

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

PRINTED: 01/25/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/14/2019
NAME OF PROVIDER OR SUPPLIER OAK RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 310 OAK RIDGE DRIVE ROSEVILLE, CA 95661	
(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 an abbreviated survey for the investigation of complaint #CA00618733. Representing the Department of Public Health: HFEN, 38193 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 conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because its required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907.	POC accepted 2.7.19, JWC 2/14/19
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her	F 609	"This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted" F609 A- Upon learning of the allegation the facility immediately suspended CNA 1 that was accused pending an investigation. The alleged CNA 1 was not the residents CNA and did not have any further contact with him B- There were no other allegations of abuse made. Upon learning of the alleged allegation the Facility followed the proper procedure and reported the allegation. This was done within the required reporting timeframe to be compliant.	

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

TITLE

(X6) DATE

[Signature]

Administrator

2/3/17

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 609	<p>Continued From page 1</p> <p>designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to report an incidence of alleged abuse when Resident 1 alleged Certified Nursing Assistant 1 (CNA 1) poured urine on him. The delay in the notification process placed Resident at risk for further potential abuse, neglect, exploitation or mistreatment.</p> <p>Findings:</p> <p>During an interview with the Administrator on 1/10/19 at 1:20 p.m., he stated CNA 2 failed to report alleged abuse by waiting a day before reporting to the facility.</p> <p>During a concurrent interview and observation with Resident 1 on 1/10/19 at 1:40 p.m., Resident 1 was lying on his back and speaking quietly. At the moment Resident 1 was describing what had happened on the night of the alleged abuse, he abruptly leaned forward and forcefully yelled, "[CNA 1] came, I was already wet. She dumped pee on me!"</p> <p>During a telephone interview with CNA 2 on 1/10/19 at 2:40 p.m., CNA 2 stated that when she returned to the floor from a break, she noticed Resident 1's call light was illuminated and she entered the room. CNA 2 stated she noticed Resident 1 was wet, his bedside urinal was empty, and he was stating, "Dump, dump!" CNA 2 stated she asked Resident 1 to calm down.</p>	F 609	<p>C- The alleged CNA 1 was suspended pending the investigation. CNA 2 has received the abuse training each year as required with the most recent training on 12/12/18. CNA 2 is currently out of the country. The Director of Staff development will provide additional elder abuse training to her upon her return which is the end of February. This training will be done before she returns to work. The facility will continue to perform the required in-services for Elder Abuse training on an annual basis. The topic will also be discussed at quarterly all staff mtgs and upon hiring.</p> <p>D- The Continuing Quality Assurance Team will monitor on a quarterly basis to ensure compliance. The Administrator will follow up to make sure the necessary training is being conducted.</p>		

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F 609	<p>Continued From page 2</p> <p>After leaving Resident 1's room, CNA 2 asked CNA 1 if she had dumped urine on Resident 1.</p> <p>The clinical record for Resident 1 was reviewed on 1/10/19. The Interdisciplinary Progress Notes, dated 10/29/18, indicated Resident 1 and ex-wife reported that, "...a CNA poured urine from his urinal on him on 10/27/18 PM shift. DON [Director of Nursing]/Administrator notified [and] allegation of abuse was reported."</p> <p>The personnel record for CNA 1 was reviewed on 1/10/19. A Notice of Disciplinary Action, dated 10/29/18 at 1:52 p.m., indicated CNA 1 was put on suspension for a pending investigation into alleged abuse occurring on 10/27/19.</p> <p>The clinical record for Resident 1 was reviewed on 1/10/19. The Social Progress Notes, dated 10/29/19 at 3:48 p.m., indicated CNA 1 was suspended pending investigation of the abuse allegation made by Resident 1 and his wife.</p> <p>During an interview with the Director of Staff Development (DSD) on 1/10/19 at 1:50 p.m., she reviewed the clinical record and was unable to find documentation of alleged abuse reporting by CNA 2.</p>	F 609			