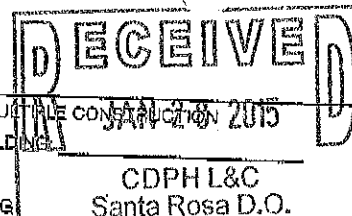


California Department of Public Health

PRINTED: 01/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000086	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 07/17/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROADWAY VILLA POST ACUTE

1250 BROADWAY
SONOMA, CA 95476

(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) COMPLETE DATE
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during an ABBREVIATED STANDARD SURVEY for ERI # 383332. Inspection was limited to the Abbreviated Standard Survey and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyors 29798, Health Facility Evaluator Nurse. ONE DEFICIENCY WAS ISSUED FOR ERI # 383332.	A 000	<u>A805 Patient care Policies and Procedures</u> Corrective action for residents found to have been affected by this deficiency: Resident # 1 was found to have been affected by this deficiency. On 1/9/2014 Resident #1 was noted with slurred speech and strong mint odor by staff. MD was notified and gave order for lab to rule out serum alcohol level but resident refused procedure. Meanwhile, staff monitored resident for an increase in altered mentation, inappropriate behavior tendencies, and symptoms that can result in accidents and falls. Staff instructed to intervene as necessary if resident is observed to have any unsafe behaviors to self or others.	1/28/15
A 805	T22 DIV5 CH3 ART5-72523(a) Patient Care Policies and Procedures (a) Written patient care policies and procedures shall be established and implemented to ensure that patient related goals and facility objectives are achieved. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to establish a policy and procedure for a resident consuming alcohol and obtain a physician order. These failures resulted in Resident 1 obtaining and consuming unknown amounts of alcohol and was inebriated exhibiting inappropriate behaviors towards residents and staff. Findings: On 1/10/14, at 10:48 a.m., California Department of Public Health received a self reporting incident from the facility with the allegations of "Resident	A 805	Copy of the Policy and Procedure was provided and reviewed by the Administrator with resident #1 on 1/21/2015. Corrective action for residents that may be affected by this deficiency: All residents have the potential to be affected by this deficiency. Residents that have the potential to be affected by this deficiency have physician's order to have alcohol with specific amount, and time of administration. Also, alcoholic beverages are kept in the medication room for safety. It is the policy of this facility that no alcoholic beverages shall be served to residents without a physician's order. According to policy alcohol shall not be purchased by residents or any other party and	

Licensing and Certification Division

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

TITLE

(X5) DATE

STATE FORM

4509

4XWB11

If continuation sheet 1 of 3

Poc accepted, Administrator notified 1/29/15 - 1:20 PM

State, La Liban, AFEN

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California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/17/2014
NAME OF PROVIDER OR SUPPLIER BROADWAY VILLA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476		
(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) COMPLETE DATE
A 805	<p>Continued From page 1</p> <p>not treated with dignity/respect"</p> <p>Resident 1 was admitted to the facility on 5/18/13. Resident 1's physician orders dated 10/24/13, indicated "May go out on her own for not more than 3 hours locally" and "May go out for more than 3 hours with family/responsible party"</p> <p>During an interview on 1/16/14, at 3:15 p.m., Licensed Staff C stated that on the night of the incident he observed Resident 1 entering the facility around 7:30 p.m., Licensed Staff C further stated later that evening resident had approached the Nursing station accusing the Licensed Staff "Making fun of her slurred speech." Licensed Staff C stated I smelled "A very strong scent of cologne or perfume, notified resident's physician who was in the facility at the time. Resident refused to be assessed by the physician and declined the blood draw ordered to determine her blood alcohol level. Resident stated to the phlebotomist (A phlebotomist is a healthcare professional who is trained to draw blood from a patient in a safe and sanitary manner.) [I'll sue you for violating my privacy.] Resident accused me of [Touching her.] pointing to her shoulder and back. Law Enforcement were notified. Resident refused to answer any questions from the Law Enforcement."</p> <p>Inter Disciplinary team (IDT) note dated 1/10/14, on 1/16/14, at 3:50 p.m., indicated "Resident noted with slurred speech and strong mint odor by staff and MD. When ADON requested clarifications of the allegation that Licensed Staff C had touched resident on her shoulder, and back. Resident refused to further discuss the incident, stating that her attorney had advised her not to discuss until he was present. Licensed Nurse was reassigned as a precaution."</p>	A 805	<p>brought into the building without physician's orders and staff knowledge.</p> <p>If alcohol is found in resident's possession or if alcohol is being consumed by a resident that was not administered by nursing staff, alcohol will be confiscated and discarded.</p> <p>In the event that the staff recognizes any signs and symptoms (confusion, vomiting, tremors, slow and irregular breathing, pale skin, low body temperature and unconsciousness) due to intoxication, the staff member will immediately assist resident to his/her room and modify surroundings to be a safe environment. Staff will monitor and report to MD and RP if resident has increased altered mentation, exhibits inappropriate behaviors and symptoms that can result to accidents and falls.</p> <p>In the instance that behavior becomes or is observed to be uncontrollable, staff will call law enforcement for assistance. MD (Medical Doctor) and RP (Responsible Party) shall be made aware as well as the Facility Administrator and DON (Director of Nurses).</p> <p>The IDT (Inter Disciplinary Team) which includes the MD, RP, DON, SSD (Social Services Director) and Administrator and Ombudsman (if needed) will discuss measures to prevent further incidents and assistance for placement as deemed necessary.</p> <p>Failure to adhere to the alcohol policies may result in a 30 day notice to discharge given to the patient. Assistance to the resident will be given by the SSD to find location where the resident can use alcohol.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur:</p>	1/28/15

Licensing and Certification Division

STATE FORM

6009

4XWB11

If continuation sheet 2 of 3

PRINTED: 01/09/2015
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California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/17/2014
NAME OF PROVIDER OR SUPPLIER BROADWAY VILLA POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476			
(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)	(X6) COMPLETE DATE	
A 805	Continued From page 2 During an interview on 1/16/14, at 4:14 p.m., Unlicensed Staff D stated "Resident appears Intoxicated at times. I can smell it from her breath. I don't know where she gets the alcohol. I report it to the nurse each time." During an interview on 1/16/14, at 4:25 p.m., facility administrator stated "It was reported that the night of the incident patient became inebriated, unaware of how patient obtained alcohol. Patient had become very agitated accusing staff and the physician of abuse, and later recanted her story." During a telephone interview on 7/17/14 at 2:25 p.m., Resident 1 physician stated "Patient is medically stable to discharge to a lower level care/board and room with medication management, but is refusing to leave. I don't agree with patient consuming alcohol. Patient could go out 3 hours a day and if that is creating a problem I will discontinue the order." Review of facility policy and procedure titled Policy /Procedure- Nursing Clinical/ Physician Orders" revised 5/2013, no reference to obtaining an order for resident to consume alcohol.	A 805	An in-service was conducted by the Director of Staff Development on 1/21/2015 regarding Policy and Procedure on Alcoholic Beverages with all staff. The Policy and Procedure for Alcoholic Beverages will now be part of the admission process. Residents and family members will be informed of the current Policy and Procedure. Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: The IDT members will conduct Guardian Angel rounds from Monday through Friday while Manager on duty will conduct rounds during weekends and holidays. Guardian Angel rounds checklist will be revised to include question about recent alcohol consumption or alcohol storage. The Guardian Angel will also observe residents for any signs and symptoms of alcohol consumption. If resident was observed to have signs and symptoms of alcohol consumption, findings will be reported to charge nurse for further assessment. The Policy and Procedure for Alcoholic Beverages will be reviewed at least once a quarter with the current residents during monthly Resident Council meeting. IDT members will submit their Guardian Angel Rounds to QA&A for follow up. Findings will be documented and submitted at the quarterly Quality Assessment & Assurance Committee to ensure that the protocols set forth within these corrective measures are followed.	1/28/15	