

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

PRINTED: 09/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/26/2019
NAME OF PROVIDER OR SUPPLIER COTTONWOOD HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 625 COTTONWOOD STREET WOODLAND, CA 95695		
(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 facility reported incident #CA00643935. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 29825 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free	F 604			

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

Kimberley Inglen

TITLE

Administrator

(X6) DATE

9/19/19

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 604	<p>Continued From page 1</p> <p>from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and review of facility documents, the facility failed to ensure 1 of 3 sampled residents (Resident 1) was free from physical restraints when he was held down by his wrists while combative during personal care.</p> <p>This failure increased the risk for psychosocial distress and resulted in skin tears.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in early 2017 with multiple diagnoses which included encephalopathy (disease, damage, or malfunction of the brain). His most recent Minimum Data Set (MDS, an assessment tool) indicated his cognition was severely impaired and he required supervision to extensive assistance with one to two persons for his activities of daily living (ADLs).</p> <p>Review of Resident 1's "PSYCHIATRIC CONSULTATION," dated 3/19/19, indicated "He is fairly cooperative with care to those who know him...MENTAL STATUS EXAM...angry mode of engaging...hard of hearing...Psychological Treatment: Continue current redirection...of behavioral symptoms..."</p>	F 604			

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F 604	<p>Continued From page 2</p> <p>Review of Resident 1's IDT (Interdisciplinary Team) note, dated 7/1/19, indicated "Resident was being cared for by two CNA's [Certified Nurses Assistants] on NOC [night] shift when it was noted that Resident had sustained skin tears to bilateral [both] posterior [back] forearms. It was noted that Resident was combative verbally and physically during the time care was rendered...Previous interventions: Explain all procedures or care activities to Resident before performing care. Allow time for Resident to process plan of care, call son if Resident becomes upset or physically/verbally aggressive during care..."</p> <p>Review of Resident 1's physician's telephone orders, dated 7/1/19, indicated the treatment for Resident 1's right and left forearm skin tears, "...FOREARM SKIN TEAR: CLEANSE WITH NSS [NORMAL SALINE SOLUTION, a mild salt water solution] PAT DRY, COVER WITH [name of dressing], AND WRAP WITH [name of woven bandage]."</p> <p>Review of Resident 1's "INITIAL SKIN ALTERATION RECORD," dated 7/1/19 indicated the left forearm skin tear measurements as 6 cm (centimeters, a unit of measure) by 1.5 cm and the right forearm measurements as 7.5 cm by 4 cm, both with undetermined depth and a moderate amount of thin red drainage.</p> <p>Review of Resident 1's care plan, titled "SKIN INTEGRITY," revised 7/1/19, indicated "Treatment to wounds per MD [physician] order."</p> <p>During an observation of Resident 1 on 7/3/19 at 5:39 a.m., two CNAs went in to give care to Resident 1 and pulled the curtain for privacy. His</p>	F 604			

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F 604	<p>Continued From page 3</p> <p>response was laden with profanities, "I don't know what the h - - - you're talking about...do you have to do it so d - - - early...G - - d - - - f - - - - - women. I thought I'd feel safe. You can't have privacy anywhere these days..."</p> <p>During an interview with CNA 2 on 7/3/19 at 5:48 a.m., when asked how she handled the combative behaviors of Resident 1, she said, "We'll back off, let him calm down, make sure he's safe. Fifteen minutes will make a large difference..."</p> <p>During an interview with CNA 3 on 7/3/19 at 5:53 a.m., she said, "If he shows signs of agitation, I'll get someone else to help or come back later. He cusses like a sailor... His behaviors are pretty much the same, day and night. He has hit me..."</p> <p>During an interview with Licensed Nurse 1 (LN 1) on 7/3/19 at 6:17 a.m., she was asked to describe Resident 1 and said, "He's demented, aggressive and confused with behaviors...If he gets aggressive, we just have to walk away...I became aware of the skin tears about 6:30 a.m....I asked [CNA 4] what happened. He said [Resident 1] was fighting and striking out. He motioned how he was holding his wrists...He indicated he held [Resident 1's] wrists while [CNA 5] changed him. I'm not sure why they didn't walk away."</p> <p>Review of the facility policy and procedure titled "Activities of Daily Living (ADLs), Supporting," revised March 2018, indicated "4. If residents with cognitive impairment resist care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care. Approaching the resident in a</p>	F 604			

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F 604	Continued From page 4 different way or at a different time, or having another staff member speak with the resident may be appropriate." Review of the facility policy and procedure titled "Behavioral Assessment, Intervention and Monitoring," revised December 2016, indicated "Management...5. The resident...will have the right to refuse treatment..." Review of the facility policy and procedure titled "Use of Restraints," revised December 2007, indicated "9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident..." During an interview with the charge nurse (LN 2) on 7/3/19 at 8 a.m., she was asked to describe Resident 1 and what her expectations were. She said, "He can be very agitated, combative and confused. If he's refusing care, we'll call the son who's very involved or just tell them to get another staff or walk away...Just leaving him alone calms him...They said they were holding him [down] while changing him and he ended up with skin tears..."	F 604			
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	F 880			

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F 880	<p>Continued From page 5 program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§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 conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 review of facility documents, the facility failed to provide a sanitary environment to help prevent the development and transmission of infections for 1 of 3 sampled residents (Resident 1) when dressings were changed and standard infection prevention precautions were not followed.</p> <p>This failure increased the potential risk for infection.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in early 2017 with multiple diagnoses which included encephalopathy (disease, damage, or malfunction of the brain) and an antibiotic resistant bacterial infection. His most recent Minimum Data Set (MDS, an assessment tool) indicated his cognition was severely impaired and he required supervision to extensive assistance</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>with one to two person assistance for his activities of daily living (ADLs).</p> <p>Review of Resident 1's physician's telephone orders, dated 7/1/19, indicated the treatment for Resident 1's right and left forearm skin tears, "...FOREARM SKIN TEAR: CLEANSE WITH NSS [NORMAL SALINE SOLUTION, a mild salt water solution] PAT DRY, COVER WITH [name of dressing], AND WRAP WITH [name of woven bandage]."</p> <p>Review of Resident 1's care plan, titled "SKIN INTEGRITY," revised 7/1/19, indicated "Treatment to wounds per MD [physician] order."</p> <p>During an observation of a dressing change on 7/3/19 at 8:25 a.m., the following was observed. Licensed Nurse 1 (LN 1) used her bare hands, placed multiple 4 inch x 4 inch gauze swabs and multiple four ounce normal saline solution ampoules on top of the treatment cart, then picked them up again with bare hands. She carried them into Resident 1's room and placed them directly on the resident's bedspread, an unclean surface. LN 1 put gloves on and then placed dressing scissors on the bedspread. She placed a towel under the resident's right arm and carefully cut away the gauze dressing with the contaminated scissors. She sprayed the wound with normal saline and used the contaminated gauze to pat the medicated petroleum dressing and ease it away from the wound. Gauze, paper tape, scissors, normal saline ampoules and the package of medicated petroleum gauze laid directly on the bedspread throughout the procedure. LN 1 then transferred the same towel used under the right arm and placed it under the left arm. She then transferred all dressing items</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>to the left side of the bed and placed them directly on the bedspread. She cut off the gauze bandage on the left arm and placed the contaminated scissors directly on the bedspread. There was no observation of washing of hands, use of hand sanitizer or changing gloves when going from dirty to clean tasks.</p> <p>During an interview with LN 1 on 7/3/19 at 9 a.m., upon completion of the dressing change, she was asked about the process and said, "I normally put it [dressing supplies] on the table or use a towel [to place the dressing supplies on] but I was trying to hurry because you were here."</p> <p>During an interview with the Director of Staff Development (DSD) on 7/3/19 at 9:02 a.m., she was asked what her expectations were and said, staff should "sanitize table, place a [Brand name of disposable pad] or other barrier down and put supplies on top of the barrier...wash hands with soap and water, remove dressing...when removed, change to new gloves between dirty to clean [tasks]...wash hands between the two areas treated [left arm and right arm], change gloves between..."</p> <p>Review of the facility policy titled "Skin Tears - Abrasions and Minor Breaks, Care of," revised 9/2013, indicated "The purpose of this procedure is to guide the...treatment of abrasions, skin tears and minor breaks in the skin...Clean the bedside stand. Establish a clean field...Place the clean equipment on the clean field...wash and dry your hands thoroughly..."</p> <p>Review of the facility policy and procedure titled "Dressings...Clean," revised 9/2013, indicated "The purpose of this procedure is to provide</p>	F 880			

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F 880	Continued From page 9 guidelines for the application of...clean dressings...The following equipment and supplies will be necessary when performing this procedure...Clean dressings...Cleaning solution...Tape...Scissors...Personal protective equipment...Clean bedside stand. Establish a clean field...Place the clean equipment on the clean field...Wash and dry your hands thoroughly...Put on clean gloves. Loosen tape and remove soiled dressing...Wash and dry your hands thoroughly...Put on clean gloves..."			F 880			

F604 Immediate Corrective action for those found to have been affected:

*PA Acceptable 6/28/19
P.S. Parkman HFES*

Nurse's aides 4 and 5 were relieved of their duties immediately. Their respective agencies were notified of the incident. The police were called to investigate. The two aides involved have not been back since.

Identification of other residents with potential to be affected:

Assignment sheets were reviewed for the two aides in question and there were no other reports of restraint or injury during care.

Measures taken to prevent future recurrence:

Ongoing effort to hire permanent staff rather than use of Registry nurses aides. Facility (permanent) staff receive computer training regarding the handling of patients with dementia. Registry staff will receive handout (and sign for) regarding how to approach those who resist care; with an opportunity to ask questions.

Nurses aides In-serviced by DON on 9/11; 9/16 and 9/18; regarding techniques to use for those who resist care.

Monitoring performance to ensure solutions are sustained:

DSD or Designee will perform hall rounds to monitor for interactions of aides with those residents with a history of resisting care. Department managers will conduct room rounds 3x per week and report any concerns to the ADM at morning stand-up. Results will be discussed at QA meeting once a month x3; then quarterly.

Compliance: September 24, 2019

*ADC Acceptable 10/28/19
P. S. Parkham HFES*

F880 Immediate Corrective action for those found to be affected:

LN 1 was instructed on correct techniques to use for dressing changes.

Identification of other residents with potential to be affected:

All residents with wounds have potential to be affected by the deficient practice.

Measures taken to prevent future recurrence:

DSD conducted in-services (7/23; 7/25; 7/26; 7/29 and 7/31) for Licensed Nurses (x16), regarding proper infection control techniques to be employed during changing of wound bandages. Each nurse then had to demonstrate competency during a dressing change. Anyone needing additional guidance received it.

Monitoring performance to ensure solutions are sustained:

DSS or Designee will conduct random wound "Re-competency" assessments monthly x3. Anyone failing the standard will receive re-education. Findings will be forwarded to the ADM for discussion at monthly QA meeting.

Compliance: September 24, 2019