

Accepted 10-23-12 dw

11/27/2012 11:37 9162635841

CDPH LIC &amp; CERT

PAGE 07/09

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/01/2012
NAME OF PROVIDER OR SUPPLIER  WHITNEY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3529 WALNUT AVENUE CARMICHAEL, CA 95608		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey to investigate complaint #CA00323097.  Representing the Department of Public Health: HFEN, 1699/17332  The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.  F 253 SS=D 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES  The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.  This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility failed to ensure housekeeping services to maintain a clean and sanitary environment in Resident A's bathroom and bedroom area.  Findings:  Resident A was admitted to the facility on 8/17/12 at 2:41 p.m.  A statement written by Registered Nurse 1 (RN) on 8/18/12 was reviewed. The statement documented the following complaints lodged by Resident A's family member regarding his room and bathroom.	F 000	PLAN OF CORRECTIONS  "This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery.  F-253.  Resident A was discharged from the facility. The facility will maintain a clean and sanitary environment for our residents. Spills and smears of bodily fluids will be cleaned and		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

11/27/2012 11:37 9162635841

CDPH LIC &amp; CERT

PAGE 08/09

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/01/2012
NAME OF PROVIDER OR SUPPLIER  WHITNEY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3529 WALNUT AVENUE CARMICHAEL, CA 95608		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 253	<p>Continued From page 1</p> <p>"Urine on the bathroom floor, requested by family to be mopped on the evening of 8/17/12, still evident around toilet on 8/18/12. Dried BM (bowel movement) smeared on floor by the bed. Resident stated he had been incontinent on 8/17/12 on the night shift and not readily changed. And soiled shorts were put back on him wet."</p> <p>An interview was conducted with RN 1 on 9/11/12 at 1:45 p.m. RN 1 stated she was the week-end supervisor on 8/18/12. She stated she had received a call on 8/18/12 at 9:40 a.m. from Elder Care Services indicating Resident A was being discharged to another facility. RN 1 stated Resident A's family member arrived at the facility and informed RN 1 that she had a complaint regarding Resident A's room. RN 1 stated she went into the room with the family member and documented the concerns. She stated she observed a small smear of BM on the floor by the residents bed and and urine on the floor around the base of the toilet. She stated she spoke with Resident A's Certified Nursing Assistant (CNA) who said when she had gotten Resident A up that morning he had an "accident" near the bed and in the bathroom. The CNA stated she had tried to wipe it up. RN 1 stated she notified housekeeping the room needed attending to, but she did not know if housekeeping immediately cleaned the floor.</p> <p>RN 1 acknowledged Resident A's environment was not sanitary.</p> <p>Review of Resident Progress Noted revealed Resident A was discharged from the facility on</p>	F 253	<p>decontaminated as soon as practical.</p> <p>The Certified Nursing Assistants will be in serviced by the Director of staff Development to clean the smears and spills of the floor as much as possible and then immediately report to their charge nurse to have the housekeeper to come into the room and clean and decontaminate the floors and surfaces as soon as possible. The licensed nurses will follow up with housekeeping to ensure that the cleaning is done in a practical amount of time.</p> <p>The director of nursing will in service the licensed nurses to follow with the housekeeping staff until the cleaning is accomplished. The Housekeeping supervisor will in service the housekeeping staff to clean the spills and smears in</p>		

11/27/2012 11:37 9162635841

CDPH LIC &amp; CERT

PAGE 89/89

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/04/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/01/2012
NAME OF PROVIDER OR SUPPLIER  WHITNEY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3529 WALNUT AVENUE CARMICHAEL, CA 95608		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 253	Continued From page 2 9/18/12 at 1:00 p.m.	F 253	resident rooms as soon as they are reported. The housekeeping will do weekly random rounds to ensure that the rooms are cleaned and free of spills and smears and report any non compliance to the administrator. Any non compliance will be brought to the QA for follow up and recommendations as needed.		