PRINTED: 03/03/2016 DÉPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED Dor 056288 NAME OF PROVIDER OR SUPPLIER TEMPERATURE AND A SECOND MATERIAL HANFORD NURSING & REHABILITATION CENTER HANFORD, CA 93230 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEEICIEN F 000 **INITIAL COMMENTS** F 000 The following reflects the findings of the APR 15 2016 California Department of Public Health -Licensing and Certification, during the investigation of an Entity Reported Event (ERI): CA00461126 CA DEPT. OF PUBLIC HEALTH LICENSING & CERTIFICATION - FREBNO Representing the California Department of Public F 000 Health-Licensing and Certification: HFEN 35737. This Plan of Correction is prepared in This inspection was limited to the specific ERI compliance with state and federal investigated and does not represent the findings regulations, and is not intended to be an of a full inspection of the facility. admission to or agreement of the allegations in the survey document, One deficiency was issued for ERI: CA00461126 F 323 483.25(h) FREE OF ACCIDENT F 323 F-323 SS=D HAZARDS/SUPERVISION/DEVICES How corrective actions he The facility must ensure that the resident accomplished for those residents found to environment remains as free of accident hazards as is possible; and each resident receives have been affected by the deficient adequate supervision and assistance devices to practice. prevent accidents. Resident one was assessed by paramedics at scene and transferred to AMC 10/7/2016 for . evaluation with no negative findings, returned to facility 10/7/2016 on alert This REQUIREMENT is not met as evidenced charting status post fall for 72 hours. Based on observation, resident and staff Transportation agreement in place for all interview, clinical record and administrative further transportation arrangements made for document review, and legal definition of the term resident. Agreement states, transporter shall "ostensible agent" (apparent employee of facility promptly and efficiently receive and but not hired by facility; with the legal definition below), the facility failed to identify hazards and safely, transport passengers prevent accidents when one resident (Resident 1) established schedules. fell from a van lift while the non-medical

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that tother 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.

FORM CMS-2587 (02-99) Previous Versions Obsolete Event ID: 25VA11

transportation driver, an ostensible agent was

LABORATORY DIRECTOR'S OR PROVIDER/BUPFILIER REPRESENTATIVES SIGNATURE

Facility ID: CA040000017

If continuation sheet Page 1 of 6

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

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<u> </u>	TO L OU MEDIONIE	& MEDICAID SERVICES			OMB NO	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY
		056288	B. WING			C /25/2016
• • •	PROVIDER OR SUPPLIER D NURSING & REHA	BILITATION CENTER	I	STREET ADDRESS, CITY, S 1007 WEST LACEY BLVI HANFORD, CA 93230	STATE, ZIP CODE	120/2010
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F 323	loading Resident 1 applying the safety recliner. This failure resulted Resident 1 to have about future transpand other residents transportation, at risaccidents. Findings: The facility policy a prevention Program "All Elders environn accident hazard as receive adequate s device to prevent a Resident 1's face s re-admitted to the fincluded: Hypertens chronic (long lasting kidney disease, dephemodialysis (HD-fluid and waste produse of an artificial kidney disease) four times Wednesday, Thurs Resident 1's fall risi	on to a van lift without restraints to Resident 1's d in a fall which caused physical pain and be insecure ortation, and placed resident 1 is, requiring non-medical sk of injury caused by and procedure titled, "Fall in," dated 10/10/14, indicated, ment shall remain as free of is possible and all Elders will upervision and assistive ccidents." theet indicated Resident 1 was acility on 14. Diagnoses soion (high blood pressure) with g) kidney disease, end stage bendence on kidney medical procedure to remove ducts from the blood by the sidney) and obesity. It is HD would be done at a HD treatment for end stage kidney per week on Tuesday,		residents having affected by the and what correct All residents redialysis services affected. A transfacilitated between the distributed between the Hanford No. Center and 1/22/2016. Agreshall promptly a transport passestablished sched. What measure we what systemic characteristic characteristic characteristic characteristic. Transportation agressions agression a	ill be put into place or langes the facility will at the delicient practice ement in place as of 6 to assure resident as free of accident hible; and each resident upervision and assistance	e e e e e e e e e e e e e e e e e e e
FORM CMS-25	567 (02-99) Previous Versions	Obsolete Event ID: 25VA11		Facility ID: CA040000017) E C E I E C E I E C E I E C E I E E E E	Page 2016
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CA DEPT. OF PUBLIC HEALTH LICENSING & CERTIFICATION - FRESNO

DÉPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PÄINTED: 03/03/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Computer Com	CENTE	10 FUR MEDIÇARE	A MEDICAID SERVICES				<u>OMB NO.</u>	<u> 0938-0391</u>
NAME OF PROVIDER OR SUPPLIER HANFORD NURSING & REHABILITATION CENTER Continued From page 2 Resident 1's MDS (Minimum Data Set an assessment tool used to identify the level of care needed and given to a resident) assessment dated 8/21/15, indicated Resident 1 wellphed 328 lbs (pounds) and had a cognitive (mental) summary score of 11 (which indicated moderate impairment). Resident 1 required total assistance of one person in iccomotion (movement) from and to places outside of roon. Resident 1 sure plan (CP) made no notation of goals or interventions as to how the facility assessed or would assess the fall risk for Resident 1 during the transportation to and from medical appointments or treatments outside of the facility. On 10/21/15 at 3:40 p.m., during an interview the Assistant date fall from the non-medical transportation vans' lift that caused Resident 1 cried as she stated the events from her fall on 10/7/15, during her return from the HD center. Resident 1 stated, "That girl the transportation driver] had trouble from the stat, she pushed me into the van the chair litipped and If fell backwards have had							СОМ	PLETED
HANFORD NURSING & REHABILITATION CENTER (A) DESTINATION CENTER (A) DESTINATION CASES A SEASO (A) DESTINATION CASES (A) PROVIDERS PLAN OF CORRECTION COMPANIES (A) COROS.REFERENCE TO THE APPROPRIATE (A) CROSS.REFERENCE TO THE APPROPRIATE (A) CROS			056288	B. WING	i		1	-
PANFORD NURSING & REIABILITATION CENTER (AMAPY STATEMENT OF DEFICENCIES PROVIDERS ALLAD CORRECTIVE ACTION SHOULD BE (EACH DEPRICENCY ON LIST BE PRECEDED BY PLU) REGULATORY OR LSC IDEMIFYING INFORMATION) FRESIDENCE TO THE APPROPRIATE COMMUNITY TAG FROM THE PROVIDERS ALLAD CORRECTIVE ACTION SHOULD BE CAROS-REFERENCED TO THE APPROPRIATE DEPRICATION OF THE APPROPRIATE COMMUNITY TAG FROM THE APPROPRIATE PROVIDERS ALLAD CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PROVIDERS ALLAD CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PROVIDERS ALLAD CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PROVIDERS ALLAD CORRECTIVE ACTION TO THE APPROPRIATE PROVIDERS ALLAD CORRECTIVE ACTION THE APPROPRIATE PROVIDERS ALLAD CORRECTION THE A	NAME OF F	PROVIDER OR SUPPLIER	•		8	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	23/2010
FREETX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 2 Resident 1's MDS (Minimum Data Set- an assessment tool used to identify the level of care needed and given to a resident) assessment dated 8/21/15, indicated Resident 1 weighed 328 lbs (pounds) and had a cognitive (mental) summary score of 11 (which indicated moderate impairment). Resident 1 required total assistance of two people with bed, chair and winesichalr transfers. The MDS assessment indicated Resident 2 required total assistance of places outside of room. Resident 1 required total assistance of one person in locomotion (movement) from and to places outside of room. Resident 1's care plan (CP) made no notation of goals or interventions as to how the facility assessed or would assess the fall risk for Resident 1 during the transportation to and from medical appointments or treatments outside of the facility. On 10/21/15 at 3:40 p.m., during an interview the Assistant Administrator (AA) stated, Resident 1 had sustained a fall from the non-medical transportation vans' lift that caused Resident 1's Geri (recliner ohiar) chair to break from the fall. On 10/21/15 at 3:55 p.m., during an observation and concurrent interview, Resident 1 oried as she stated the events from her fall on 10/715, during her return from the HD center. Resident 1 stated, "That girl [the transportation driver] had trouble from the start, she pushed me into the van the chair flipped and I fell backwards have had	HANFOR	ND NURSING & REHA	BILITATION CENTER					
Resident 1's MDS (Minimum Data Set- an assessment tool used to identify the level of care needed and given to a resident) assessment dated 8/21/15, indicated Resident 1 weighed 928 lbs (pounds) and had a cognitive (mental) summary score of 11 (which indicated moderate impairment). Resident 1 required total assistance of two people with bed, chair and wheelchair transfers. The MDS assessment indicated Resident 1 required total assistance of one person in locomotion (movement) from and to places outside of room. Resident 1's care plan (CP) made no notation of goals or interventions as to how the facility assessed or would assess the fall risk for Resident 1 during the transportation to and from medical appointments or treatments outside of the facility. On 10/21/15 at 3:40 p.m., during an interview the Assistant Administrator (AA) stated, Resident 1 had sustained a fall from the non-medical transportation vans' lift that caused Resident 1's Geri (recliner chair) chair to break from the fall. On 10/21/15 at 3:55 p.m., during an observation and concurrent interview, Resident 1 cried as she stated the events from her fall on 10/7/15, during her return from the HD center. Resident 1 stated, "That girl [the transportation driver] had trouble from the start, she pushed me into the van the chair flipped and I fell backwardsI have had	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION
the HD center about three months ago. I had a wound vac (treatment for wounds consisting of a pump that applies negative pressure to a wound) and the tubing got caught on the edge of the vans lift and the girl just yanked the tubing off, making FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 25VA11 Facility ID: CA0400000 7		Resident 1's MDS (assessment tool us needed and given to dated 8/21/15, indice lbs (pounds) and his summary score of impairment). Resident summary score of impairment. Resident 1 required person in locomotice places outside of resident 1's care person in locomotice places outside of resident 1 during the resident 1 during the facility. On 10/21/15 at 3:40 Assistant Administre had sustained a fall transportation vans Geri (recliner chair) On 10/21/15 at 3:50 and concurrent intestated the events from the start, she chair flipped and I for trouble with her before the HD center about wound vac (treatment pump that applies in and the tubing got colift and the girl just to lift and the girl just the lift and the girl just to lift and the girl just the lift and lif	Minimum Data Set- an sed to identify the level of care to a resident) assessment cated Resident 1 weighed 328 and a cognitive (mental) 11 (which indicated moderate dent 1 required total assistance oded, chair and wheelchair S assessment indicated di total assistance of one on (movement) from and to foom. Ilan (CP) made no notation of the sas to how the facility assess the fall risk for the transportation to and from the or treatments outside of the transportation to and from the or treatments outside of the transportation to and from the or treatments outside of the transportation to and from the or treatments outside of the transportation to and from the cater (AA) stated, Resident 1 from the non-medical from the non-medical that caused Resident 1's chair to break from the fall. 5 p.m., during an observation triew, Resident 1 cried as she om her fall on 10/7/15, during HD center. Resident 1 stated, portation driver] had trouble pushed me into the van the sell backwardsI have had one. She transported me from the three months ago. I had a sent for wounds consisting of a negative pressure to a wound) caught on the edge of the vans vanked the tubing off, making	F		performance to make sure that sare sustained. The facility must deplan for ensuring that correschived and sustained. This plan implemented, and the corrective evaluated for its effectiveness. The correction is integrated into the assurance system. The nursing staff will continue to residents upon return from dialysis. Executed transportation agreement maintained by the facility. Trans Agreement brought to QAA commapproved 2/23/2016. Any accidents, or concerns identifit transport will be forwarded to the committee for review by the Department of the persons for make the	colutions evelop a ction is must be e action e plan of e quality to assess services. t will be eportation nittee and incidents, ied post the QAA NS. The ction plan conitoring:	at Page 3 of 6

DÉPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES PRINTED: 03/03/2016 FORM APPROVED OMB NO. 0938-0391

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STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING			TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER		,	STREET ADDRESS, C	TY, STATE, ZIP CODE	1 02	720/2010
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				HANFORD, CA 93	3230		
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F 323	just hope that this of again, I was in so no very scared" Resistant Administration. On 10/21/15 at 4:30 Assistant Administration thave any contration are sidents of the facility was not involved by the drivers as part of the facility was not involved by the drivers as part of the facility was not involved by the drivers as part of the facility was not involved the transportation of the facility did not a residents on to the facility did not a resident on to the facility. On 10/21/15 at 5:30 Director of Nursing the transportation of the DON stated HI were considered as needed to keep resistated she had not involved when trans who is unfamiliar with DON stated the facility and the facility was not involved when trans who is unfamiliar with DON stated the facility and the facility was not involved when trans who is unfamiliar with DON stated the facility and the facility and the facility and the facility was not involved when trans who is unfamiliar with DON stated the facility and the facility was not involved when trans who is unfamiliar with DON stated the facility and the facility was not involved when trans who is unfamiliar with DON stated the facility and the facility was not involved when trans who is unfamiliar with DON stated the facility and the facility was not involved when trans who is unfamiliar with DON stated the facility and	leg. Resident 1 stated, "I doesn't happen to anyone nuch pain after I fell and was sident 1 continued crying and afraid of being dropped during 0 p.m., during an interview, the rator (AA) stated, the facility did acts or written agreements for services provided to the sility. The AA stated the facility extransportation company the facility employees and the lived in the safety training vers to the transportation stated the facility could not emained safe when they were sion company drivers. The AA id not communicate the fall the transportation drivers and ssist in the loading of the transportation van during pick 0 pm., during an interview, the (DON) stated the driver for company was the only person transportation of Resident 1. Detectment appointments is medical appointments idents healthy. The DON thought about the risks sporting residents with staff ith the resident's needs. The ility sent staff to accompany transports when the resident was	FS	923			
		y was unavailable to attend. e responsible party for					
CORM CMS-25	67 (02-99) Previous Versions			Facility ID: CA040000017	AP	R 15	et Page 4 of 6 2016
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DÉPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUC ING	TION	_		E SURVEY PLETED
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F 323	Resident 1 was una her HD treatments. answer how the factoresident's safety net and from the facility. On 1/20/16 at 1:40 interview, the ownet ransportation company provides at the drivers are not attechnician)I invest protocols were not driver failed to insport and she factores are the because that is how fell from the liftmy inspection of our varsabelts and flaps. Through our investid driver] failed to applaced the resident driver stated that the workingwe purch resident and our driver stated that the workingwe purch resident and our driver who trans. The document indiction the lifterI put the driver who trans. The document indiction the lifterI put the driver who trans. I took the belt from the vanI was because we have to	able to go with Resident 1 to The DON was unable to ility was going to meet the eds when being transported to p.m., during a telephone r to the non-medical bany (ATC) stated, "My non-medical transportation, EMT's (emergency medical tigated the fall, safety followed by the driver, the ect the chair prior to the alled to apply the brakes, r the chair moved forward and r husband performed an an and determined that the es were in working order. gation we identified that [the by the brakes when she had up on the lifter. Since our e Geri chair breaks were not ased a new Geri chair for the ver was after her r is important and she failed to check." Tative document untitled and sated a typed written note from sported Resident 1 on 10/7/15. Eated, "She is in a [Geri] load her in the van. I put her he brakes on the [Geri] chair e lifter to lift her up to the and took the brakes off to roll s putting the belt to the side of put the belt in front of her effit behind her. I went around	F3	23 Facility ID: GA04000		. If continu	atio\\/she	±Page r€ on 6
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		056288	B. WING	3·				<i>)</i> 25/2016	
NAME OF I	PROVIDER OR SUPPLIER		<u>)</u>	T =	TREET ADDRESS, CITY, STATE, Z	IP CODE	1 VILI	49/2019	
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F 323	her to put the belt a [Geri] chair moving because she was a fell" The facility policy a prevention Prograr "Elders identified a individual plan of a to prevent falls from (interdisciplinary te social worker, diets further update care falls" Review of legal de Dictionary " <http: legaldiction="" sible+agent=""> " Ostensible agent given the appeara acting (agent-[tran another (principal- anyone dealing wir reasonably believe agent Apparent a agency the employ the acts of his employers and an agent ap customer-[Resider authority by the principal- authority by the principal- authority by the principal-</http:>	age 5 aside that is when I noticed the pI couldn't hold her up heavy and that is when she and procedure titled, "Fall m," dated 10/10/14, indicated, at risk for falls shall have an are that includes interventions moccurringthe IDT nam-team composed of nurse, ary aid, activity staff)will e plan to minimize the risk of finition terms, "Legal ary.thefreedictionary.com/oster: n. a person who has been note of being an employee or sportation company]) for [facility]), which would make the he/she was an employee or authority since under the law of yer (the principal) is liable for ployee (agent), if a person who pears to an outsider (a nt 1]) to have been given incipal then the principal is of anyone he allows to appear		323					
FORM CMS-7	2567 (02-99) Previous Version	ns Obsolete Event ID: 25VA	.11	F	acility ID: CA04000017			ent Page 6 of 6	
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