ACCEPTED
7/17/19
36204

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

PRINTED: 07/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055708	A. BUILDING _____ B. WING _____	C 07/11/2019

HEALTH FACILITIES INSPECTION DIVISION ADMINISTRATION
2019 JUL 16 PM 3:18
RECEIVED

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ORCHARD - POST ACUTE CARE	12385 E. WASHINGTON BLVD WHITTIER, CA 90606

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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during the investigation of a complaint. Complaint number: CA00638202. Representing the Department: HFEN # 40821. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were issued for complaint number CA00638202.	F 000	**Preparation and/or execution of the Plan of Correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907**	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F 842	**F 842** **Corrective action(s) for resident found to have been affected by the deficient practice:** One on One in-service training provided on 7/15/19 by the DON to Treatment Nurse to provide accurate and complete medical record by documenting the care provided in the TAR and in the patient's progress notes of any Catheter bag changed. Treatment Nurse to document in the ETAR per MD order that indwelling catheter may be change as needed (PRN) for malfunction or dislodgement. Review policy and procedure on Indwelling Catheter insertion specifically providing accurate and complete medical record with inserting Foley Catheter or changing Foley Catheter bag in the ETAR & in patient's progress notes as indicated.	7-16-19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Rinwell. Pho, RN	DON	7-16-19

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 842	Continued From page 1 §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and	F 842	**F 842** **Corrective action(s) for resident found to have been affected by the deficient practice:** In-service training provided on 7/15/19 and 7/16/19 by the DON to the Licensed nurse to provide accurate and complete medical record by documenting the care provided in the TAR and in the patient's progress notes of any Catheter bag changed. Licensed Nurses to document in the ETAR per MD order of indwelling catheter may be change as needed (PRN) for malfunction or disclodgement. Review policy & procedure on Indwelling Catheter insertion specifically providing accurate and complete medical record when inserting Foley Catheter or changing Foley Catheter bag in the ETAR and/or in patient's progress notes as indicated. **Identification of other residents with the potential to be affected and corrective action:** Checked ETAR of all residents on 7/15/19 who has Foley Catheter / Supra Catheter and found that the documentation were completed as indicated	7-16-19

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F 842	Continued From page 2 determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide an accurate and complete medical record for a resident by facility staffs not documenting the care provided for an indwelling catheter (a flexible tube inserted into the bladder to drain urine connected to a drainage bag), on 4/1/19, for one of three sampled residents (Resident 2). This deficient practice resulted in miscommunication among facility staffs including Resident 2's Family Member 1 (FM 1), and Resident 2 at risk for not receiving proper care for his indwelling catheter. Findings: A review of Resident 2's Admission Record indicated Resident 2 was admitted, on 3/31/19, with diagnoses that included muscle weakness, urinary retention (inability to completely or partially empty the bladder), and anxiety disorder (mental disorders characterized by significant feelings of anxiety and fear). A review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 4/7/19 , indicated Resident 2's cognitive (relating to or involving the processes of thinking and reasoning) skills was severely impaired. Resident 2 required extensive assistance with one staff on bed mobility,	F 842	F842 **Measures that will be put into place to ensure that the deficiency does not recur** Physician order added to include changing of the Catheter bag as needed in the ETAR documentation. QA nurse to check all residents with Foley Catheter / Supra Catheter to ensure that appropriate documentation of Foley Catheter insertion or Catheter bag changed in ETAR and/or patient's progress notes as indicated during monthly recap. **Measures that will be implemented to monitor effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur** Director of Nursing/designee will present concerns to the QA & A Committee monthly for 3 months or until substantial compliance is reached.	7-16-19

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F 842	Continued From page 3 dressing, and personal hygiene, and require two staff assistance on transfers and toilet use. A review of Resident 2's Order Summary Report, dated 3/31/19, indicated a physician ordered for a indwelling catheter (a flexible tube inserted into the bladder to drain urine) care every shift and may change catheter as needed for malfunction or dislodgment. A review of Resident 2's Treatment Administration Record (TAR), for 4/2019, indicated catheter care was done every shift by a licensed nurse from 4/1/19 to 4/8/19. The TAR indicated the indwelling catherter may be change as needed (PRN) for malfunction or dislodgement was blank. A review of Resident 2's Progress Notes by Licensed Vocational Nurse 1 (LVN 1), dated 4/1/19 at 5:45 p.m., indicated, on 4/1/19 at 3:55 p.m., Resident 2 pulled out his indwelling catheter (Foley catheter). During an interview, on 6/3/19 at 3:47 p.m., LVN 1 stated Resident 2's indwelling catheter was pulled out, on 4/1/19, and indwelling catheter was reinserted by another nurse. During an interview, on 6/3/19 at 4:03 p.m., Treatment Nurse stated she changed Resident 2's indwelling catheter bag, on 4/1/19, and did not document in the TAR or in resident's progress notes that Resident 2's indwelling catheter bag was changed. During an interview on 6/4/19 at 3:59 p.m. RN 1 stated Resident 2 tried to pulled out indwelling catheter, but only the indwelling catheter bag was disconnected.	F 842		

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F 842	Continued From page 4 During an interview, on 6/5/19 at 9:49 a.m., FM 1 stated a staff from the facility (unable to remember the name) notified her that Resident 2's indwelling catheter was pulled out, on 4/1/19. FM 1 stated she assumed that the indwelling catheter was re-inserted. A review of the facility's policy and procedure titled, "Catheter, Indwelling Insertion of," revised date 5/2007, indicated to assure that insertion of a indwelling (Foley) catheter was completed to maintain drainage of urine from the bladder, all appropriate information was documented in the medical record.	F 842		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment	F 880	F 880 **Corrective action(s) for resident found to have been affected by the deficient practice:** One on One in-service provided on 7/15/19 by the DON to Physical Therapist on sequence of donning and removing the PPE, Physical Therapist to keep gloves and gown on when touching a bedside table or walker inside the room, PT to leave the designated walker inside the isolation room and to wash hands before exiting the isolation room. Also review types transmission base precaution, review procedures on caring of patients on isolation for C-Difficile spores.	7-16-19

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F 880	Continued From page 5 conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of	F 880	F 880 **Corrective action(s) for resident found to have been affected by the deficient practice:** Infection Control in-service training provided on 5/10/19 and on 7/15/19 by DSD/Infection Control designee on Transmission base precaution and PPE includes handwashing procedures, discuss the mode of transmission of pathogens via hands, discuss the sequence of donning and removing the PPE, understanding caring of patients on isolation for C-difficile spores. In-service training provided by DON on 7/15/19 & 7/16/19 to the Licensed Nurses on Transmission base precaution and PPE includes handwashing procedures, discuss the mode of transmission of pathogens via hands, discuss the sequence of donning and removing the PPE, understanding caring of patients on isolation for C-difficile spores. Also to keep all dedicated use of non-critical care equipments inside the room including Vital Signs equipment, gait belt or walker.	7-16-19

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F 880	Continued From page 6 infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, a facility staff failed to implement the standard precautions (work practices required to achieve a basic level of infection prevention and control) for hand washing and contact isolation precaution (used for infections, diseases or germs that are spread by touching the patients or items in the room) by not knowing the source of infection and not properly using personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) for assisting one of four sampled residents (Resident 1). These deficient practices resulted in the risk for communicable disease (caused by microorganisms such as bacteria, viruses, parasites and fungi that can be spread, directly or indirectly, from one person to another) to spread in the facility, from resident to resident, staff, and visitors, and the potential to cause infection outbreak. Findings: A review of Resident 1's Admission Record indicated Resident 1 was admitted, on 5/29/19, with diagnoses that included hypertension (high blood pressure), anemia (condition that occurs when blood does not carry enough oxygen to the rest of the body), and clostridium difficile colitis (C-diff., bacteria in the stool causing diarrhea and	F 880	F880 **Identification of other residents with the potential to be affected and corrective action:** No Isolation at this time **Measures that will be put into place to ensure that the deficiency does not recur** DSD/Infection Control designee to provide weekly observation of 2 staff assigning to care for patient on isolation for C-difficile infection if any present in the facility to ensure compliance with the sequence of donning and removing the PPE and follows handwashing procedures by using the Healthcare-Associated infection program adherence monitoring tool provided by CDPH. **Measures that will be implemented to monitor effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur** Director of Nursing/designee will present concerns to the QA & A Committee monthly for 3 months or until substantial compliance is reached.	7-16-19

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F 880	Continued From page 7 intestinal infection). A review of Resident 1's Order Summary Report indicated a physician order, dated 5/30/19, to place Resident 1 on isolation precaution for C-diff. During an observation, on 6/3/19 at 12:11 p.m., Physical Therapist 1 (PT 1) was observed inside Resident 1's room and assisted Resident 1. PT 1 was wearing a yellow gown with only the neck tied. PT 1's clothing/uniform was exposed at the back. PT 1 removed the yellow gown, and PT 1, without gloves and gown, touch a bedside table. PT 1 observed, without gloves and gown, grabbed a walker inside the room, and PT 1 exited the room, without washing hands nor using a hand gel. During an interview with PT 1, on 6/3/19 at 12:11 p.m., PT 1 stated she (PT 1) was not sure of the source for Resident 1's isolation precaution . During an interview, on 6/3/19 at 2:40 p.m., PT 1 stated for a resident on isolation precautions, staff needed to wash hands before and after assisting a resident, and to wear gown, gloves, and mask, if needed. PT 1 stated she did not wear gloves and took of the gown inside Resident 1's room. PT 1 stated she did not wash her hands nor use hand gel before exiting Resident 1's room. A review of facility's policy and procedures titled, "Hand Washing," revised date 5/2007, indicated for facility staff to cleanse hands to prevent transmission of possible infectious material and to provide clean, healthy environment for residents and staff. The procedure included waterless hand washing (hand gel) may be used	F 880		

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F 880	Continued From page 8 such as in the dining room and administering medication, and hand washing with soap of water should be done as soon as possible. A review of facility's policy and procedure titled, "Infection Control: Clostridium Difficile," undated, indicated equipment and supplies were gloves, gown, and disinfectant. The procedures included for employees should wash their hands after handling potentially contaminated items and after removal of personal protective clothing.	F 880		