

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

PRINTED: 12/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555103	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2017
NAME OF PROVIDER OR SUPPLIER FRENCH PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 600 E WASHINGTON AVENUE SANTA ANA, CA 92701		
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during ABBREVIATED survey for COMPLAINT No: CA00526004.</p> <p>Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Surveyor 33464, HFEN.</p> <p>FOR COMPLAINT No. CA00526004: THE DEPARTMENT WAS NOT ABLE TO SUBSTANTIATE THE SPECIFIC COMPLAINT ALLEGATION(S).</p> <p>HOWEVER, DURING THE INVESTIGATION, THE DEPARTMENT DETERMINED THERE WAS A VIOLATION OF REGULATIONS UNRELATED TO THE COMPLAINT ALLEGATION(S). FINDINGS WERE CITED AT F309.</p> <p>GLOSSARY OF ABBREVIATIONS AND BRIEF DEFINITIONS: Dermatologist/dermatology - specializing in the diagnosis and treatment of skin conditions DON - Director of Nursing</p>	F 000			
F 309 SS=D	<p>PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>CFR(s): 483.24, 483.25(k)(1)</p> <p>483.24 Quality of life</p> <p>Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the</p>	F 309			

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.

accepted 1/4/18 33464

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F 309	<p>Continued From page 1</p> <p>facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.</p> <p>483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview and medical record review, the facility failed to ensure one of two sampled residents (Resident 1) was evaluated by a dermatologist as ordered by the resident's attending physician on two separate occasions. This had the potential for delays in the diagnosis and treatment, as well as the potential for</p>	F 309	<p>F309</p> <ol style="list-style-type: none"> 1. Correction cannot be made resident was transferred to hospital on 7/29/17. 2. All resident who needed authorization for the dermatology were checked by Unit Manager and Case Manager on 12/11/17. No further issues were identified. 3. All licensed nurse, case manager, SSD manager were in-serviced by the DSD on 12/18/17 to 12/21/17 for submitted authorization to the resident insurance and to ensure the consultation was completed and documented by the licensed nurse. 4. Medical record/ or designee will check all resident with order for any consultation daily to ensure compliance. Unit Manager will make sure the consultation ordered was follow up and to ensure the consultation was completed and reported any findings to DON. 	12/19/17	

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F 309	<p>Continued From page 2 worsening of Resident 1's skin condition.</p> <p>Findings:</p> <p>Medical Record review for Resident 1 was initiated on 3/24/17. Resident 1 was admitted to the facility on 5/12/16, discharged from the facility to the acute care hospital on 11/22/16, and readmitted to the facility on 12/9/16.</p> <p>Resident 1's Nurses' Admission Record dated 5/12/16, showed the resident had scratches on the right side of the back and a scab between the right thumb and forefinger, however, did not show a rash.</p> <p>Resident 1's Non-Pressure Sore Skin Problem Report forms dated 6/11/16 through 11/8/16, showed the resident had skin eruptions, and on 11/9/16, showed the eruptions had resolved.</p> <p>Resident 1's Resident Admission Assessment upon readmission to the facility dated 12/9/16, showed the resident's skin had no ulcers, wounds, or skin problems.</p> <p>Resident 1's Weekly Summary forms dated 1/17/17 through 3/14/17, showed the resident continued to have skin eruptions.</p> <p>Resident 1's Physician's Telephone Orders showed the following:</p> <ul style="list-style-type: none"> - On 6/11/16, an order for a dermatology consult. - On 8/30/16, an order for a dermatology consult for general body skin eruptions. - On 9/28/16, an order for a second opinion dermatology consult for the rash on the resident's back and right flank (side of the body between the 	F 309	<p>All findings shall be reported by the DON to the QAA committee monthly for 3 months and reviewed for further intervention.</p> <p>This plan of correction has been integrated into the Quality Assurance System and will be reviewed quarterly by the QAA committee for its effectiveness and to ensure compliance.</p>	12/19/17	

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F 309	<p>Continued From page 3</p> <p>rib cage and the hip).</p> <ul style="list-style-type: none"> - On 1/8/17, an order for a dermatologist consult. - On 3/7/17, an order for dermatology consult. <p>Resident 1's Physician's Progress Notes showed the following:</p> <ul style="list-style-type: none"> - On 9/16/16, Dermatologist 1 examined Resident 1. - On 10/7/16, Dermatologist 2 examined the resident. - On 1/18/17, the physician documented the resident had experienced itching since 4/2016, and a rash on and off, the physician's exam showed a rash all over, and the plan included a referral to dermatology. - On 3/29/17, Dermatologist 1 examined the resident. <p>Further review of Resident 1's medical record failed to show evidence the facility submitted authorizations to the resident's insurance carrier for the dermatology referrals for the orders dated 6/11/16 and 1/8/17. The facility failed to show documented evidence the dermatology consults ordered by the physician were completed.</p> <p>The DON was interviewed on 12/6/17 at 1430 hours. The DON was asked for evidence the facility submitted the authorization to the resident's insurance carrier for the dermatology consultation as ordered by the resident's attending physician on 6/11/16, and ensured the consultation was completed. The DON was unable to provide documentary evidence. The DON stated the Resident 1 has many appointments outside of the facility which might be the reason the dermatologist was unable been able to see the resident.</p>	F 309			

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F 309	Continued From page 4 During a follow-up interview with the DON on 12/7/17 at 1300 hours, the DON was asked for evidence the dermatology consult ordered on 1/8/17, was completed. At 1500 hours, the DON verified she was unable to provide documentary evidence the facility had submitted the authorization to the resident's insurance carrier for the dermatology consultation and ensured the dermatology consultation was completed.	F 309			