ž

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SUR COMPLET	
052052				B. WING		02/2*	1/2018
NAME OF PR	OVIDER OR SUPPLIER	and a second and the	STREET ADDRE	ESS, CITY, STATE, Z	P CODE		ankataaniddingssend waxaa
Kindred H	ospital Riverside		2224 Medical	Center Dr, Perri	s, CA 92571-2638 RIVI	ERSIDE COUNTY	
					81		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE	LAN OF CORRECTION ACTION SHOULD BE CROSS- APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	The following reflects to of Public Health during		partment			99. 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1	
	Complaint Intake Num CA00514989 - Substa		a.			Â	
	Representing the Dep Surveyor ID # 1899, H		alth:				
2 2 2	The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.				2 18		
	Health and Safety Coo purposes of this section means a situation in w noncompliance with o licensure has caused, injury or death to the p	on "immediate jeopard which the licensee's ne or more requirement or is likely to cause,	dy" ents of	Ŧ	3		
	Health and Safety Co (a) Commencing on the regulations adopted p director may assess a against a licensee of a subdivision (a), (b), or deficiency constituting	ne effective date of th ursuant to this section in administrative pena a health facility licens (f) of Section 1250 fo	n, the alty ed under or a	3	* *		
	violation as determine maximum of seventy- for the first administra thousand dollars (\$10 subsequent administr hundred twenty-five ti	ed by the department five thousand dollars tive penalty, up to on 0,000) for the second ative penalty, and up	up to a (\$75,000) e hundred t to one	RS		6.9	
	the third and every su administrative penalty the date of the last iss	bsequent violation. A	An ears from	A E Jah	1:50PM		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

By signing this document, I am acknowledging receipt of the entire citation packet, /Page(s). 1 thru 7

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. Except for nursing homes, the findings 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.

CLAIR OFOT

(X6) DATE

TITLE

ŝ,

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052052		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		
STREET ADDRES	S, CITY, STATE,	ZIP CODE	-	The Property of the Second State Second
			OUNTY	
				a
Y MUST BE PRECEEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE CROSS-	(X5) COMPLETE DATE
e facility has not received jeopardy violations and is ent to be in substantial ate and federal licensing laws department shall have full all factors when determining ninistrative penalty pursuant to enting Patient Care, Title 22, , Article 3, Section 70215 shall directly provide: assessments as defined in the sions Code, section 2725 (b) ats shall be performed, and the in the patient's medical record, oon receipt of the patient when to another patient care area. I delivery of patient care shall f the nursing process: diagnosis, planning, on and, as circumstances cacy, and shall be initiated by a ne time of admission. for the patient's care shall be developed as a result of e patient, the patient's family, or s, when appropriate and staff of olived in the care of the patient.		accomplished both tempora permenant for clients of the have been found to be affect deficient practice(s): * The manager of radiology will monitor compliance of t departments documentatio care plans and communica family or responsible party concerns are addressed ar documentation is being dor completed in a timely many that everyone is in agreement	rily and facility that sted by the and/or the DQM he nursing n of assessments tion with patients and that all id that he and fully her and ent with plan of	1
	IDENTIFICATION NUMBER: 052052 STREET ADDRES 2224 Medical O CATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION) Sidered a first administrative e facility has not received jeopardy violations and is ent to be in substantial ate and federal licensing laws department shall have full all factors when determining ninistrative penalty pursuant to enting Patient Care, Title 22, , Article 3, Section 70215 shall directly provide: Issessments as defined in the sions Code, section 2725 (b) Its shall be performed, and the in the patient's medical record, oon receipt of the patient when to another patient care shall f the nursing process: diagnosis, planning, on and, as circumstances cacy, and shall be initiated by a ne time of admission. for the patient's care shall be developed as a result of patient, the patient's family, or s, when appropriate and staff of olved in the care of the patient. cies and Procedures, Title 22,	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:       (X2) MULT A. BUILDII B. WING         052052       STREET ADDRESS, CITY, STATE, 2224 Medical Center Dr, Per 2224 Medical Center Dr, Per 2225 Medical Center 2225 Medical Center 2225 Medical Center Dr, Per 222	(X1) PROVIDER/SUPPLIENCLIA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION         052052       STREET ADDRESS, CITY, STATE, ZIP CODE         2224 Medical Center Dr, Perris, CA 92571-2638 RIVERSIDE CI         Y MUST BE PRECEEDED BY FULL LSC IDENTFYING INFORMATION)       ID         Sidered a first administrative 9 facility has not received jeopardy violations and is ent to be in substantial ate and federal licensing laws department shall have full all factors when determining ninistrative penalty pursuant to       Corrective Action Plan:         enting Patient Care, Title 22, Article 3, Section 70215 shall directly provide: issessments as defined in the sions Code, section 2725 (b) tts shall be performed, and the in the patient's medical record, on neceipt of the patient when to another patient care shall f the nursing process: diagnosis, planning, on and, as circumstances cacy, and shall be initiated by a te time of admission.       * The manager of radiology will monitor compliance of t departments documentation care plans and communica family or responsible party will monitor compliance of t departments documentation care, this began immediate for the patient's care shall be teveloped as a result of patient, the patient's care shall be teveloped as a result of patient, the patient's care shall be teveloped as a result of patient, the patient's care shall be teveloped as a result of patient, the patient's care shall be teveloped as a result of patient, the patient's care shall be teveloped as a result of patient, the patient's care shall be teveloped as a result of patient, the patient, the patient's care shall be teveloped as a result of patient, the patient's care shall be teveloped as a result of patient, the patient's care of the patient.	(*1) PROVIDER/SUPPLENCUA DENTIFICATION NUMBER:       (x2) MULTIPLE CONSTRUCTION       (x3) DATE SURV. COMPLETED         052052       STREET ADDRESS, OTY, STATE, ZP CODE       02/21//         1       STREET ADDRESS, OTY, STATE, ZP CODE       02/21//         1       2224 Medical Center Dr, Perris, CA 92571-2638 RIVERSIDE COUNTY       02/21//         1       PREFIX       (EACH CORRECTIVE ACTION SHOLD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)         1       PREFIX       TAG         1       PREFIX       REFERENCED TO THE APPROPRIATE DEFICIENCY)         1       PREFIX       REFERENCED TO THE APPROPRIATE DEFICIENCY)         1       A How the plan of correction will be accomplished both temporarily and permenant for clients of the facility that have been found to be affected by the deficient practice(s):         1       A How the plan of correction will be accomplished both temporarily and permenant for clients of the facility that have been found to be affected by the deficient practice(s):         1       delivery of patient care shall fibe nursing process: diagnosis, planning, on and, as circumstances cace, and shall be initiated by a he time of admission.       * The manager of radiology and/or the DQM will monitor compliance of the nursing departments documentation of assessment care plans and communication with patients family or responsible party and that all concerns are addressed and that documentation is being done and fully completed in a timely manner and that everyone is in agreement with plan of care, this began immediately.

.

TAG       REFERENCED TO THE APPROPRIATE DEFICIENCY)       DATE         (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.       B. How the facility will identify other clients who have the potential to be affected by the same deficient practice(s) and how the facility failed to develop a plan of care to ensure interventions were in place to prevent Patient A from removing her tracheal tube (TT- a tube surgically inserted into the neck to support breathing). The transferring facility, the patient's family, and Respiratory Therapist (RT) 1 informed the facility of attempts by the patient to remove her endotracheal tube. This failure may have or had the potential to contribute to Patient A's death.       9/14/201       9/14/201         Findings:       A review of Patient A's clinical record indicated Patient A was admitted to the facility on August 2, 2016, at 9 p.m. with diagnoses to include acute respiratory failure, an left ankle fractures.       C. What mesures will be put into place or systemic changes made to ensure that deficient practice(s) do not recur:       9/14/201			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURV COMPLETE	
Kindred Hospital Riverside:       2224 Medical Center Dr, Perris, CA 92571-2638 RIVERSIDE COUNTY         (4) UD       Summary STATEMENT OF DEFICIENCIES       ID       PROVIDER'S FLAN OF CORRECTION (EARL ORDECTIVE ACTION BOILDO BE CROSS- REFERENCE DT THE APPROPRIATE DEFICIENCY)       COMPLET DATE         (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.       B. How the facility will identify other clients who have the potential to be affected by the same deficient practice(s) and how the facility will act to protect clients in similiar situations:       9/14/201         Based on interview and record review, the facility failed to develop a plan of care to ensure interventions were in place to prevent Patient A from removing her tracheal tube (TT- a tube surgically inserted into the neck to support breathing). The transferring facility, the patient's family, and Respiratory Therapist (RT) 1 informed the facility of attempts by the patient to remove her endotracheal tube. This failure may have or had the potential to contribute to Patient A's death.       S. How the facility on August 2, 2016, at 9 p.m, with diagnoses to include acute respiratory failure, an listed to the facility on August 2, 2016, at 9 p.m, with diagnoses to include acute respiratory failure, a history of fails, acute kidney failure, and left ankle fractures.       C. What mesures will be put into place or systemic changes made to ensure that deficient practice(s) do not recur:       9/14/201         The record indicated Patient A rows her right arm, "Which she tries to pull on traches tubing." The notes further indicated Patient A moves her right arm, "Which she tries to pull on traches tubing." The notes further indicated Patient A was transferred t	052052				B. WING		02/21/	/2018
OND         SUMMARY STATEMENT OF DEFICIENCIES BEACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULTORY OR LSC DEFIFYING INFORMATION)         ID PREPR         PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION BIOLUD BE CROSS- TAG         OCMPLET PREPR           (a) Written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.         B. How the facility will identify other clients who have the potential to be affected by the same deficient practice(s) and how the facility will act to protect clients in similiar situations:         9/14/201           Based on interview and record review, the facility failed to develop a plan of care to ensure interventions were in place to prevent Patient A from removing her tracheal tube (TT- a tube surgically inserted into the neck to support breathing). The transferring facility, the patient's family, and Respiratory Theraiget (TT) 1 informed the facility of attempts by the patient or move her endotracheal tube. This failure may have or had the potential to contribute to Patient A's dentical respiratory floragist (TT) - informed the facility of attempts by the patient facility on August 2, 2016, at 9 µm, with diagnoses to include acute respiratory floragist. The record indicated Patient A is duical record indicated Patient A is dinical record indicated Patient A was admitted to the facility of fails, acute kidney failure, and left ankle fractures. The record indicated Patient A required mechanical ventilation (machine assisted breathing) through her TT.         C. What mesures will be put into place or systemic changes made to ensure that deficient practice(s) do not treur.         9/14/201           * LTACH plan of care creation or adding training was done with all RNs to ensure competency and the restraint freedom progress Notes from the referring	NAME OF PR	OVIDER OR SUPPLIER	3	STREET ADDRESS,	CITY, STATE,	ZIP CODE		a a construction of
Construction         Construction<	Kindred H	lospital Riverside	2	224 Medical Ce	nter Dr, Pei	rris, CA 92571-2638 RIVERSID	DE COUNTY	2
<ul> <li>shall be developed, maintained and implemented by the nursing service.</li> <li>Based on interview and record review, the facility failed to develop a plan of care to ensure interventions were in place to prevent Patient A from removing her tracheal tube (TT- a tube surgically inserted into the neck to support breathing). The transferring facility, the patient's family, and Respiratory Therapist (RT) 1 informed the facility of attempts by the patient to remove her endotracheal tube. This failure may have or had the potential to contribute to Patient A's death.</li> <li>Findings:</li> <li>A review of Patient A's clinical record indicated Patient A was admitted to the facility on August 2, 2016, at 12-p.m., indicated Patient A moves her right arm, "Which she tries to pull on trachea tubing." The notes further indicated Patient A was transferred to the facility dated August 2, 2016, at 12-p.m., indicated Patient A was transferred to the facility of further long term.</li> </ul>	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEEDED BY FL		PREFIX	(EACH CORRECTIVE ACTION	N SHOULD BE CROSS-	COMPLETE
<ul> <li>Patient A was admitted to the facility on August 2, 2016, at 9 p.m. with diagnoses to include acute respiratory failure, a history of falls, acute kidney failure, and left ankle fractures.</li> <li>The record indicated Patient A required mechanical ventilation (machine assisted breathing) through her TT.</li> <li>Progress Notes from the referring facility dated August 2, 2016, at 12 p.m., indicated Patient A moves her right arm, "Which she tries to pull on trachea tubing." The notes further indicated Patient A was transferred to the facility for further long term</li> </ul>	2	shall be developed, maintained and implemented by the nursing service. Based on interview and record review, the facility failed to develop a plan of care to ensure interventions were in place to prevent Patient A from removing her tracheal tube (TT- a tube surgically inserted into the neck to support breathing). The transferring facility, the patient's family, and Respiratory Therapist (RT) 1 informed the facility of attempts by the patient to remove her endotracheal tube. This failure may have or had the potential to contribute to Patient A's death.		nted by cility t A from cally The cility of racheal tial to		<ul> <li>who have the potential t same deficient practice( facility will act to protect situations:</li> <li>* All of the clients in our admission assessment of the need for restraints a that is specific to their ne verified by the charge ne the manager of radiolog</li> </ul>	o be affected by the s) and how the clients in similiar facility have an done that includes nd care plan created eeds. This will be urse and audited by	9/14/2016
	<ul> <li>Patient A was admitted to the facility on August 2, 2016, at 9 p.m. with diagnoses to include acute respiratory failure, a history of falls, acute kidney failure, and left ankle fractures.</li> <li>The record indicated Patient A required mechanical ventilation (machine assisted breathing) through her. TT.</li> <li>Progress Notes from the referring facility dated August 2, 2016, at 12 p.m., indicated Patient A moves her right arm, "Which she tries to pull on trachea tubing." The notes further indicated Patient A was transferred to the facility for further long term</li> </ul>			ust 2, ute dney chanical ough her ted t A I on Patient	3	systemic changes made deficient practice(s) do * LTACH plan of care c training was done with competency and the re program, Verification of the charge nurse with e auditing by manager of	e to ensure that not recur: reation or adding all RN's to ensure straint freedom f compliance by each admission and	9/14/201

.....

100

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052052	(X2) MULT A. BUILDIN B. WING		(X3) DATE SURV COMPLETE	D
	ROVIDER OR SUPPLIER		SS, CITY, STATE,	ZIP CODE		NUT
1996 PART - 1997 - 1997				ris, CA 92571-2638 RIVERSIDE CO	INTY	
Kindred	lospital Riverside	ZZZ4 Wedical	Center Dr, Per	IS, CA 92371-2030 RIVERSIDE CO	UNTI	
THE REAL PROPERTY OF THE PARTY	and a state of the	and the second se		ala sura ana ana ana ana ana ana ana ana ana a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
PREFIX		Y MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT		COMPLETE DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	REPERENCED TO THE ATTROPART		DATE
Temperature and an and a state of the state	STATE AND ADDRESS OF A DESCRIPTION OF A	2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 -	1	a and any clicy providence as a construction of the second	The second second as a second s	and the second second
	Respiratory Therapist, (RT) 1's assessment notes dated August 2, 2016, at 11:26 p.m. indicated, "Decannulation (pulling out the TT) risk factors: (patient) disoriented, pulling at lines." The "Nursing Admission" notes dated August 3, 2016, at 1: 51 a.m., indicated Patient A arrived at the facility by ambulance at 9 p.m. The notes further indicated the following: "Behavior: Alert, anxious Mental Status: Confusion/disorientation/sedation Affect/mood: anxious." There was no documentation that indicated Patient A's TT was assessed by nursing.			D. How will the facility monitor action/performance to ensure deficient practice is/are being will not recur:	e that the corrected and	
				will conduct audits of 10% or records per month for care p specific to patients needs inc for restraints, admission asso discussion with patient, famil party on plan of care to ensu	4 electronic lan completion cluding the need essments and y or responsibl	e A
		August 3, 2016, at 6 a.m.,				
		ventions in place were "Side				
		w position, Call light within		1.6	2	
		sonal items within reach, Assistive		E. When corrective action(s)	must be	
·	devices in reach, ID b	pand."		accomplished:		
	There was no documentation to indicate interventions to prevent the patient from removing her TT were in place. The document titled "Rapid Response Team and Code H Record" dated August 3, 2016, at 11:15 a.m., indicated "Pt. is decannulated. Found by (names of two nurses)Pt. seen. Vent (ventilator-breathing machine) alarm going off. Went to see Pt. and found trach (TT) almost outAttempted (respiratory staff) to place back tracheostomy tube but unsuccessful"			The corrective actions were 2 months or until a threshold compliance was met, audits to be randomly done for con compliance, the CCO will m This will be taken to Quality Governing Board for approv	d of 100% will continue tinued onitor. Council and	10/3/2016
Event ID	EMIL11	3/1/20	18 4	1:31:50PM		

1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/21/2018		
	a ve se verte des a se protectations de la comparation de la comparation de la comparation de la comparation de	052052		D. WING	aller and the state of the stat	02/2	1/2018
				SS, CITY, STATE, Z			
Kindred r	Iospital Riverside	2.	224 Medical C	senter DI, Perri	s, CA 92571-2638 RIVER	SIDE COONTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FU LSC IDENTIFYING INFORMATIC		ID PREFIX TAG	(EACH CORRECTIVE ACT	OF CORRECTION TION SHOULD BE CROSS- PROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	A review of a change of condition note documented by RN B, on August 3, 2016, at 5:08 p.m., was conducted. The record indicated, "Rapid response called to my Pt. (patient), saw the patient awake, restless and tracheostomy tube decannulated (pulled out)code Blue called (cardiac arrest)Pt expired at 11:48 a.m., (on August 3, 2016)." An interview was conducted with Patient A's family member (FM) on December 20, 2016, at 5:45 p.m. The FM stated she was at the facility with Patient A from 9 p.m., August 2, 2016, until 5:45 a.m., on August 3, 2016. The FM stated she told RN A that at the previous facility, they placed mittens on Patient A's hands to prevent her from pulling out her "tubes," (TT). The FM stated she called the facility on August 3, 2016, at 9:30 a.m., and told them Patient A will pull out her "tubes", and that she needed mittens placed. An interview was conducted with RT 1 on December 21, 2016, at 3 p.m. RT 1 stated when he did an assessment of Patient A on August 2, 2016, at 11:26 p.m., he notified the Registered Nurse, (RN) A that Patient A was moving her arms. He stated he told RN A the patient needed mittens (to prevent her			· · · · · · · · · · · · · · · · · · ·			
	his assessment. He s keep the patient calm trying to pull the TT. F	sit the patient 45 minute tated the family was try because the patient was RT 1 stated Patient A di ns) placed during his er S a.m.	ing to as d not		а и и и		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052052	(X2) MULTIPI A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/21/2018	
	OVIDER OR SUPPLIER		SS, CITY, STATE, ZI	PCODE		
	lospital Riverside			s, CA 92571-2638 RIVERSI	DE COUNTY	
rtinarea n	iospital Amerside		ochier bi, i chie	5, 0/C 0/C 1 2000 111 2101		
	ŝ					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES ' MUST BE PRECEEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPF	N SHOULD BE CROSS-	(X5) COMPLETE DATE
195	<ul> <li>the Director of Quality December 20, 2016, a</li> <li>"Occasionally we used patient) is pulling at line order. The nurse make stated the record failed developed that address remove the TT. The D was not assessed for it restrictive measures (it Patient A from removing A review of the facility (Violent and Non-Violed (Release Date: 6/2016) utilizes "the Restraint a culture that assessed use</li> <li>Upon or prior to admiss the PACE form (pre-A patient/family interview summary or other record by the referring facility factors for potential refindings to the RN resp patient</li> <li>Clinical justification fo the unsafe situation a safety including:</li> </ul>	policy, "Physical Restraints ent Behavior) and Seclusion" 6) indicated that the facility Freedom Program to reinforce s patients at risk for restraint esion, licensed staff will review dmission Clinical Evaluation),				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 052052		(X2) MULTI A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	an and advertising at	002002		1	and the second se	02/21	1/2018
Contraction and Constant Constants	OVIDER OR SUPPLIER		STREET ADDRESS,			20110-00	
Kindred H	ospital Riverside		2224 Medical Ce	nter Dr, Perr	is, CA 92571-2638 RIVERSIDE COI	YTAU	
							62
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	LD BE CROSS-	(X5) COMPLETE DATE
	restraint use are outweighed by the risk of not using them (or using a less restrictive alternative)." The facility failed to develop and implement a plan of care to ensure interventions were in place to prevent Patient A from removing her TT. In doing so the facility also failed to implement their established patient care policy and procedure pertaining to physical restraints and seclusion. These failures are deficiencies that have caused, or are likely to cause serious injury and/or death to the patient, and therefore constitute an immediate jeopardy within the meaning of Health and Safety Code, Section 1280.3.						
	2 This facility failed to described above that serious injury or deal constitutes an imm meaning of Health 1280.3(g).	caused, or is like th to the patient, a nediate jeopardy	ly to cause, nd therefore within the	-			
Event ID:E	MIL11	<u>T 1999 A MARTIN PARA PARA PARA PARA PARA PARA PARA PAR</u>	3/1/2018	4:3	1:50PM	Western Construction Construction Construction	