


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

PRINTED: 04/06/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055407	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/11/2021
NAME OF PROVIDER OR SUPPLIER CUPERTINO HEALTHCARE & WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 22590 VOSS AVENUE CUPERTINO, CA 95014		
(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 Surveyor: 35790 The following reflects the findings of the California Department of Public Health during a standard abbreviated survey regarding investigation of an entity reported incident and complaint conducted on 3/11/21. For Entity Reported Incident CA00694125 regarding Quality of Care/Treatment: Resident Safety, the department did not substantiate a violation of federal or state regulations. For Complaint CA00693753 regarding Quality of Care/Treatment, a federal deficiency was identified (see F658). Inspection was limited to the specific entity reported incident and complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 35790, Health Facilities Evaluator Nurse.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 35790 Based on observation, interview, and record review, the facility failed to meet professional standards of practice for one of three residents	F 658			4/10/21
			How Corrective Action will be accomplished for resident affected: MDS nurse and RAI specialist reviewed		

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

TITLE

(X6) DATE

Electronically Signed

03/26/2021

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.

*epoc accepted
4/6/2021 ML*

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F 658	<p>Continued From page 1</p> <p>reviewed when Resident 1's swelling of bilateral lower extremities (BLE) was not monitored as indicated in the care plan. This failure had the potential to result to complications if left unchecked.</p> <p>Findings:</p> <p>During review of Resident 1's clinical record, Resident 1 was admitted on 1/24/14 with diagnoses included legal blindness (vision is 20/200 or less in one eye), rheumatoid arthritis (joint inflammatory disorder), dependence on wheelchair, and ankylosing spondylitis (inflammatory disease of the spine).</p> <p>Review of Resident 1's minimum data set (MDS, resident tool assessment) dated 6/11/20, indicated Resident 1 was cognitively intact.</p> <p>During a concurrent observation and interview with Resident 1 on 10/02/2020 at 11:24 a.m., Resident 1 had swelling on his BLE while he was sitting on his powered recliner chair. Resident 1 stated the nursing staff had not been checking his legs and feet for a long while, even though he had asked the nurses to do so.</p> <p>Review of Resident 1's skin assessment or progress notes dated 4/2020, 5/2020, and 6/2020, indicated there was no documentation assessment was done to check Resident 1's BLE swelling.</p> <p>During interview with the treatment nurse (TN) on 11/30/2020 at 11:20 a.m., the TN confirmed there was no evidence of documentation in the clinical record. The TN stated he did not know whether the swelling of BLE was improving or not because</p>	F 658	<p>the care plan of resident 1. TAR was updated to reflect the monitoring for edema Q shift per care plan as of 3/30/21.</p> <p>Identification of Residents with the Potential to be affected:</p> <p>All residents who have BLE swelling and edema have potential to be affected. MDS nurses and RAI specialist reviewed and will continue to review all the residents with edema or risk for edema, by 4/9/2021 and will update the care plan.</p> <p>Measures to Prevent Recurrence:</p> <p>RAI specialist and MDS Nurses will ensure that the updated care plan is implemented by recording and monitoring in the TAR for all residents with edema or at risk for edema.</p> <p>RAI specialist and/or DON will continue to re-in-service the licensed nurses and MDS nurses to ensure the updated care plans and MAR/TAR are correctly reflecting the care plan to monitor the edema and/or swelling.</p> <p>Monitoring Corrective Action and Responsibility:</p> <p>RAI specialist and/ or Medical Record Director and/ or Medical Record Director will audit TAR to ensure the updated care are followed through and are documented on TAR. RAI specialist and/ or Medical Record Director will report the findings to</p>	

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L & C DIVISION
SAN JOSE

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F 658	Continued From page 2 it was not being checked. In an interview with the licensed vocational nurse (LVN) on 9/22/2020 at 3:52 p.m., the LVN stated Resident 1's swelling of BLE should have been monitored on a regular basis so they can inform the physician immediately if it's worsening. Review of Resident 1's care plan dated 8/19/20, to address risk for cardiac distress related to congestive heart failure (heart doesn't pump blood as well as it should) and edema (swelling), approach indicated " ...Monitor for edema."	F 658	the QAPI committee every month for 3 months and/ or 100% compliance is reached. RAI specialist, DON/ ADON and DSD will be primarily responsible for the compliance.		

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

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