

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

Printed: 02/17/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055078</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C <b>02/02/2017</b>
NAME OF PROVIDER OR SUPPLIER <b>PARKWAY HILLS NURSING &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7760 PARKWAY DRIVE LA MESA, CA 91942</b>		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.  ERI/Complaint # CA00490479  The investigation was limited to the specific complaint/entity reported event and does not represent the findings of a full inspection of the facility.  Representing the California Department of Public Health: Health Facilities Evaluator Nurse 22383	F 000	<p style="text-align: center;"><b>RECEIVED CA DEPT OF PUBLIC HEALTH</b></p> <p>This document will serve as a credible allegation of our intent to correct the deficient practices identified. The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility to comply with the requirements of participation and to continue to provide high quality resident care.</p>		
F 204 SS=D	483.12(a)(7) PREPARATION FOR SAFE/ORDERLY TRANSFER/DISCHRG  A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.  In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency the State LTC ombudsman, residents of the facility, and the legal representatives of the residents or other responsible parties, as well as the plan for the transfer and adequate relocation of the residents, as required at §483.75(r).  This Requirement is not met as evidenced by: Based on interview and record review the facility failed to provide sufficient preparation and orientation to Resident A to ensure he was safe for discharge from the facility.  As a result, Resident A was not able to stay home and had to be transported to the local acute hospital the same day he was discharged home.	F 204	<p>This document will serve as a credible allegation of our intent to correct the deficient practices identified. The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility to comply with the requirements of participation and to continue to provide high quality resident care.</p> <p><b>F 204 Corrective action for residents found to have been affected by this deficiency:</b></p> <p>Resident no longer in facility.</p> <p><b>Corrective action for other residents that may be affected by this deficiency:</b></p> <p>No other residents were affected by this deficiency.</p>		3/3/17

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.



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F 204	<p>Continued From page 1</p> <p>Findings:</p> <p>Resident A was admitted to the facility on 5/14/16, for urosepsis (severe illness that occurs when an infection starts in the urinary tract and spreads into the bloodstream) per the Face Sheet.</p> <p>Resident A's clinical record was reviewed on 6/15/16. Resident A was scheduled to discharge home on 5/21/16. He had received physical and occupational therapy and had improved his ability to stand, transfer and walk. Resident A's discharge was delayed for 12 days to continue to receive antibiotics through a PICC (peripherally inserted central catheter) line. During the 12 days he remained at the facility, he did not have any physical or occupational therapy, and staff did not assist Resident A to maintain the improvement he had made in his ability to stand, transfer and walk.</p> <p>On 6/1/16, the Post Discharge Plan of Care and the Discharge Summary/Comprehensive Assessment was completed by the SSD (Social Services Designee). The SSD documented that Resident A had finished the course of antibiotics and progressed well [with] physical therapy and occupational therapy. The SSD documentation of Resident A's functional status did not indicate that the last physical or occupational therapy was 12 days earlier on 5/20/16. The SSD documented Resident A's skin condition as clear, never indicating that there continued to be a PICC line in his R arm.</p> <p>There was also no documentation that Resident A had been reassessed since 5/20/16, for his ability to stand, transfer and walk. There was no indication that Resident A's needs related to his</p>	F 204	<p><b>RECEIVED</b> <b>CA DEPT OF PUBLIC HEALTH</b> <b>MAR 6 2017</b></p> <p><b>LICENSING &amp; CERTIFICATION</b> <b>SAN DIEGO NORTH DISTRICT OFFICE</b></p> <p><b>Measures and systemic changes that will be put into place to ensure that this deficiency does not recur:</b></p> <p>All residents that were discharged from Rehab Services and are going to stay in the facility for continued Skilled Nursing care will be maintained on a Restorative Nursing Assistant (RNA) program to ensure continuity of care and achievement of highest functioning ability at time of discharge from skilled rehab services prior to discharge.</p> <p><b>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:</b></p> <p>The Interdisciplinary Team consisting of various group of Health Care professionals including, but may not be limited to Nursing, Dietary, Rehab Services, Social Worker, Activities will meet to communicate and discuss resident status and plan of care to ensure proper transition during discharge process and for 3 months will report any findings to the QA and A committee.</p>		

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F 204	Continued From page 2 ability to stand, transfer and walk were discussed or that Resident A was given any instructions or assistance in standing, transfers or walking prior to his discharge. There was no documentation the PICC line was assessed after the last dose of antibiotics were given on 5/30/16, and no documentation that Resident A was given any instructions or information related to the PICC line.  The Physical Therapist was interviewed on 6/15/16 at 11:10 A.M. The Physical Therapist stated he exhausted his physical therapy days on 5/20/16. He had improved and was to discharge home the next day. She stated she was not told his discharge was delayed. The Physical Therapist stated the physical therapy department was not asked to see Resident A for a discharge evaluation after the initial discharge assessment done on 5/20/16.	F 204			
F 284 SS=D	483.20(l)(3) ANTICIPATE DISCHARGE: POST-DISCHARGE PLAN  When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.  This Requirement is not met as evidenced by: Based on interview and record review the facility failed to ensure Resident A had a discharge summary that includes a post-discharge plan of care that was developed with the participation of the resident and his family, prior to being discharged from the facility to home.  As a result, Resident A was not able to stay home	F 284	F 284 Corrective action for residents found to have been affected by this deficiency:  Resident is no longer in the facility.  Corrective action for other residents that may be affected by this deficiency:  No other residents were affected by this deficiency.		3/3/17

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F 284	<p>Continued From page 3 and was readmitted to a local acute hospital on the same day he was discharged.</p> <p>Findings:</p> <p>Resident A was admitted to the facility on 5/14/16, for urosepsis (severe illness that occurs when an infection starts in the urinary tract and spreads into the bloodstream) per the Face Sheet.</p> <p>Resident A's clinical record was reviewed on 6/15/16. Resident A was initially scheduled to discharge home on 5/21/16. The facility had a care plan conference and a PT/OT (physical therapy/occupational therapy) evaluation on 5/20/16 in anticipation of the planned discharge home.</p> <p>According to the PT evaluation done on 5/20/16, Resident A improved from a maximum assistance in sitting to standing, getting from the bed to the chair and walking to a minimum assistance and improved his walking from 40 feet to 103 feet. Physical therapy documented Resident A's response to treatment was "Pt [patient] made significant gains [with] skilled PT services. Met set STG's [short term goals], improve gen [general] strength, balance safety and endurance. Pt [patient] d/c'd [discharged] to home [with] nephew. HH [home health] follow-up recommended to assess/eval [evaluate] pts [patients] needs once d/c'd [discharged] to home."</p> <p>According to the OT evaluation he had improved from a maximum assistance for toileting to a minimal assistance and from moderate assistance in dressing and transfers to a minimal assistance. Resident A's response to treatment was "Pt [patient] has been on skilled OT</p>	F 284	<p><b>Measures and systemic changes that will be put into place to ensure that this deficiency does not recur:</b></p> <p>Social services or designee to ensure that a discharge summary includes a post-discharge plan of care developed with the participation of the resident and family or responsible party. This will ensure that follow-up visits are in place (i.e. home health PT/OT/RN) if necessary.</p> <p><b>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:</b></p> <p>Social services or designee to report a summary of all post-discharge plan of care to the QA and A committee for 3 months.</p>		

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F 284	Continued From page 4 [occupational therapy] services [with] tx [treatment] focus on ADL [activities of daily living] training. Functional mob [mobility] training, strengthening and safety training. Pt [patient] [with] steady gain towards OT goals, goals unmet at D/C [discharge] 2° [secondary] to shortened length of stay.  Resident A's discharge was delayed for 12 days until 6/1/16. Resident A had no additional physical therapy during that 12 days, and did not have any reevaluation of his discharge needs prior to his actual discharge on 6/1/16.  The Physical Therapist was interviewed on 6/15/16 at 11:10 A.M. The Physical Therapist stated he exhausted his physical therapy days on 5/20/16. He had improved and was to discharge home the next day. She stated she was not told his discharge was delayed. If he stayed longer he should have received continued therapy with the RNA (Restorative Nurse Assistant). There was no physician's order and no documentation that Resident A had any RNA therapy from 5/20/16 to 6/1/16. The Physical Therapist stated the physical therapy department was not asked to see Resident A for a discharge evaluation after the initial discharge assessment done on 5/20/16.	F 284			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care;	F 328	F 328 Corrective action for residents found to have been affected by this deficiency:  Resident is no longer in the facility.  Corrective action for other residents that may be affected by this deficiency:  No other residents were affected by this deficiency.		3/3/17

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F 328	<p>Continued From page 5</p> <p>Foot care; and Prostheses.</p> <p>This Requirement is not met as evidenced by: Based on interview and record review the facility failed to ensure Resident A's PICC (peripherally inserted central catheter) IV (intravenous) line was discontinued prior to his discharge home.</p> <p>As a result, Resident A was at risk for bleeding, infection and had to return to the acute hospital to have the PICC line removed.</p> <p>Findings:</p> <p>Resident A was admitted to the facility on 5/14/16, for urosepsis (severe illness that occurs when an infection starts in the urinary tract and spreads into the bloodstream) per the Face Sheet.</p> <p>Resident A's clinical record was reviewed on 6/15/16. A physician's order dated 5/25/16 for cefazolin sodium solution (antibiotic) reconstituted use 2 grams intravenously every 8 hours for urosepsis until 5/30/16. Resident A received the antibiotics via the PICC line.</p> <p>The RN (Registered Nurse) was to discontinue the PICC line after the last dose of antibiotic was administered on 5/30/16, in anticipation of Resident A's discharge home on 6/1/16.</p> <p>The RN did not discontinue the PICC line on 5/30/16, and Resident A was sent home with the PICC line in place on 6/1/16.</p>	F 328	<p>Measures and systemic changes that will be put into place to ensure that this deficiency does not recur:</p> <p>Licensed nurses to ensure that residents who receive nursing skilled services for antibiotic therapy via PICC line will be discontinued prior to discharge.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:</p> <p>DON to report to QA and A committee a summary of any resident with PICC line or PIV are removed prior to discharge for 3 months.</p>		