accepted 5/25/16

[redacted]

36329

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

PRINTED: 05/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056080	A. BUILDING _____ B. WING _____	C 05/06/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PASADENA MEADOWS NURSING CENTER	150 BELLEFONTAINE PASADENA, CA 91105

(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 a complaint visit. Complaint number CA00484912 - Substantiated with regulatory violations. Categories: Resident Neglect, Physical Environment Representing the Department of Public Health: 36329 The inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility. Highest Scope and Severity: D	F 000	This plan of correction constitutes the facility's credible allegation of compliance for the deficiencies noted. Pasadena Meadows Nursing Center makes its best effort to operate in full compliance with both Federal and State law. Nothing included in this plan of correction is an admission otherwise. Pasadena Meadows Nursing Center 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.	
F 224 SS=D	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide Prevalon boots, as ordered by the attending physician, for Resident 1 to use while she is in bed. This had the potential to exacerbate an existing wound on the right heel. Findings: During an observation and interview with	F 224	<u>For the residents identified</u> Resident 1 was already wearing "Prevalon" boot which is the same as heel protector. Prevalon boot is a board name for a heel protector as stated by DHS as observed by May 6th 2016 "patient was wearing a pair of heel protector made of draped blue material."	5/6/16

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

[signature]

TITLE

5/10/16

(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 224	Continued From page 1 Resident 1 on May 6, 2016, at 12:40 PM, Resident 1 was lying on a low air loss mattress (used to reduce pressure to open wounds) with the head of the bed elevated at 30 degrees. A small pillow was placed between her knees as the resident laid in a Semi Fowler's position (lying on back with head elevated) on the bed. Her gown was clean and she appeared well groomed. She was wearing a pair of heel protectors made of frayed, blue material. Resident 1 stated all of her wounds, including that on her heel, were improving. During an interview with Resident 1 at 12:40 on May 6, 2016, she stated the boots that she currently was wearing belonged to her. She stated that she had a conversation, about a week ago, with the Social Worker about not getting the boots that were ordered for her, and about her wheelchair that needed repair. She had not heard from her about this matter since that time. On May 6, 2016 at 1:37 PM, during an interview, the DOR (director of rehab), stated that he is the person responsible for ordering orthopedic equipment repairs, and supplies. He also stated that someone from the facility's supplier would be here today with the boots. Record review on May 6, 2016 at 12:00 showed the results of a surgical consultation that was dated 3/29/2016. The wounds to the following body parts were given a prognosis of moderate: right trochanter (protrusion from upper thigh bone), right ischium (bone beneath the buttock), sacral (triangular bone at the base of the spine), left ischium, and left trochanter. The report further declared that the resident displayed noncompliant behavior. Finally, the right plantar (relating to the sole of the foot) heel is unstable and required	F 224	**For all residents** On 5/6/16 visual audit was done to reassess all the Pt with Prevalon boot to ensure all Residents with other treatment order are being carried out. No other residents were identified. **Measures to ensure compliance** On 5/9/16 In-service given to nursing staff regarding Prevalon boots. **Monitoring of corrective action** Treatment Nurses and RNA's will monitor weekly to ensure Prevalon boots are being used as ordered. Findings will be reported to the monthly QA meeting.	5/6/16 5/9/16 Weekly Monthly

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F 224	Continued From page 2 continued topical dressing. A review of Resident 1's physician orders on May 6, 2016, showed an order on March 2, 2016 for Prevalon boots to be placed on Resident 1's bilateral feet while in bed.	F 224	For the residents identified Rehab department faxed over resident information to set up appointment with wheelchair vendor on 5/6/16. Appointment scheduled with technician at the end of the month.	5/6/16
F 456 SS=D	483.70(e)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to repair Resident 1's motorized wheelchair which has the potential to decrease mobility and ability to perform normal daily functions. An observation of Resident 1 on May 6, 2016 at 12:40 showed that Resident 1's motorized wheelchair was missing the left padded torso support (that part of the body to which head and limbs are attached) and the controller knob, for moving the chair, was missing. During an interview with Resident 1 at 12:40 PM on May 6, 2016, she stated she had a conversation two months ago, with the assistant social worker about the necessary repairs to the wheelchair. The assistant social worker, told her that the left padded torso support would be repaired and the controller knob would be replaced on the wheelchair. On May 6, 2016 at 1:26 PM, an interview with	F 456	For all residents On 5/6/16 visual audit was done to reassess all residents with electric wheelchairs for repairs if needed. Measures to ensure compliance On 5/6/16 in-service was provided by DOR regarding wheelchair repairs. Monitoring of corrective action DOR and RNA will monitor to ensure all wheelchairs are repaired as needed. Findings will be reported to the monthly QA meeting.	5/6/16 5/6/16 Monthly

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F 456	Continued From page 3 DOR (director of rehab) revealed that he was unaware of the need for repair of Resident 1's wheelchair. He stated that he was gone for 2 weeks and was not aware of any necessary repairs to Resident 1's wheelchair. He stated that as far as he knew, no action was taken regarding the wheelchair until today, and someone would be here today to examine the chair. DOR stated he was the person responsible for orthopedic equipment repairs and supplies.	F 456		