

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

PRINTED: 10/06/2017  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |  |   |                      |   |
|---|--|--|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555673 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  |                      | (X3) DATE SURVEY COMPLETED<br><br>C<br>10/05/2017 |
| NAME OF PROVIDER OR SUPPLIER<br><br>ASBURY PARK NURSING & REHABILITATION CENTER |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2257 FAIR OAKS BLVD. <i>acceptable POC</i><br>SACRAMENTO, CA 95825 <i>10/24/17</i>   |                      |   |
| (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<br><br>The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00543550.<br><br>Representing the Department of Public Health:<br>HFEN, 38518<br>HFEN, 38546<br>HFEN, 26663<br>HFEN, 36586<br>HFEN, 13999<br><br>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  | F 000  | "Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 Et seq."   |                      |   |
| F 386<br>SS=D   | 483.30(b)(1)-(3) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS<br><br>(b) Physician Visits<br>The physician must--<br><br>(1) Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;<br><br>(2) Write, sign, and date progress notes at each visit; and<br><br>(3) Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure the physician for 1 of 3 sampled residents (Resident 1) wrote, signed, and dated | F 386  | F386<br><br>1. The facility requested physician visit progress notes from contracted agency and received notes by 10/20/17, for the period of 5/8/17 through 6/22/17, and were placed in the resident's record by 10/27/17.<br><br>2. A chart review was conducted by the medical record department for physician progress notes for current residents under the contracted agency by 10/20/17. All physician progress notes were accounted for by 10/27/17.<br><br>3. The current contracted agency physician or nurse practitioner (NP) shall have access to the facility electronic medical record for |                      |   |

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

TITLE

(X6) DATE

*David Hill* *Admission Director* 10-10-2017

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 386  | <p>Continued From page 1<br/>progress notes at each visit.</p> <p>This failure increased the potential for incomplete assessment, care and lack of the availability of vital health information to the members of the facility staff.</p> <p>Findings:</p> <p>According to the Admission Record, Resident 1 was admitted to the facility in May 2017 with diagnoses, which included open wounds on both legs. A contracted physician group (Contractor 1) managed Resident 1's care. The Admission Record included the name of Resident 1's Medical Doctor (MD) 2 who was an employee of Contractor 1.</p> <p>Review of the facility's clinical record for Resident 1 revealed no documented evidence of any physician visits or nurse practitioner visits for the resident's stay at the facility (5/8/17 through 6/22/17).</p> <p>A review of the Facilities Records included:</p> <ol style="list-style-type: none"> <li>1. A Providers Service Contract between the facility and Contractor 1, dated 6/1/14, verified that all medical records of contracted agency's participants should be treated in the same manner as other residents' medical records.</li> <li>2. An undated facility policy titled "Attending Physician Responsibilities", verified that the physician would maintain progress notes that cover pertinent aspects of a resident's condition and current status and goals.</li> <li>3. An undated facility policy titled "Attending</li> </ol> | F 386  | <p>documentation of physician visits to be completed during the facility visit. The medical record department shall complete a chart review for current residents under the contracted agency for physician visit progress notes. This shall be done after each physician/NP visit. The medical records department shall notify the contracted agency for any missing physician/NP visit progress notes identified to include in the resident record.</p> <p>4. The medical record department shall review and monitor and log findings for physician progress notes for those residents under the contracted agency monthly. Trends identified shall be reviewed for any changes with the quality assurance committee quarterly for 6 months for compliance.</p> <p>5. Date of completion 11/3/2017.</p> |  |  |

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| F 386  | <p>Continued From page 2</p> <p>Physician Responsibilities", verified that at each visit, the attending physician will provide a legible progress note in a timely manner for placement in the chart. The note should either be written at the time of the visit or, if dictated, should be returned to the facility for placement on the chart within a week.</p> <p>In an interview on 6/2/17 at 3:20 p.m., LN 1 (Licensed Nurse) stated " They [contracted agency] don't chart in our charts".</p> <p>In an interview on 8/2/17 at 3:26 p.m., Medical Records (MR) stated that the contracted agencies' "Progress Notes need to be specifically requested".</p> <p>In an interview on 8/9/17 at 9:27 a.m., RN 1 stated, "We don't have access to SNF (Skilled Nursing Facility) electronic charting for our charting. There is only limited info in the SNF's charting".</p> | F 386  |  |                            |  |