

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

PRINTED: 08/30/2021
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555283 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/30/2021 |
| NAME OF PROVIDER OR SUPPLIER CRYSTAL RIDGE CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 396 DORSEY DRIVE GRASS VALLEY, CA 95945 | | |
| (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 investigation of one complaint. Complaint: 710384 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department: Health Facilities Evaluator Nurse (HFEN) 41715 A deficiency was written for complaint 710384 at F658. | F 000 | | | |
| F 658 SS=D | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure one of three sampled residents (Resident 1) received care and services ordered by a physician. This resulted in the potential for prolonged pain and suffering for Resident 1. Findings Resident 1 was admitted to the facility on 10/21/2020 and discharged on 10/28/2020. His diagnoses included osteoarthritis (A type of arthritis that occurs when flexible tissue at the | F 658 | | | |

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

TITLE

(X6) DATE

[Signature]

ADMINISTRATOR

9/10/21

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 658 | <p>Continued From page 1</p> <p>ends of bones wears down) in his right hip, a history of falling and unsteadiness on his feet.</p> <p>A review of the Resident 1's medical record indicated that on 10/22/2020 at 10:09 AM, Resident 1 received an order from the facility's medical director for "Right Hip cortisone (a medication used to treat bone and muscle problems, like the pain that comes with arthritis) shot at interventional radiology...."</p> <p>In an interview on 6/28/2021 at 2:11 PM, Resident 1's Family Member stated, "[Resident 1] went to the facility because he had fallen," and, although he had right hip pain, "he never got his cortisone shot."</p> <p>In a concurrent record review and interview on 7/7/2021 at 3:30 PM, the Assistant Director of Nursing (ADON) 1 was unable to locate any appointment for Resident 1's injection. ADON 1 stated, "I don't see any evidence in the progress notes that an attempt was made to schedule the appointment."</p> <p>In a telephone interview on 7/8/2021 at 1:46 PM, Scheduler (SCH) 1 reviewed Resident 1's record and was unable to locate any documentation of attempts to schedule the above injection. SCH 1 stated, "We usually keep notes on when calls were made to schedule specialists' appointments for residents. I don't see any notes for [Resident1]."</p> | F 658 | | | |

-F658- Facility failed to ensure one of three sampled residents (Resident 1) received care and services ordered by a physician. This resulted in the potential for prolong pain and suffering.

-All resident with physical order for specialized services have the potential to be affected. Medical records Director performed audit and no other residents were identified to be affected.

-In-service provided to facility appointment scheduler regarding facility policy for scheduling appointments for specialized services.

-Medical records will perform weekly audits and report to DON weekly to monitor MD ordered appointments are scheduled timely as not to delay any potential treatments.

-Results of medical records audits will be reported to QA monthly x 3 months.

-Corrective action will be completed by 09/30/2021.