



Right Ankle Swelling June 15, 2015

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Sunday, June 14, 2015 9:38 PM

When I was at Fircrest tonight to try shoes for Thomas – I noticed that his right ankle is swollen. It is painful to touch – as far as I know he has not fallen or anything but that is the ankle that he had a bad sprain on this year. The only thing that I can think of is that he was jumping an awful lot this week because he has been very excited about graduation and maybe he overdid it.

Anyhow, I do have the aircast here at my house if you think it may be wise for him to wear it for a while – at least until the swelling goes down. Greg, RN and Adrienne AC3 both saw it and are aware.

Thanks – let me know if you want me to bring the aircast by.

From: Horne, Maribel G (DSHS/DDA) [mailto:hornemg@dshs.wa.gov]

Sent: Tuesday, June 16, 2015 12:15 PM

Hello Cheryl,

Just want to let you know that I was able to look at Thomas's bilateral feet/ankle. There is very minimal swelling on the right ankle and Thomas denies any pain/discomfort. ROM WNL and no noted difficulties when ambulating. Dr Milligan, Dr. Weber and also Dr. Okos had been notified and is well aware. Thanks

From: Cheryl Felak [mailto:cherylfelak@msn.com]

Sent: Tuesday, June 16, 2015 11:45 PM

To: 'Horne, Maribel G (DSHS/DDA)' <hornemg@dshs.wa.gov>

Thank you, Maribel. Please note that asking Thomas if something hurts or not really does not assess if there is something wrong. He will deny pain at almost all cost. In reality, the only time that pain can be used as a measure is if he states something hurts and says it spontaneously – then you can pretty much be sure that there is quite a bit of pain that he is experiencing.

I do have concerns about this for several reasons – he has lax tendons and loose joints, given that it has been sprained recently and is already swollen again would indicate to me that he has had another sprain and I wonder about the possibility of providing that ankle better support with a pull on type of elastic wrap to give more stability – I suppose the aircast would be a bit overkill particularly since there was so much trouble having it put on properly.

From: Cheryl Felak [mailto:cherylfelak@msn.com]

Sent: Wednesday, June 17, 2015 10:33 PM

To: Horne, Maribel G (DSHS/DDA)

Hello Maribel,

I know that you or someone did assess Thomas today – thank you. I was there this evening and he was limping pretty badly and said his ankle hurt. I purchased an ankle wrap and put that on him. I'm not sure what other assessments need to be done but I would prefer that he wear an ankle support until he can be evaluated by a physician – I may take him to his provider at UW – I will see how he is walking tomorrow.

Also, I noticed that he has some abrasions on his right knee too – he denied falling or anything but there are definitely some abrasions. Later in the evening he did spontaneously tell me that he fell out of bed last night and got back into bed – no staff helped him. I assume this happened since he has never said anything like this to me before and he was a spontaneous statement.

Earlier today I did talk with his job coach, who was a little concerned about him today saying that he was lethargic and seemed to not have strength or attention to do things as he had been doing them. Maybe Thomas hit his head or something? I have no idea. Thomas seemed perfectly fine to me this evening – other than the limp and him complaining that his ankle hurt.

From: Merid, Ermias (DSHS/DDA)

Sent: Thursday, June 18, 2015 1:17 PM

To: Cheryl Felak

I went to Thomas's unit this morning to review the chart and see Thomas. Nobody was in the unit I believe they are all gone to their daily activities. According to the nursing assessments there is definitely a mild swelling around the right ankle but they all seems to agree and document that it was not tender and that Thomas denied any pain or discomfort. Apparently In your email that he was definitely bothered by it and he was badly limping and you believe it might be a sprain. Dr. Okos also saw Thomas on 5/16/15. There was no new order regarding his ankle except a blood work to be done.

As you aware Maribel is on vacation. I talked to the assigned RN for Thomas's unit today (Lemma Begna) to inform Dr. Okos of your concern and give us direction on whether to apply the ankle wrap or not as you suggested. Nursing will not be able to apply the ankle wrap unless directed by the provider. We are awaiting Dr. Okos's decision at this moment. I believe by the end of this AM shift I will know more about Dr. Okos's plan and I will inform you accordingly.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Thursday, June 18, 2015 2:12 PM

Thank you – I appreciate it. Please note that Thomas does not indicate if something is painful so asking him if it hurts is not a reliable assessment tool. I understand the notes but I am also giving you a better assessment since I know Thomas well and he will communicate things to me that he won't to others –

The issues I raise and note are important to take into consideration when assessing Thomas and discounting what the information I give because the nursing notes say something different is not in Thomas' best interest.

Please let me know. I will check on Thomas this evening and see what it looks like and how he is walking. If he is still limping I may take him to the ER (a wasted trip) to get this looked at by a MD and taken care of.

From: Merid, Ermias (DSHS/DDA) [<mailto:meridew@dshs.wa.gov>]

Sent: Thursday, June 18, 2015 3:04 PM

I want you to know that we just received an order from Dr. Okos to apply the ankle support during his waking hours. Nursing will implement this order as soon as possible.

I also want to point out that my previous email intent was to point out what I gather from reviewing the chart. It was not intended to discount the information you gave at all.

As you know nursing assessment is a tool that gives a picture of the client's condition at the time of the assessment. It is not the means to determine whether there is an absence of issue/illness or not. Nurses at Fircrest report all their subjective and objective findings to the provider and follow the direction they are given and come up with the plan of care.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Thursday, June 18, 2015 3:18 PM

Thank you – I purchased one last night that I think works okay – unless you have another suggestion. It is the black one in his room. I believe Mike saw it and knows which one I'm talking about.

I understand what you are saying regarding the assessment but I am trying to give you tools to use also. Asking Thomas if something hurts is not a very useful tool to use with him. Observations of behavior and movement are much better and those are tools that I use. One needs to utilize what tools one has and put them together. Often information I give is discounted because it may not be what staff has observed and I am just trying to give information so that appropriate care can be given.

In this instance I first noticed and reported swelling on Sunday and asked about putting a wrap on it. This should not have taken 3-4 days to get done. Thomas has fallen sometime this week (he has abrasions on his right knee) and I don't know if that is because of the ankle hurting and he had a fall or from the fall that he had out of his bed. It is best to be proactive and give the support so that more injuries do not occur.

From: Merid, Ermias (DSHS/DDA) [<mailto:meridew@dshs.wa.gov>]

Sent: Thursday, June 18, 2015 3:27 PM

Mike gave me the ankle wrap you bought yesterday and Dr. Okos said it will work. I gave it to the PM shift RN to apply it today and show the direct care staff how to apply it properly.

Ermias Merid, RN4

From: Kondol, Mike (DSHS/DDA) [<mailto:kondomj@dshs.wa.gov>]

Sent: Thursday, June 18, 2015 4:41 PM

To: cherylfelak@msn.com

Cheryl I am told the support brace does not fit well. They are taping it t so it stays on. He may need to get one that fits better. I was just told. Nursing will let Dr. Okos know. We can go from there.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Thursday, June 18, 2015 4:44 PM

Odd – it fit well last night. It is adjustable. Maybe they aren't putting it on correctly. Do they have others there and if so how long would it take to get one? I do not want to wait days to get one. I am stopping by after a meeting I have tonight (will be there about 8:45) and I can bring another one if needed.

From: Kondol, Mike (DSHS/DDA) [<mailto:kondomj@dshs.wa.gov>]

Sent: Thursday, June 18, 2015 5:07 PM

Cheryl

That may be that it's not adjusted like you say. We need to give new one to nursing. I will ask staff to call nursing when you come and we can go from there. They need to make sure staff are in serviced etc. Brandon left Ermias a message and we can go from there. Thank you

From: Merid, Ermias (DSHS/DDA)

Sent: Friday, June 19, 2015 1:41 PM

I worked on this all day yesterday with Lemma, Mike and Dr. Okos. It was decided and we have an order to apply this ankle splint. I don't know how the night nurse try to apply it but yesterday evening and this morning it was applied and fits him well. I went this morning with Cynthia to ATP and saw the ankle support on his ankle, it looks well fitted. He had his shoes on, walk and jump without any problem. I took the splint of and assessed his foot and reapplied it with no problem. I am planning to come at shift exchange (2:30pm) to in service direct care staff and answer any question staff might have.

Thank you,

Ermias Merid, RN4

From: Johnson, Susan C (DSHS/DDA)
Sent: Friday, June 19, 2015 12:37 PM

Good Afternoon PT/OT,

I am covering 309-310 today and I received a message from Night Nurse that client's mother brought a right ankle support for client yesterday but that when they tried to apply it, it didn't fit. I saw the support/brace this morning but client had already left for work. The brace is on top of client's dresser in his room. Dr Okos wrote and order for client to use the support during waking hours. Could you please come and take a look at it and advise???

Thanks,

Susan

On Jun 22, 2015, at 10:32 PM, Cheryl Felak <cherylfelak@msn.com> wrote:

Thank you for the follow-up. When I returned to the unit today I dropped off a laminated photo and instructions for the splint and a printout of Thomas' upcoming phototherapy appointments. I am attaching copies of both of those items.

This afternoon when I picked him up the splint was undone too – even if it is on correctly maybe it loosens and so does need to be spot checked to ensure that the Velcro straps are adhering properly.

Please let me know if you have any questions or if there is anything else I can do to help ensure that the splint is put on appropriately. I'm not married to this type of splint – I bought it because I thought it was an easy one but if staff at Fircrest are familiar with another type that works, I'm fine with switching. The important thing is that it is used and used properly.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Tuesday, June 23, 2015 6:03 PM

To: Merid, Ermias (DSHS/DDA)

I wanted to update you that I came to Fircrest tonight to apply the DermaSmooth to Thomas' scalp and again found the splint incorrectly applied.

Please update the training so that the splint is applied correctly.

I can send photos of how it was applied and also the correct application if necessary. I'm not sure what else to do to make sure the treatment is done correctly other than come up here every day to do that too.

Please let me know how this is going to be taken care of

On Jun 24, 2015, at 9:26 PM, Cheryl Felak <cherylfelak@msn.com> wrote:

Hello Ermias,

I am really puzzled as to why the splint continues to be applied incorrectly. I have written about this many times, have supplied at least two photo instructions of how to apply the splint, you and Cynthia have checked it and agreed it was a very easy splint to apply – yet for some reason, whoever is doing it continues to do it wrong.

What is going on here? Why can't this simple task be done correctly?

Today, I did show the med nurse (David) the charge, Adrienne and the staff Antonio and Mindy (although this task has not been delegated yet – luckily since the nurse who has been doing it simply does not know how to do it or how to read the instructions or to understand why a splint is needed and what it is supposed to be doing for his ankle)- certainly not a person who I would have delegating a task.)

I really do not enjoy complaining and had assumed that the problem would be corrected but it has not been corrected.

I would like to know how this is actually going to be corrected and who is responsible for teaching the nurse (who should know or at least know to ask someone) how to do this correctly.

I have again supplied a laminated photo instruction and hot-glued it to Thomas' dresser in hopes that it may help to have it applied correctly.

I will be there again tomorrow to apply the prescribed steroid oil to Thomas' scalp since Fircrest nurses/pharmacy are unable to apply this prescription.

This is really shameful that this issue has not been resolved.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Wednesday, June 24, 2015 11:53 PM

To: Flesner, Jeff (DSHS/DDA)

Cc: DeSmet, Megan E (DSHS/DDA)

Dear Mr. Flesner,

I am writing to you after my many attempts to have a simple splint ordered and applied to an ankle injury on my son, Thomas. Thomas had a bad sprain last January and had to wear an aircast for 3 weeks. It was extremely frustrating at that time to ensure that nursing and staff were applying it correctly.

Recently on Sunday June 14, 2015, I noticed that his ankle was swollen again. There was no exact known injury other than the fact that he jumps a lot and may have hurt it. I reported it to nursing that evening and it was noted that it was swollen. I asked about getting a wrap on it but was told that a doctor needed to order that.

Nursing was checking this daily and noted it was swollen. I reported that he was limping and he actually did complain of pain on Wednesday June 17. There was still no order for a splint or wrap. Thursday, June 18, I had to threaten to take him to the ER to get an order for a splint since this was not being taken care of at Fircrest. At that time, Dr. Okos did write an order to have Thomas wear the splint that I had purchased for him.

Now, almost a week later, this splint is still not being put on properly. I have given illustrated instructions at least twice, have had communications with Ermias, Brandon and Mike regarding this and it is still not being done correctly. I have had to be there almost every day this week to apply another prescription that Fircrest pharmacy and nursing refuse to do and so I have checked on the splint. Each day it has been applied wrong, I have fixed it and I have written to the team regarding this fact.

Today, I did finally show the staff there and the med nurse how to do it properly with the hopes that someone will be able to do it. I really do not know what else to do and this is a simple thing but for some reason nursing staff has not been able to do it correctly. I have offered several suggestions and even asked if there is another splint that nursing may be able to apply correctly but nothing changes.

My hope is that Thomas can be cared for appropriately and this really is a simple thing to take care of. If not taken care of it could cause many problems for him down the road if his ankle becomes more and more unstable. I have written to the team again tonight regarding my findings and do hope to have a resolution that will benefit Thomas rather than hurt him.

Thank you and hopefully the problem will be resolved. It really should not take a week and a half to have a splint applied to a sprained ankle.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Friday, June 26, 2015 5:01 PM

To: Flesner, Jeff (DSHS/DDA)

Cc: DeSmet, Megan E (DSHS/DDA)

I am writing as a follow up and am extremely concerned regarding the competency of nursing staff (or whoever is responsible for applying Thomas' splint)

This afternoon at my visit not only was the splint on upside down and incorrect but also on the wrong foot This is inexcusable and I would like information regarding training and competence levels.

Fircrest is supposed to be a medical facility and the fact that a simple splint cannot be managed indicates real problems in the system. I have repeatedly tried to communicate this issue and have supplied instructions several times and it still is not right.

Please follow up and get back to me. I can only assume that I need to come up here every day to do his care and treatments.



Note this hard plastic clasp that was over Thomas' 5th metatarsal that he wore all day inside his show. This incorrect application of the splint is what caused a fracture in that bone which was later picked up when his foot became swollen, bruised and painful. Splint had not been checked by RN in the morning as directed – see documentation below.

0750 -unable to f/u R ankle edema – client at work at this time	Nurse did not observe Thomas - Cheryl found splint on upside down and on the wrong foot at 4:12 PM when this photo was taken.	5:20 PM - ankle support on	Cheryl had corrected the application before the nurse observed Thomas.
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From: cherylfelak@msn.com

Date: Fri, 26 Jun 2015 17:26:03 -0700

To: meridew@dshs.wa.gov

I really do not understand why there are so many problems with a simple splint.

Today on my visit not only was the splint on upside down and wrapped incorrectly but also on the wrong foot.

The continued incompetent care is a major concern and the fact that when problems are reported there are no actions to remedy the situation prove to be a major problem in care. The system needs fixing.

Luckily I live close and can check up on care that my son receives. If this is the standard of care I have great concerns for others who do not have an advocate

I can only assume that it is necessary for me to go to Fircrest each day to apply the splint and his scalp treatment

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Saturday, June 27, 2015 9:58 PM

To: Horne, Maribel G (DSHS/DDA); Merid, Ermias (DSHS/DDA)

I would like to know if an MD has actually assessed Thomas' ankle. I know that Dr. Okos wrote an order for the splint but has there been any follow up by an MD regarding this?

Tonight, the splint was actually on correctly but Thomas did say that his foot hurt. I assessed it and he is very tender to touch on the inner aspect of his ankle even though the swelling has decreased.

I will follow up on Monday and if an MD has not assessed him I will make an appointment with the ARNP he sees at UW Internal Medicine and see if he can be seen there Monday afternoon.

I would greatly appreciate a response to this email so that I know what to tell the ARNP.

Thank you very much,

On Sun, Jun 28, 2015 at 11:37 AM -0700, "Horne, Maribel G (DSHS/DDA)" <hornemg@dshs.wa.gov> wrote:

Cheryl, both Dr. Weber and Dr. Okos are well aware of the issues regarding Thomas's ankle. They were notified first thing in the very beginning based on all the nurses assessments. Dr. Okos will not be here on Monday but I will mention and ask either Dr. Milligan or Dr. Weber on Monday, first thing.

Maribel Horne, RN/HCC

From: cherylfelak@msn.com [mailto:cherylfelak@msn.com]

Sent: Sunday, June 28, 2015 12:09 PM

To: Horne, Maribel G (DSHS/DDA) <hornemg@dshs.wa.gov>

Thank you - so no MD has actually looked at it - correct? That's what I want to know. I understand they have been informed of your assessment. I will try to get him in to see his UW provider after I look at it tonight and see what he tells me. Being informed that someone has a swollen ankle on the same ankle that recently had a severe sprain and no orders for a splint or extra support is really not the standard of care. So I'm not sure what information was relayed or what was heard but I know what I saw and reported two weeks ago and it took 4 days and several emails from me and more to even get an order for a splint. This is substandard care that I do not understand.

Is this care that any one of you would accept for your child or loved one?

I'm concerned for several reasons and one is that the splint has not been applied appropriately about 98% of the time. Without the splint being applied correctly it is not doing what it is supposed to do. Not that having a doctor look at it will help that situation - still trying to figure out how to get a simple splint applied.

I am learning how the system is broken and that I can't rely on adequate care being provided. The lack of ability to acknowledge something is wrong and correct it is something that I just do not understand. I am learning that I need to take Thomas to outside providers to have something assessed and timely orders written. That doesn't guarantee that the treatment will be provided but it does add a measure of accountability which is not there otherwise. Given that there are providers on campus to do this I don't understand why it is necessary but if that is how Thomas can get the care he needs I will do that.

Yes- I am frustrated about it. I will gladly teach anyone how to apply the splint correctly since the training provided at Fircrest has not been successful in this. I have communicated this several times but am ignored.

I'm sorry to write this and show this dissatisfaction. I'd much rather work with the team than have to complain to have simple things taken care of.

From: cherylfelak@msn.com

To: meridew@dshs.wa.gov

Subject: Monday - splint on wrong ankle

Date: Mon, 29 Jun 2015 09:37:52 -0700

Hello Ermias,

I am following up on the phone call I made to you this morning.

Again, today, the splint was applied to the WRONG ankle. It was on correctly (which I guess is a step in the right direction) but the continued incompetent care for a simple issue boggles my mind.

You are telling me that AC staff has been trained and is putting this on. AC staff tell me that nursing is doing it. I really do not care who is doing it but I would like some accountability and training that indicates the task can be done correctly. So far, that is not happening.

I am calling the outside provider today and will most likely make an appointment to have Thomas seen and have an xray of the ankle. I want to ensure that no fractures are present and a real assessment done by a real provider.

Please update me on the plan after your meeting.



June 29, 9:05 AM

splint had been applied to the wrong foot and he was at work for 2 hours like this.

0730 nursing came by but client gone from unit	Nurse did not observe Thomas – was applied to LEFT foot (wrong foot) photo below was taken when Cheryl picked Thomas up from work at 9:00 AM	2:25 PM – nursing noted splint on R ankle properly	Cheryl had corrected the splint at 9:00 AM - see photo
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From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Monday, June 29, 2015 1:22 PM

To: Merid, Ermias (DSHS/DDA)

Hello - I dropped off the medical orders written by UW Internal Medicine ARNP at the Fircrest clinic.

Of course this won't solve the issue of applying the splint correctly or applying to the right foot but it is written to have on 2 weeks and report any increased pain or alteration in walking.

Given that standing and jumping are his preferred activities it would be great to have his hammock beams installed sooner rather than later so that he does have another preferred activity that he can independently and frequently access. If I need to have a medical order to expedite this I will ask ARNP to fax an order for this.

In the future she told me to just call/email her regarding issues and she will fax the order to Fircrest as needed to appropriately treat. This will eliminate some of the difficulty we have had in getting information to the prescriber so that orders can be written for appropriate care and treatment.

Please let me know if you have any questions.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Monday, June 29, 2015 4:06 PM

To: Merid, Ermias (DSHS/DDA)

Thank you - this order actually had a time period on it was not on a previous order that I saw.

As far as nursing informing of pain/limping that should include information that I give about Thomas - not just what the nurse there observes or has an opinion about.

If I notice something I will follow up with his ARNP - if nursing notices something that I don't, please notify me and I will contact the ARNP

Since the splint has not been applied correctly the majority of the time yet I have been told it has been and has been checked, who is the person who actually knows how to apply it and who will be checking it? Signing off that it is correct does no good if it is applied incorrectly.

So at this time has this been delegated to AC staff to apply or is nursing applying it?

Thank you for the follow up.

From: Cheryl Felak [mailto:cherylfelak@msn.com]

Sent: Monday, June 29, 2015 5:56 PM

Hello - just forwarding this message to you for information purposes.

I really do not like being such a pain but at the same time I want things done correctly for Thomas. I will gladly show anyone how to put this splint on or how to do any other care for Thomas. I'd much rather have someone say they don't know and ask for help then to try to wing it and think they are doing it correctly.

Our goal is to be a team - not expect that everything has to be done by Fircrest. We know Thomas very well and he communicates with us differently than with others. We would be very happy to be involved in his care or to assist there in any way to help things go more smoothly.

From: Merid, Ermias (DSHS/DDA) [mailto:meridew@dshs.wa.gov]

Sent: Monday, June 29, 2015 4:49 PM

Like I mentioned on my previous email Dr. Weber looked at the order you brought and decided to keep the order as it is.

It is our practice that all the information you provide and all the nurses observation and finding in their assessment will be documented and reported to our provider. I am sure you have access to all the record.

The splint will be applied by AC staff. As I told you earlier we have been in-servicing the AC staff daily. Brandon has the copy of the AC's who are already in-serviced and will do as much as possible to assign them with Thomas until all the staff members are In-serviced. In the meantime the goal is to make sure/staff to make notice when they are assigned with Thomas they need to check for proper placement and also if they don't know what the proper placement of the splint looks like to direct them to ask the nurse before they apply. See attached for proposed checklist form.

Ermias Merid, RN4

From: meridew@dshs.wa.gov

Date: Mon, 29 Jun 2015 22:45:03 +0000

I showed Dr. Weber the medical order you brought to the clinic today to apply the splint, (Dr. Okos is off today). She said the order is the same, there is no need to change the order at this time. Off course nursing will notify you and the providers if Thomas starts limping more and starts complaining of pain with walking. Regarding applying the splint correctly, Brandon (ACM)

agreed to put a flow sheet for the AC's to check the proper application of the splint and sign on the flow sheet.

Thank you,

Ermias Merid, RN4

Date: Tue, 30 Jun 2015 00:22:10 +0000

From: cherylfelak@msn.com

Sorry - where will this document be kept? Am I allowed to I service people or doesn't that count?

Please note that the nursing notes state splint has been applied correctly on days that it was not.

The only days that it has been on correctly were June 25, June 27 and June 28. so not only did AC staff apply incorrectly but the nurse who checked it and wrote applied correctly either did not look at it or did not know what correct was.

I know this since I have been there every day and have had to correct it in the evening after it was noted to be correct..

I will be checking every day and I will let you know if I find it on incorrectly again.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Tuesday, June 30, 2015 5:53 PM

To: Flesner, Jeff (DSHS/DDA)

Thank you for getting back to me.

Regarding the splint - I will be checking it each time I see Thomas too - I don't think Thomas has the finger strength to undo the velcro - maybe it slips if not secured well. I know for a fact that Thomas has not removed it and put it on his left foot. Thomas does jump a lot and is on his feet a lot so it may loosen some - that is why it needs to be checked too.

His jumping is one of the reasons that I think it needs to be protected with some sort of wrap - if not this one then one that can reliably be applied by staff. We had issues with the air cast when he had a severe sprain this winter - the air cast is also a simple application but I would find that put on outside his shoe and backwards too. That is one reason that I thought this one would be easier.

One additional solution is to have his hammock beams installed (work order was placed at least two months ago) and this will give him something that he will do that will give him the motion he needs but keep him from jumping up and down. Hopefully maintenance will be able to get to this soon.

From: Flesnja@dshs.wa.gov

To: cherylfelak@msn.com

CC: desmeme@dshs.wa.gov; okosaj@dshs.wa.gov

Subject: RE: ongoing problems regarding proper care

Date: Wed, 1 Jul 2015 00:39:20 +0000

Good Evening Cheryl:

I understand your frustration and have been trying, among many other parent contacts to get to the bottom of this. On the splint issue, Dr. Okos will check it again with Thomas in the morning. Ermias is also retraining all staff on the proper instructions. I do also have to say that after talking to Ermias and watching Thomas a little, that some of the movement may be due to his activity and even his fiddling with it. Ermias has checked and rechecked many times and every time it seems the splint is applied correctly. However, all that said, we will have Dr. Okos look at it and talk with Ermias about it.

We all want what is best for Thomas and I hope we can all work collaboratively to accomplish what is in his best interest.

From: Cheryl Felak [<mailto:cherylfelak@msn.com>]

Sent: Wednesday, July 8, 2015 9:49 PM

I understand that I have been told that staff have been checking and marking that Thomas' splint had been applied properly. I know that there have been logs for staff to check off and I'm assuming these are the logs that are used as documentation when I am told that staff is doing what they are supposed to be doing.

Yet, I have witnessed and photographed the splint applied improperly even when the log has been checked and signed. What is also concerning is that the log has been checked and signed for hours that Thomas was not even on campus. Someone just went through and marked it off. Having a log is of no use if it is not used as a tool but only as fake documentation that something was done.

Look at the logs for July 7 - there are two - one is filled out for 6AM by someone and the rest is blank, the other one is all filled out by one person "BS" for the hours 6AM - 12PM - Thomas was at work and at phototherapy during most of this time. This second log was not filled out at all when I checked at noon before I went to pick up Thomas. It was filled in after the fact and I'm assuming after I notified you that there was a problem.

The fact that there is false documentation happening is something that needs to be addressed from your side - that's not my issue but I just want you to be aware of it because I know what is happening and what I see and what I document. I've seen quite a bit of false documentation - not just from AC staff but from nursing there too and so I really have a hard time trusting that something is being done just because it's marked.

There are some great staff there and I really do not want to come down and say people are not doing their job and are not good people or are not doing a good job- I just think that people may not know, are not trained or tired and overworked and are just getting by. But even with this, there should be some basic skills and accurate documentation.

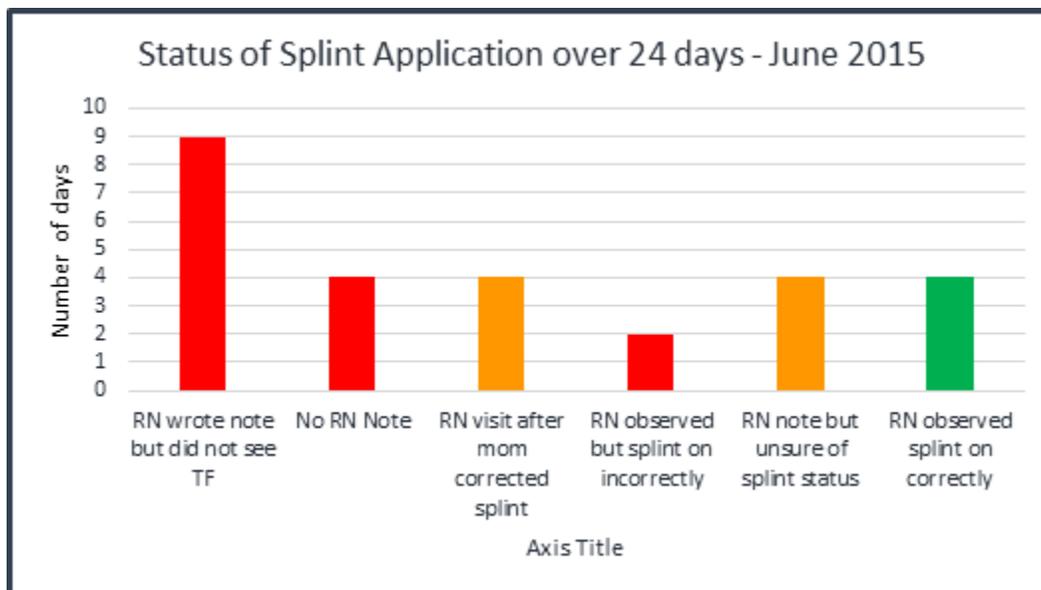
So, I'm just passing on this information since what I witness and document may not be the same as the documentation that you are gathering.

Thank you,

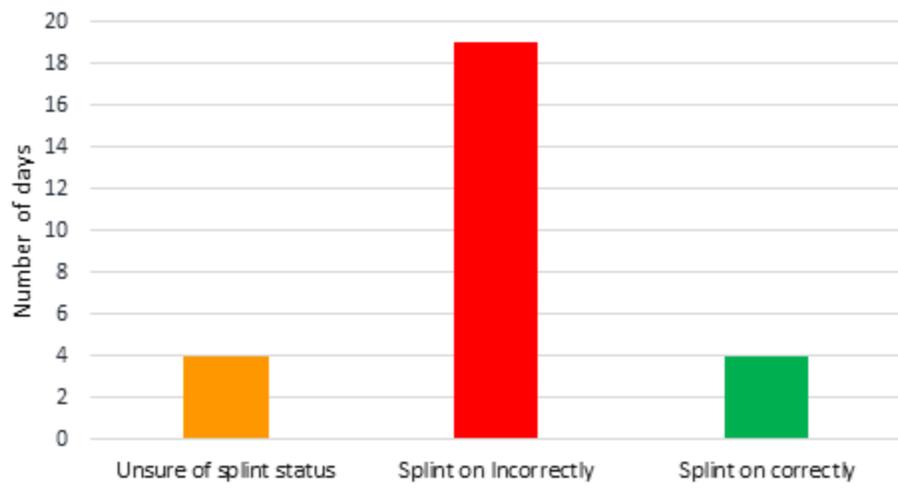
Cheryl

Below are charts of the data that I collected with regards to the checks that were supposed to have been done to ensure that the splint was applied correctly. The Nurse Manager has stated that checks were being done but unfortunately, they were not being done in the morning when the splint was applied.

The treatment error rate was 85%



Splint Status over 24 days - June 2015



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