

PRINTED: 12/22/2011
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555494	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2011
NAME OF PROVIDER OR SUPPLIER BRASWELL'S HAMPTON MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 11970 4TH STREET YUCAIPA, CA 92399		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of one complainant reported incident. Complainant reported incident number: CA00293028 Representing the Department of Public Health: 23045 The inspection was limited to the specific complaint reported and does not reflect the findings of a full investigation of the facility.	A 000	This Plan of Correction constitutes our written credible allegation of compliance for the deficiencies noted. Nothing included in this Plan of Correction is an admission otherwise. The Braswell's Hampton Manor has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein.	1/23/12
A 822	T22 DIV5 CH3 ART5-72523(a) Patient Care Policies and Procedures (a) Written patient care policies and procedures shall be established and implemented to ensure that patient related goals and facility objectives are achieved. This RULE: is not met as evidenced by: Based on observation, staff and patient interview, and record review, the facility failed to ensure for one patient (Patient 1), that the call light system (a system where a light is lit up above a patient's room when a patient needs help) was answered in a timely manner. This failure resulted in Patient 1 having to wait for assistance for more than 8 minutes. Findings: An observation was conducted on 12/20/11 at 12:35 PM, of a random patient (Patient 1's), call light being lit up above her room. Another observation was conducted on 12/20/11	A 822	ID Prefix Tag: A 822 – Facility will establish and implement policies and procedures to ensure that call light system is attended to in a timely manner. Corrective Actions for Identified Individual: Patient 1 has been attended to with needs and resident related goals and objectives followed in accordance with the resident plan of care. Process to Identify Other Residents who may be Affected and Corrective Action: All facility residents potentially impacted. Corrective actions noted below. Immediate Measures to Prevent Reoccurrence: Facility DON and/or designee to review and revise – if indicated – facility Policy and Procedure (P&P) for Call Lights by 1/23/12 to be reviewed, revised and/or approved by Quality Assurance Committee (QAC) at next meeting. In-service to be given to nursing and facility personnel regarding Call Light P&P by DON and/or designee by 1/23/12.	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 2

3/20/12
 Loc accepted
 S. Adams
 F. N. H. FES

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A 822	<p>Continued From Page 1</p> <p>at 12:38 PM. CNA1 was observed to walk by patient 1 's room and not acknowledge the call light.</p> <p>Another observation was conducted on 12/20/11 at 12:40 PM, of Patient 1 's call light. The light was still lit and there was no staff intervention.</p> <p>Another observation was conducted on 12/20/11 at 12:41 PM, of CNA1 passing by Patient 1 's room while the call light was still lit.</p> <p>An interview was conducted with CNA1 on 12/20/11, at 12:41 PM. When asked by surveyor if she noticed that Patient 1 ' call light was lit, CNA1 stated " I saw the light but I have to go help someone else off of the toilet first. "</p> <p>An interview was conducted on 12/20/11 at 1:15 PM, with the Director of Nurses (DON). The DON stated that it was lunch time so call lights may have been delayed. She confirmed that 8 minutes was too long for Patient 1 to wait for assistance.</p> <p>A review was conducted on 12/20/11 at 1:45 PM, of the facility 's policy titled " Call Light System. " The policy noted " Call lights will be answered in a timely and appropriate manner. "</p>	A 822	<p>Monitoring Process and Responsible Individual: QAC tool to be developed and implemented by Administrator and/or designee by 1/23/12 to include random monitoring of Call Light responses by facility personnel on at least a quarterly basis. Findings to be brought to QAC for review and action if indicated on at least a quarterly basis.</p> <p>PLEASE NOTE: All QA tools noted in this Plan of Correction take place at the direction and supervision of the Quality Assurance Committee. As such, the audits and tools may be revised, updated, changed or discontinued based on the findings of the QA Committee depending on the findings and/or determination of sustained compliance by the tools themselves and the QA Committee.</p>	

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