

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

PRINTED: 11/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055996	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/18/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER - HY-LOND			STREET ADDRESS, CITY, STATE, ZIP CODE 3408 EAST SHIELDS AVENUE FRESNO, CA 93726		
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F 000	INITIAL COMMENTS Amended: IDR Result: Delete F 223 The following reflects the findings of the California Department of Public Health-Licensing and Certification, during a RECERTIFICATION survey. Representing the California Department of Public Health-Licensing and Certification by Federal Survey ID: 34310 RN HFEN, 29470 RN HFEN, 35688 RN, HFEN, and 31266 RN HFEN. Capacity: 121 Census: 103 Sample: 21 Random: 3 Entity Reported Incidents investigated during the RECERTIFICATION survey: CA00453328- Substantiated with no deficiencies. CA00456099- Substantiated, refer to F224 and F241.	F 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. This Plan of Correction shall constitute this facility's credible allegation of compliance. AMENDED 11-20-15 POC ACCEPTABLE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Reviewed By: <u>Loethen D. Mosher</u> Name Fax _____ Original <u>X</u> Facility Notified Name: <u>11/23/15 Charles Harris, DSD</u> Date: <u>11:50am</u> Time: <u>Loethen D. Mosher MSN,</u> Notified By: <u>HPES</u> Name RECEIVED SL NOV 20 2015		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, clinical record and administrative document review, the	F 241			

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

Paul McQuone TITLE: CA DEPT. OF PUBLIC HEALTH (X6) DATE: 11/20/15
LICENSING & CERTIFICATION

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 241	<p>Continued From page 1</p> <p>facility failed to maintain dignity for 2 of 21 sampled residents (Residents 16 and 17) and two of three random residents (Residents 22 and 23) when:</p> <p>1. Certified Nurse Assistant (CNA) 4 repeatedly belched (a release of gas from the stomach through the mouth) and produced flatulence (a release of intestinal gas from the anus) in the presence of Residents 16 and 17.</p> <p>2. CNA 1 took Resident 22 (a female) into the room of Resident 23 (a male) who was being transferred from a toilet to a wheelchair.</p> <p>These failures created a lack of dignity and respect for Residents 16, 17, 22, and 23.</p> <p>1. On 9/17/15 at 11:45 a.m., during an interview, Resident 16 stated CNA 4 regularly cared for him and his roommate, Resident 17. Resident 16 stated CNA 4 would often belch and produce flatulence while CNA 4 provided care for the two residents. Resident 16 stated CNA 4 said, "I was holding that for you." Resident 16 stated it was funny at first, but it was not funny anymore, "I don't like it, I tolerate it."</p> <p>Resident 16's Minimum Data Set (MDS) (a resident assessment tool) dated 7/5/15 indicated a cognitive score of "15". Resident 16's score indicated no cognitive deficits.</p> <p>On 9/17/15 at 11:51 a.m., during an interview, Resident 17 stated CNA 4 had produced flatulence and belched in his room. Resident 17 stated CNA 4 laughed after he produced flatulence and belched. Resident 17 stated he told CNA 4 not to produce flatulence or belch in</p>	F 241	<p>F241</p> <p>It is the policy of this facility to promote care for residents in a manner and an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individually.</p> <p>1. When Administration became aware of Resident 16 and 17's statements to the surveyor, CNA 4 was immediately called in to work and inserviced on Code of Conduct and Professionalism while in resident areas providing care. (Attachment # 2) 2. CNA #1 was also immediately inserviced regarding privacy and dignity when the incident occurred. Documentation was provided during the survey (Attachment #3)</p> <p>2. No other residents were affected by CNA 4's behavior per resident interviews conducted by the Activity Director. .</p> <p>3. The ED,DNS, and DSD will monitor residents and staff through observation and staff interviews weekly. During Resident Council, the resident right regarding dignity and respect will be reviewed to ensure that residents are provided with an opportunity to discuss concerns. (Attachment #1) All staff receives inservice upon hire and annually on the Code of Conduct and Professionalism. Additional inservice was provided following the incident regarding Resident #22. (Attachment # 4)</p>		

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F 241	<p>Continued From page 2</p> <p>his room anymore. Resident 17 stated CNA 4 ignored his request.</p> <p>Resident 17's MDS, dated 8/30/15 indicated a cognitive score of "13". Resident 17's score indicated no cognitive deficits.</p> <p>On 9/18/15 at 9:20 a.m., during an interview, CNA 4 stated he had once in a while belched and produced flatulence in Resident 16's and Resident 17's room. CNA 4 stated he did not think it was rude to belch or produce flatulence if he felt comfortable with the residents, although other people could be offended. CNA 4 stated it was not professional behavior to belch and produce flatulence in the residents' room.</p> <p>On 9/18/15 at 1:35 p.m., during an interview, the Director of Nursing (DON) stated CNA 4's behavior of belching and producing flatulence in front of residents was not acceptable. The DON stated professional behavior was expected of all staff when interacting with residents and their families.</p> <p>On 9/18/15 at 10:30 a.m., during an interview, Resident 16 stated he did not feel respected when CNA 4 came in his room and belched and produced flatulence. Resident 16 stated, he could not imagine walking into someone's room and doing what he does.</p> <p>On 9/18/15 at 11:15 a.m., during an interview, Resident 17 stated CNA 4 continued to belch and produce flatulence in his room even though he had asked CNA 4 to stop. Resident 17 stated CNA 4 was not respectful because CNA 4 had ignored his request and had continued with the behavior.</p>	F 241	<p>4. Any concerns expressed will be immediately addressed by the DNS & ED. Any negative trends will be reported to QAPI Committee for 6 months and an appropriate action plan developed.</p> <p>5. October 15, 2015.</p>		

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F 241	<p>Continued From page 3</p> <p>The facility policy titled, "Code of Conduct and Business Ethics" undated, indicated, "Conduct with Patients...Treat patients professionally and with respect."</p> <p>2. On 8/28/15 at 5:40 p.m., during a phone interview, the Housekeeper (HK) stated on 8/26/15 at approximately 5:30 p.m. she observed CNA 1 push Resident 22 (a female) in a wheelchair, into Resident 23's (a male) room and close the door.</p> <p>On 8/28/15 at 6:40 p.m., during an interview, the Administrator (ADM) stated on 8/26/15, CNA 1 took Resident 22 (a female) into Resident 23's (a male) room. The ADM stated CNA 1 provided care to Resident 23 when Resident 22 was in the room. The ADM stated CNA 1 should not have done that.</p> <p>On 9/1/15 at 5:20 p.m., during a phone interview, CNA 1 stated on 8/26/15, during evening meal service, he took Resident 22 (a female) into Resident 23's (a male) room and removed Resident 23 from the toilet while Resident 22 was in the room.</p> <p>On 9/17/15 at 11 a.m., during an interview, the Director of Nursing (DON) stated CNA 1 took Resident 22 (a female) into Resident 23's (a male) room and removed Resident 23 from the toilet. The DON stated CNA 1 should not have taken Resident 22 into Resident 23's room, while providing care, because it is a dignity and privacy issue.</p> <p>On 9/17/15 at 12 p.m., during an interview, Resident 23 stated Resident 22 should not have</p>	F 241			

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F 241	Continued From page 4 been in his room and he is unsure why Resident 22 was in his room. The facility policy and procedure titled, "Dignity" dated 02/26/2015, indicated, "... All residents will be treated in a manner and in an environment that maintains and enhances each resident's dignity and respect ... Assisting residents in daily care in a dignified manner ... ensuring residents are not exposed ...".	F 241			
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, staff and consultant interviews, and administrative and professional reference document review, the facility failed to store, serve and distribute food under sanitary conditions when: 1. The steam table drain did not have an air gap (backflow prevention measure). 2. A dry bulk food item was not stored in a food-grade container.	F 371			

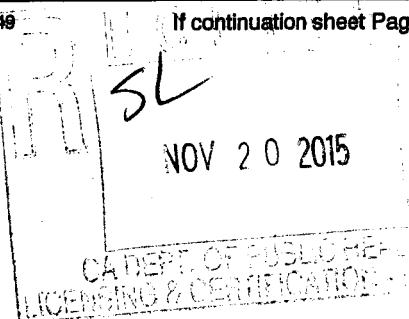
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CA DEPT. OF PUBLIC HEALTH
CERTIFICATE

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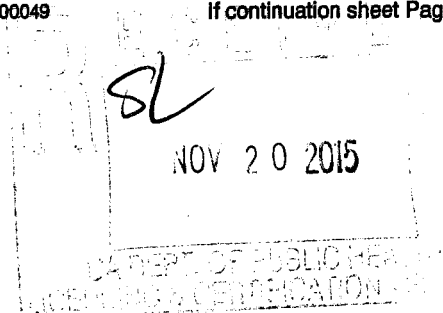
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F 371	<p>Continued From page 5</p> <p>3. A bag of celery was found opened, undated and unlabeled in the walk in refrigerator.</p> <p>4. A dark brown organic substance was found inside one of two ice machines.</p> <p>These failures resulted in the risk of food borne illness for the residents.</p> <p>Findings:</p> <p>1. On 9/15/15 at 10:10 a.m., during a kitchen observation and concurrent interview, the steam table drain pipe touched the drain. The Registered Regional Dietician (RRD) stated, "I'm not sure if that is correct..." The steam table drain pipe did not have an air gap.</p> <p>On 9/15/15 at 5:53 p.m., during a phone interview, the Dietary Consultant (DC)(California Department of Public Health) stated, "There must be at least a one inch gap between the steam table drain pipe and the rim of the drain. If the drains were to back up, it would back flow into the pipe of the steam table contaminating the food."</p> <p>On 9/18/15 at 2 p.m., during an interview, the Regional Facility Director for Maintenance stated he was aware there was not an air gap on the steam table drain.</p> <p>The 2013 Federal Food Code, Section 5-202.13 titled, "Backflow Prevention, Air Gap," indicated, "An air gap between the water supply inlet and the flood rim of the plumbing fixture, equipment, or nonfood equipment shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm [millimeter-unit of measure] (1 inch)."</p>	F 371	<p>F371</p> <p>It is the policy of this facility to store, prepare, distribute and serve food under sanitary conditions.</p> <p>1. No residents were affected by deficient practice</p> <p>a. The Regional Maintenance Supervisor corrected the backflow prevention measure the day of the survey finding.</p> <p>b. The dry bulk food item was placed in a food-grade container during the survey.</p> <p>c. The celery was disposed of during the survey.</p> <p>d. The ice machine was scheduled to be cleaned the day of the survey and was cleaned per manufacturer's recommendations.</p> <p>2. No residents were affected by deficient practice</p> <p>3. The RD immediately inserviced that staff regarding proper labeling and storage requirements. (Attachment # 5) The Regional Maintenance Supervisor cleaned the ice machine with the facility Maintenance Supervisor to ensure proper technique. (Attachment #6) The RD developed, in serviced and posted a guide for staff to follow regarding storage and labeling. (Attachment #7). The RD and Assistant Dietary Manager will incorporate this guideline into monthly inservices for 3 months. The RD and ED will make routine sanitation checks monthly to include storage and labeling.</p>		



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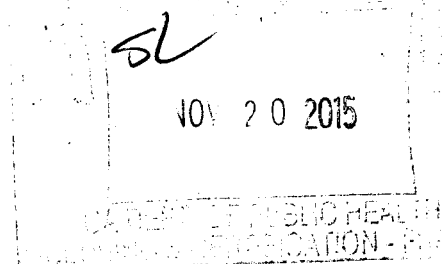
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F 371	<p>Continued From page 6</p> <p>2. On 9/15/15 at 10:25 a.m., during an observation and concurrent interview in the dry food storage area, a large, white plastic bag labeled Panko (a type of bread crumbs) contained an opened, undated 25 pound bag of Panko. The RRD stated, "I'm not aware if the plastic bag... is food-grade (bags that will not transfer noxious or toxic substances to food)."</p> <p>On 9/15/15 at 10:45 a.m., during an interview, the Assistant Dietary Manager stated, "The Panko was stored in a trash bag."</p> <p>The facility's policy titled, "Storing Dry Foods," dated 2011, indicated, "Follow these guidelines regarding opened items... Store bulk crackers, cereal, cookies, pasta, etc., in properly labeled, sealed containers or tightly closed food-grade plastic bags after being opened."</p> <p>3. On 9/15/15 at 10:15 a.m., during a walk-in refrigerator observation and concurrent interview, the RRD stated, "Once opened, it (the celery) should be dated and labeled."</p> <p>The facility's policy titled, "Storage of Prepared Foods," dated 2011, indicated, "Label each item with product name and "use by" date."</p> <p>4. On 9/16/15 at 7:24 a.m., during an ice machine observation and concurrent interview, a dark brown biological substance was located inside the top compartment of the ice machine. The RFD stated, "That looks like sludge, dirt. That shouldn't be there... The maintenance director is responsible for maintaining and</p>	F 371	<p>4. Monthly reports will reviewed at monthly QAPI Committee meetings for 6 months and any negative trends will be reviewed and an appropriate action plan developed.</p> <p>5. 10-15-15</p>		



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F 371	Continued From page 7 cleaning the ice machine."	F 371			
F 465 SS=E	<p>The facility maintenance supervisor job description, undated, indicated, "Ensure equipment... are clean, safe... and strict adherence to procedures regarding cleaners... ensure... infection control... and sanitation practices and procedures are followed... "</p> <p>The manufactures guidelines titled, "Ice-O-Matic," dated 06/15, indicated, "Cleaning will not remove microbial... or slime."</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and administrative document, the facility failed to provide a safe environment for residents, staff and the public when:</p> <p>1. The station three shower room had several broken, chipped and loose tiles on the center support wall in the second shower stall.</p> <p>2. The center patio had multiple areas of uneven, elevated and gaping cement.</p> <p>These failures created a risk for falls and injuries</p>	F 465			



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F 465	<p>Continued From page 8 for residents, staff and the public.</p> <p>Findings:</p> <p>1. On 9/17/15 at 11 a.m. during a shower room observation and concurrent interview, the Regional Facility Director of Maintenance (RFDM) stated there were broken, chipped, and loose tiles located on the side of the shower stall two wall (in the station three resident shower room). The RFDM stated the loose tiles could be a safety hazard. The Housekeeper Manager (HM) stated that's not good because the tiles were were coming off.</p> <p>The facility maintenance supervisor job description, undated, indicated, "Ensure... areas are clean, safe... and promptly address any hazardous conditions..."</p> <p>2. On 9/17/15 at 11:50 a.m., during a center patio observation and concurrent interview, the cement around one of the trees had a raised area approximately one foot in length. The raised area varied from one fourth of an inch to one inch in height. The walkways consisted of four slabs of cement. There were spaces, which varied from one and a half to two inches in width, between the slabs. The RFDM stated the uneven, raised and spaces between the slabs of cement could be a safety hazard.</p> <p>The facility maintenance supervisor job description, undated, indicated, "Ensure... areas are clean, safe... and promptly address any hazardous conditions..."</p>	F 465	<p>F465</p> <p>It is the policy of this facility to provide a safe, functional, sanitary, and comfortable environment for residents, staff, and public.</p> <p>1. The Station 3, second stall in the shower room was sectioned off immediately during survey and will remain not in use until the shower room is renovated this year. (Attachment #8) The raised area on the center patio will be repaired to eliminate the safety hazard. Bids are being obtained for the repair.</p> <p>2. No residents were affected by the cited issues.</p> <p>3. The Facility Maintenance Supervisor will make monthly and as needed inspections of the facility for potential safety hazards. The Regional Maintenance Supervisor and Facility Maintenance Supervisor will make rounds monthly together to collaborate on repairs needed and report to the ED.</p> <p>4. The maintenance reports will be reviewed by the ED and taken to Monthly QAPI Committee Meetings and reviewed for 6 months. Any negative trends will be reviewed and an appropriate action plan developed.</p> <p>5. 10-15-15</p>		

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