

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

PRINTED: 10/10/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/13/2018
NAME OF PROVIDER OR SUPPLIER ST. FRANCIS CONVALESCENT PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ESCUELA DRIVE DALY CITY, CA 94015		
(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. The inspection was limited to the specific incident investigated and does not reflect the findings of a full inspection of the facility. For Facility Reported Incident no. CA00554413 regarding Resident/Patient/Client Abuse - Resident to Resident, the Department identified a violation of Federal regulations and issued a deficiency. Representing the California Department of Public Health: 37653, Health Facilities Evaluator Nurse Resident's Care Supervised by a Physician CFR(s): 483.30(a)(1)(2)	F 000	This plan of correction constitutes the facility's written credible allegation of compliance. 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 the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.		10/17/18
F 710 SS=E	<p>§483.30 Physician Services A physician must personally approve in writing a recommendation that an individual be admitted to a facility. Each resident must remain under the care of a physician. A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.</p> <p>§483.30(a) Physician Supervision. The facility must ensure that-</p> <p>§483.30(a)(1) The medical care of each resident is supervised by a physician;</p> <p>§483.30(a)(2) Another physician supervises the medical care of residents when their attending</p>	F 710	<p>1. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a. Resident 1's Conservatorship Referral Form was faxed to Aging and Adult Services County of San Mateo on 09/14/2018.</p> <p>b. The receipt of Resident 1's Conservatorship Referral Form was confirmed on 09/20/2018.</p> <p>c. Resident 1's Conservatorship Referral Form was followed up by SSD on 10/15/2018.</p>		

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

TITLE

(X6) DATE

[Signature] for Tim Cashman Assistant Administrator 10/17/18

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 710	<p>Continued From page 1</p> <p>physician is unavailable. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure timely medical supervision of a resident's (Resident 1) immediate care needs regarding conservatorship.</p> <p>This failure caused the delayed onset of care services for Resident 1's mental and behavioral health issues and put other staff and residents at risk of harm due to the violent nature of Resident 1's behavior.</p> <p>Resident one was admitted to the facility on 4/11/14 as his own responsible party with a primary diagnosis of anemia and Obsessive Compulsive Disorder. Resident 1 is reported to have a history of abusive altercations with other residents and staff and has been evaluated to require the need of probate conservatorship.</p> <p>Findings:</p> <p>Record review of the Long Term Care Psychiatry Note dated 2/13/17 indicated Resident 1's behavior was becoming increasingly problematic with verbal and physical violence and emergency police calls. The writer's impression was "OCD F42 Behavioral disturbance F02.81. He needs to be conserved so that we can treat him. Not possible to help him now."</p> <p>Review of Resident 1's Activity Progress Note dated 9/23/17 at 7:55am indicated the resident hit another resident with his wheelchair footrest on his left leg and the police were called. During the police interview, Resident 1 was yelling at the</p>	F 710	<p>d. Care Plan which is specific to Capacity Loss was reviewed and placed on 10/17/2018.</p> <p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>a. Residents who have no mental capacity to make the decision and has the potential to be affected by the deficient practice. Facility identified three residents currently and is working on referring residents for conservatorship.</p> <p>b. IDT and Social Services will review residents who need conservatorship monthly.</p> <p>3. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;</p> <p>a. Social Services Director will monitor the completion of referrals and make follow up calls to Public Guardian Office monthly.</p>		

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F 710	<p>Continued From page 2 officer and refusing to follow orders.</p> <p>Review of Interdisciplinary Team Care Planning (IDT) notes dated 9/26/17 indicated Resident 1 has no family, no responsible party and was referred to a Psychologist for a capacity evaluation for probate conservatorship.</p> <p>Review of Resident 1's Psychological Services: Neurobehavioral Status Exam (96116) dated 9/28/17 indicated "Pt's cognition is declining. Doesn't have family member to make decision on his behalf. Has multiple episodes of being sent out for 5150 due to inappropriate behavior - yelling, banging doors, hoarding, refusing to take psychotropic medications, attempting to throw items at staff, locking himself in room."</p> <p>Review of the CAPACITY DECLARATION - CONSERVATORSHIP application dated 9/28/17 indicated no specific date for Resident 1's court hearing. During a concurrent interview with the Social Services Designee (SSD) on 5/2/18 at 9am, the SSD indicated there wasn't a court hearing date for the Declaration of Conservatorship because the doctor did not sign the documents and they have since expired, so they are having to start the process all over again.</p> <p>Review of the facilities Policy and Procedure for Medical Director indicated "3. Medical director functions also include, but are not limited to: ... c. Helping assure that residents receive adequate services appropriate to meet their needs".</p>	F 710	<p>4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</p> <p>a. Social Services Director will report the findings during Quality Assurance Meeting for next three months.</p>		

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