipation. LN G did not assess Resident #4 on the evening shift of 3/12 despite receiving information from the day shift regarding blood sugar problems, bowel problems and resident complaints of not feeling well, and despite receiving NAC reports of swollen genitaes, apparent pain and low urine output.  During the night shift of 3/12 to 3/13, an agency nurse unfamiliar with the resident was on duty. There was no indication the night nurse assessed the resident or evaluated the resident's vital signs. On the morning on 3/13, the agency nurse reported the resident had been morning during the night shift, but no intervertions were	IMENT OF REALTH AND HUMAN LERVICES PS FOR MEDICARE & MEDICARD SERVICES OF DERICHMES	THE NOT OF REALTH AND HUMAN LEVICES  REFOR MEDICARE & MEDICARE & MEDICARD SERVICES  OF DEPOLEMENT OF PROVERPULPHUR LOW NUMBER  FOODERS OF SUPPLIER  DITARNSITIONAL CARE & REHABIOTR VANCOUVER  SUMMAPY STATEMENT OF DEPICIENCIES  1820 DEPICEMENT WAS REFORDED BY THE TOTAL CARE & REHABIOTR VANCOUVER  SUMMAPY STATEMENT OF DEPICIENCIES  1820 DEPICEMENT WAS THE REPORTED BY THE TOTAL CARES OF THE TOTAL CARE & REPORTED BY THE TOTAL CARE & THE TOTAL CARE & REPORTED BY THE TOTAL CARE & THE TOTAL CARE	INJERY OF REALTH AND YOUNGER SERVICES OF BERCIENDES OF BERCIENDES OF DERICHDES OF DEPORTED OF PROVERIES  TO TRANSITIONAL CARE & REHAB CTR MANCOUVER  DISTANSITIONAL CARE & REHAB CTR MANCOUVER  AND PROVIDER STATE SIN CODE SOUNDER OF SUPPLIES  CONTINUED FROM THE STATE SIN CODE SOUNDER OF SUPPLIES  DISTANSITIONAL CARE & REHAB CTR MANCOUVER  AND PROVIDER SUPPLIES  DISTANSITIONAL CARE & REHAB CTR MANCOUVER  AND PROVIDER SUPPLIES  CONTINUED FROM SUPPLIES  SOUNDER OF SUPPLIES  THE TADDRESS, CITY STATE SIN CODE  SOUNDER OF SUPPLIES  TO AND SUPPLIES  T	SER FOR MEDICARE & MEDICARE OF THE PROVIDENCES OME NO.  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