POC accepted #36385 2/1/19

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

PRINTED: 01/18/20
FORM APPROVE
OMB NO. 0938-03

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555677	A. BUILDING _____ B. WING _____	01/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE HEALTHCARE & WELLNESS CENTRE, LP	11630 SOUTH GREVILLEA AVE. HAWTHORNE, CA 90250

(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) COMPLETI DATE
F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during a Recertification survey. Representing the Department of Public Health: Surveyor ID: 36356, RN, HFEN Surveyor ID: 36385, RN, HFEN Surveyor ID: 19096, RN, HFEN Total Census: 78 Total Residents Sampled: 18	F 000	Preparation and/or execution of this Plan of Correction does not constitute admission by the Provider of the truth 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's required by the provision of Health and Safety Code Section 1280 and 42 C.F.R. 483. Please accept this POC as our credible allegation of compliance.	1/25/19
F 550 SS=D	Highest Severity and Scope: E Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the	F 550	**F-550** **I. Corrective Action/s:** 1:1 education was given on 01/22/19 to CNA # 1 by the DSD in regards to Resident's Rights and the need to explain to residents any procedure she will render. **II. How to Identify Other Residents:** CNA's were re-assessed on their skills/ knowledge from 1/15/19-1/22/19 regarding ADL's and Resident's Rights and no other CNA's has been deficient with this practice.	

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

TITLE: Administrator

(X6) DAT 1/25/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined t other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 c 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 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continue program participation.

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F 550	Continued From page 1 provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure one of 18 sampled residents (40), to be explained about the care, and have the right to refuse the care. This deficient practice placed Resident 40 at risk for not being valued as an individual, and the rights to refuse care not being met. Findings: During an incontinent care observation on 1/05/19 at 9:14 a.m., Resident 40 was heard saying "don't pull it up like that, don't pull it up like that, don't do it, you fool" when turned to the right side by Certified Nurse Assistant (CNA 1). CNA 1	F 550	**III. Systemic Changes:** DSD in-serviced nursing staff on 1/22/19 regarding Resident's Rights and during resident care will explain procedure to patients and or RP and will honor residents' refusal **IV. Monitoring:** This process will be monitored by the DSD by randomly checking CNA's during/ while performing ADL's. Any trend and or patterns of concerns identified will be shared with the QAA committee for further Recommendations for 3 months.	

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F 550	Continued From page 2 did not explain to the resident what she was doing, prior to touching and turning the resident. Resident 40 was observed stating in a high pitched voice, "get off me, don't be hurting my legs". CNA 1 ignored the resident's request and continued with her task. On 01/06/19 at 10:41 a.m., in an attempt to interview Registered Nurse (RN 1) stated CNA 1 was out of the facility, to escort a resident to an activity outing. During an interview with the Director of Staff Development (DSD) on 1/06/19 at 11:39 a.m., stated prior to administering care, staff should explain the procedure to the resident. The DSD stated if the resident was confused or had dementia (symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities) and was agitated, the staff was to leave the resident alone for a few minutes and try again at another time. The DSD stated when a resident indicated to stop a task, that was their right and the staff should stop the task. CNAs then should report that incident to the charge nurse (a licensed nurse who oversees unlicensed staff). A review of the facility's policy titled "Residents Rights, Quality of Life" revised January 2012, indicated each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being.	F 550		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)	F 557		

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F 557	Continued From page 3 §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure one of 18 sampled residents (40) was treated with dignity and respect. This deficient practice placed Resident 40 at risk of feeling embarrassed and potential for lowering the self-esteem. Findings: During an incontinent care observation on 1/05/19 at 9:14 a.m., Resident 40 was observed stating, "don't pull it up like that, don't pull it up like that, don't do it, you fool" when turned to the right side by Certified Nurse Assistant (CNA 1). CNA 1 was observed to not explain to the resident what she was doing prior to touching and turning the resident. Resident 40 was was observed to ignored the resident and continued with her task. On 1/05/19 at 9:19 a.m., CNA 1 was observed to take the gown off Resident 40, without explaining to the resident what CNA 1 was doing prior to	F 557	**F-557** **I. Corrective Action/s:** 1:1 education was given to CNA # 1 on 1/22/19 by the DSD in regards to Dignity and Respect and the need to explain to residents any procedure she will render. **II. How to Identify Other Residents:** CNA's were re-assessed on their skills/ knowledge from 1/15/19-1/22/19 regarding ADL's and Resident's Rights and no other CNA's has been deficient with this practice. **III. Systemic Changes:** DSD in-serviced nursing staff on 1/22/19 regarding Resident's Rights and during resident care will explain procedure to patients and or RP and will honor residents' refusal.	

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F 557	Continued From page 4 performing her task. CNA 1 assisted the resident with the gown without first explaining about the task. On 01/06/19 at 10:41 a.m., in an attempt to interview Registered Nurse (RN 1) stated CNA 1 was out of the facility, to escort a resident activity outing. During an interview with the Director of Staff Development (DSD) on 1/06/19 at 11:39 a.m., stated prior to administering care, staff should explain the procedure to the resident. The DSD stated if the resident was confused or had dementia (symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities) and was agitated, the staff was to leave the resident alone for a few minutes and try again at another time. The DSD stated when a resident indicated to stop a task, that was their right and the staff should stop the task. CNAs should report that incidents to the charge nurse (a licensed nurse who oversees unlicensed staff). A review of the facility's policy titled "Dementia Care" revised October 2017 indicated behavioral interventions are individualized approaches that are provided as part of a supportive physical and psychosocial environment, and are directed toward understanding, preventing and relieving, a resident's distress or to accommodate loss of abilities.	F 557	**IV. Monitoring:** This process will be monitored by the DSD by randomly checking CNA's during/ while performing ADL's. Any trend and or patterns of concerns identified will be shared with the QA committee for further recommendations for 3 months.	
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean,	F 584		

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F 584	Continued From page 5 comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (I) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by:	F 584	**F-584** **I. Corrective Action/s:** Resident 55 room was immediately cleaned by the housekeeping staff on 1/5/19. **II. How to Identify Other Residents:** On 1/5/19, Administrator and Maintenance Supervisor did rounds on the floor to check all rooms. No other residents have been affected from this deficient finding. **III. Systemic Changes:** a. An in-service was given to housekeeping staff on 1/22/19 by the Maintenance Supervisor regarding maintaining a safe, home-like and clean environment for the residents. b. Maintenance Supervisor will do random room and facility rounds daily (M-F) to provide a clean, home-like and safe environment for the residents.	

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F 584	Continued From page 6 Based on observation, interview and record review, the facility failed to ensure one of 18 sampled residents (55) room was kept safe, clean, organized and free of clutter. The deficient practice created a cluttered environment for Resident 55, making it hard to use the personal items, and potentially creating safety hazards. Findings: During the initial tour of the facility on 1/4/19 at 5:30 PM., and throughout the survey days Resident 55's room was observed with multiple boxes, large black trash bags on and around the bed and in corner of room. There were spider webs in the far corner of Resident 55's room, behind the bags on the floor near the sliding door. During a review of Resident 55's medical record the face sheet indicated the resident was admitted to the facility on 12/10/18, with diagnosis of other right femur (thigh bone) fracture (break in bone), removal of internal fixation device (surgical procedure that removes devices such as metal plates, rods and pins inserted in the bones to join the ends of fractured or broken bones and to stabilize them) and muscle weakness. During an interview with the director of Nurses (DON) on 1/5/19 at 10:00 AM., stated the facility had a lot of residents who did not like the facility moving their items. When asked about the cluttered personal items increasing risks and hazards for Resident 55, the DON stated they will have to come up with a plan to ensure clean and	F 584	**IV. Monitoring:** Any negative findings will be reported and discussed by the Maintenance Supervisor during the monthly QAA meeting for trending and sustaining compliance for 3 months.	

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F 584	Continued From page 7 safe environment. A review of the facility's policy and procedure titled "Resident Rooms and Environment", revised 1/1/12, indicated the facility staff aim to create a personalized atmosphere, paying close attention to the following: cleanliness and order.	F 584		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of 18 sampled residents (44), who was dependent on staff recieved incontinent care (a term that describes any accidental or involuntary loss of urine or bowel functions) in a timely manner after the resident was transferred back to the facility from general acute care hospital (GACH). The deficient practice resulted in Resident 44 not being assigned a care giver, left laying on a fitted sheet and two incontinent pads that were soaked with urine and bowel movement, increasing the risks for skin break down, infection, lowering the resident's dignity and self-esteem. Findings: The Admission records indicated Resident 44 was readmitted to the facility on 1/25/18 with	F 677	**F-677** **I. Corrective Action/s:** a. 1:1 in- service was given by the DSD to CNA #7 on 1/22/19 regarding ADL care provided for dependent residents and that a resident who is unable to carry out activities of daily living receives the necessary services to maintain good grooming, nutrition and personal hygiene. b. 1:1 in- service was given to LVN # 3 regarding assessing any admission and/or readmission resident and informing CNA's for any additional or change in their assignment. c. An IDT was conducted with the responsible party regarding the present plan of care of the resident and the facility's recommendation on transferring the resident on 2 assist and/or using a hoyer lift for transfer.	

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F 677	Continued From page 8 diagnoses not limited to cerebrovascular accident (stroke), abscess (a bump that appears within or below the skin's surface that may be infected) to the right lower leg tendon sheath, adult failure to thrive and contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) of the right knee and right ankle. The minimum data set (MDS), a standardized assessment and care-screening tool, dated 12/7/18 indicated Resident 44 had severe cognitive (ability to learn, understand, remember and make decisions) impairment. The same MDS indicated the resident was unable to walk and was dependent on staff for activities of daily living (such as dressing, eating, personal hygiene, toilet use and surface transfers). During a telephone interview on 1/05/19 at 4:07 p.m., Responsible Party (RP 1) complained the facility failed to provide appropriate and timely care to Resident 44. RP 1 stated "They don't clean her. RP 1 stated Resident 44 was transferred to the general acute care hospital (GACH) on 11/28/18 and the facility also failed to provide incontinent care after the resident had a bowel movement. RP 1 stated the resident returned from GACH on 11/29/18 at 5:30 a.m., but the facility failed to assign a CNA to the resident till about 1:00 p.m. on 11/29/18." RP 1 stated the resident was non-verbal. During an interview at the facility on 1/6/19 at 10:53 a.m. RP 2 stated the facility did not provide good care to Resident 44. RP 2 stated Resident 44 suffered right sided stroke and was unable to express her needs. RP 2 stated she helped provide incontinent care at GACH before a cast	F 677	**II. How to Identify Other Residents:** A facility wide review of dependent residents was conducted by the DSD on 1/6/19. No other resident was affected by this practice. **III. Systemic Changes:** a. On 1/22/19, DSD and DON has in-serviced nursing staff on ADL care provided for dependent residents who is unable to carry out activities of daily living receives the necessary services to maintain good grooming, nutrition and personal hygiene. b. The facility has developed a system and a form for accuracy of assignment and will be distributed to the nurses on the floor. **IV. Monitoring:** Any negative findings will be reported and discussed by the DSD during the monthly QAA meeting for trending and sustaining compliance for 3 months.	

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F 677	Continued From page 9 was applied on the resident's right leg. RP 2 stated the facility did not provide care to Resident 44 from 5:30 a.m. because cast debris were on the resident's leg and on the bed sheet, and there was an old blood stain on the incontinent pad. RP 2 stated "Resident 44 was lying in stool and urine, incontinent pads and fitted sheet was soaked with urine and the incontinent pads had stool on it. I took pictures as proof." RP 2 stated the DON asked RP 1 and 2 why they did not call the facility before visiting the resident, and DON was busy with 84 residents. RP 2 stated "My mom has been here for three years and the DON has never told me that I had to call the facility before I visit my mom." RP 2 stated no CNA attended and or was assigned to the resident on 11/29/18 from 5:30 a.m. till 11:30 a.m. because all the CNAs RP 2 asked about, stated they were not assigned to the resident. RP 2 stated "a CNA told me Resident 44 was not served or fed breakfast when she came back from the hospital." RP 2 stated one time a staff placed food on an over bed table, was too far for the resident to reach but the resident needs help to eat the foods. RP 2 stated in the past the resident was transferred to the hospital and had dried food on the face. RP 2 stated "I said it to my self that if this is happening to my mom it could happen to another patient." RP 2 stated one CNA would clean, turn, and reposition the resident before the fracture. RP 2 stated RP 1 demanded two CNAs perform and assist with the resident's ADLs after the fracture because the resident can not see from the right eye and or move both legs or help with turning. RP 2 "It is not the first time they leave Resident 44 dirty. My heart was bleeding with pain." RP 2 was observed with teary eyes and fighting back tears during the interview.	F 677		

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F 677	Continued From page 10	F 677		

During an interview on 1/6/19 at 2:59 p.m. CNA 3 stated Resident 44 was her extra assignment on 11/29/18 during the morning shift but the resident was not originally on CNA 3's assignment. CNA 3 stated there are usually 10 CNAs on 7:00 a.m. to 3:00 p.m. shift and that on 11/29/18, one CNA called off and one CNA was crossed out because that CNA was not scheduled to work. CNA 5 stated CNAs are usually informed of assignment changes the around 8:30 am. CNA 3 stated "the morning the resident returned from the hospital she was not on my schedule. They put her (Resident 44) on my schedule but they did not notify me. I got to know the resident was on my schedule when the family came to visit at lunch time like 11 something in the morning. The family was upset the resident was not up in a chair." CNA 3 stated director of staff development (DSD) and licensed vocational nurse (LVN 3) for CNA 3 to assist Resident 44. CNA 3 further stated "I was in the shower room with another patient and the DSD and LVN 3 wanted me to go to the resident's room." CNA 3 stated CNA 6 and another CNA assisted the resident. CNA 3 stated "I already had nine patients on that day and other CNAs had seven. I even complained about my assignment. This assignment in the book is not the original assignment."

During an interview on 1/6/19 at 3:22 p.m. LVN 3 stated on 11/29/18 Resident 44 returned from GACH because of a right ankle fracture on 11:00 p.m. to 7:00 a.m. shift. LVN 3 stated the registered nurse (RN) and charge LVN do a head to toe assessment when a resident was admitted or returned from GACH. LVN 3 stated out going night licensed nurse reported to LVN 3 the resident had a fracture, needed two person assist and Hoyer lift to transfer. LVN 3 stated "I saw the

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	555677	A. BUILDING _____ B. WING _____	01/06/2019

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HAWTHORNE HEALTHCARE & WELLNESS CENTRE, LP	11630 SOUTH GREVILLEA AVE. HAWTHORNE, CA 90250

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F 677	Continued From page 11	F 677		

resident on my initial round at 7:00 am. I saw in her in bed, I greeted her, I continued with my rounds, I went to the station to endorse about the resident's condition to the incoming night LVN. "That is what we always do." LVN 3 stated both the night LVN and LVN 3 conducted a hand off report at the resident's bedside. LVN 3 stated "I pulled the blankets from the foot of the bed to look at the fractured leg exposing the resident's feet to the knee. I saw a foot cradle, I saw a cast on the resident's leg, I did not do a complete body assessment during my eight hours shift. I only did a visual assessment on the resident." LVN 3 stated "I am sure that on 11/29/18 Resident 44's family came in around 10:00 a.m. and was upset the resident was still in bed. LVN 3 stated "I paged a CNA to assist the resident. That CNA is not permanently assigned to the resident, The CNA was in the shower with another resident, who was busy, I asked CNA 6 to assist the resident." LVN 3 stated the DSD was responsible for the CNA assignments. LVN 3 was not able to state why LVN 3 could not assist Resident 44.

During an interview on 1/6/19 at 3:48 p.m. CNA 6 stated "I was asked to go help Resident 44 around 10:30 a.m. to 10:40 a.m. They asked me to help because the CNA was busy with another resident." CNA 6 stated Resident 44 was in a GACH gown and RP 2 was at the bedside. CNA 6 further stated "when I pulled back the blankets I saw a cast on the right leg, two soaked disposable incontinent pads, fitted sheets were soiled from urine and fresh stool. The stool was not hard nor stuck on the resident's skin" and RP 2 was taking pictures because CNA 6 witnessed RP take the pictures of the resident. CNA 6 stated "before DSD or I go home we make sure assignment is done. We go home around 5:00

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F 677	Continued From page 12	F 677		

p.m." and the resident was transferred to GACH before DSD and CNA 6 went home on 11/28/18, and the DSD and CNA 6 thought Resident 44 would not return to the facility. CNA 6 verified and stated "no CNA was assigned to the resident on 11/29/18. CNA 6 stated both the DSD and CNA 6 report to work in the morning at 8:30 a.m. and made resident rounds. CNA 6 stated "I saw the resident in bed around 9:00 a.m., on 11/29/18 and DSD and or CNA 6 needed to have assigned a CNA to Resident 44. CNA 6 verified and stated "we did not tell CNA 3 Resident 44 was added on to her (CNA 3) assignment. We just mentioned to her (CNA 3), her assignment was adjusted at 10:30 a.m. on 11/29/18 when the resident's family member came to visit." CNA 6 stated charge nurses can adjust CNAs assignment if DSD or CNA 6 are not at the facility.

During an interview on 1/6/19 at 4:16 p.m. the DSD stated Resident 44 was crossed out of the CNA assignment when the resident was transferred to GACH. The DSD stated the 11:00 p.m. to 7:00 a.m. charge nurse was responsible and could readjust CNAs assignment. The DSD stated "I did not investigate nor question the CNA or the charge nurse assigned Resident 44 on the 11:00 p.m. to 7:00 a.m. as to what happened." The DSD stated "I knew around 10:30 a.m. to 11:00 a.m. on 11/291/8 the resident did not have a CNA. I was aware the resident was soaked in urine and stool and particles from the cast was on the bed from the hospital. I believe that day the family came over for a meeting in the dining room. I was called in for the meeting. The family was very upset and I understand why they were very upset because if I put myself in the family's position I would be very upset." The DSD stated CNA 7 was assigned to Resident 44's room.

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F 677	Continued From page 13 During record review on 1/6/19 the facility document titled Patient Care Plan dated 11/20/18 indicated Resident 44 will be neat, clean, odor free, and well groomed, daily. During the survey exit conference on 1/6/19 at 5:50 p.m. the DON stated she was on duty as early as 7:30 a.m. and RP 2 had accompanied Resident 44 back from GACH on 11/29/18. However RP 2 stated on 1/6/2019 at 10:53 a.m. "the facility called on phone at 5:30 am and said Resident 44 was back at the facility." The DON stated RP 2 was very upset that no one had attended to Resident 44's needs. During a telephone interview on 1/7/19 at 7:35 a.m. RN 3 stated Resident 44 returned to the facility from GACH via emergency medical services (EMS) on 11/29/18 at 5:30 a.m. RN 3 stated "I informed the CNA assigned to that room about Resident 44 was in bed. RN 3 stated no one witnessed her tell the CNA about Resident 44's return back to the facility. RN 3 stated "I can't remember what was on the resident's bed or how the resident was." RN 3 stated "I assessed the resident from head to toe and the resident had a cast on one leg." During a telephone interview on 1/7/19 at 10:43 a.m. CNA 7 stated "I can't remember the date the resident was transferred to and returned from the hospital. When I reported to work she had already come back from the hospital. I heard her foot was broken. The charge always tells us if we have an admission or readmission." CNA 7 denied Resident 44 was on his assignment on 11/29/18 at 5:30 a.m. CNA 7 stated the 11:00 p.m. to 7:00 a.m. CNAs usually clock out at 7:00 a.m.	F 677		

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F 677	Continued From page 14 During record review the facility's document titled Time Detail indicates CNA 7 electronically clocked in on 11/28/19 at 10:53 p.m. and out on 11/29/18 at 6:55 a.m. During record review the facility document titled CNA Daily Assignments dated 11/28/18 11:00 to 7:00 indicated CNA 7 was assigned to Resident 44's room. During a second telephone interview on 1/7/19 at 11:41 a.m. CNA 7 was informed the electronic time card indicated CNA 7 clocked in on 11/28/19 at 10:53 p.m. and out on 11/29/18 at 6:55 a.m. CNA 7 was quiet for a few seconds then stated "I did not go to see the patient (Resident 44) when she came back from the hospital." A review of the facility's policy titled "Residents Rights, Quality of Life" revised January 2012, indicated each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being.	F 677		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 684	**F-684** **I. Corrective Action/s:** a. 1:1 in- service was given by the DSD to CNA #7 on 1/22/19 in regards to quality of care and residents receiving treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and resident's choices.	

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F 684	Continued From page 15 care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of 18 sampled residents (44), who needed assistance from staff per comprehensive person centered care plan, received assistance with incontinent care (a term that describes any accidental or involuntary loss of urine or bowel functions) in a timely manner after the resident was transferred back to the facility from general acute care hospital (GACH). The deficient practice resulted in Resident 44 left laying on fitted sheet and two incontinent pads soaked with urine and bowel movement. Findings: The Admission records indicated Resident 44 was readmitted to the facility on 1/25/18 with diagnoses not limited to cerebrovascular accident (stroke), abscess (a bump that appears within or below the skin's surface that may be infected) to the right lower leg tendon sheath, adult failure to thrive and contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) of the right knee and right ankle. The minimum data set (MDS), a standardized assessment and care-screening tool, dated 12/7/18 indicated Resident 44 had severe cognitive (ability to learn, understand, remember and make decisions) impairment. The same MDS indicated the resident was unable to walk and was dependent on staff for activities of daily living	F 684	b. 1:1 in- service was given to LVN # 3 regarding assessing any admission and/or readmission resident and informing CNA's for any additional or change in their assignment. c. An IDT was conducted with the responsible party regarding the present plan of care of the resident and the facility's recommendation on transferring the resident on 2 assist and/or using a hoyer lift for transfer. **II. How to Identify Other Residents:** A facility wide review of dependent residents was conducted by the DSD on 1/6/19. No other resident is affected by this practice.	

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F 684	Continued From page 16 (such as dressing, eating, personal hygiene, toilet use and surface transfers). During a telephone interview on 1/05/19 at 4:07 p.m., Responsible Party (RP 1) complained the facility failed to provide appropriate and timely care to Resident 44. RP 1 stated "They don't clean her. RP 1 stated Resident 44 was transferred to the general acute care hospital (GACH) on 11/28/18 and the facility also failed to provide incontinent care after the resident had a bowel movement. RP 1 stated the resident returned from GACH on 11/29/18 at 5:30 a.m., but the facility failed to assign a CNA to the resident till about 1:00 p.m. on 11/29/18." RP 1 stated the resident was non-verbal. During an interview at the facility on 1/6/19 at 10:53 a.m. RP 2 stated the facility did not provide good care to Resident 44. RP 2 stated Resident 44 suffered right sided stroke and was unable to express her needs. RP 2 stated she helped provide incontinent care at GACH before a cast was applied on the resident's right leg. RP 2 stated the facility did not provide care to Resident 44 from 5:30 a.m. because cast debris were on the resident's leg and on the bed sheet, and there was an old blood stain on the incontinent pad. RP 2 stated "Resident 44 was lying in stool and urine, incontinent pads and fitted sheet was soaked with urine and the incontinent pads had stool on it...I took pictures as proof." RP 2 stated the DON asked RP 1 and 2 why they did not call the facility before visiting the resident, and DON was busy with 84 residents. RP 2 stated "My mom has been here for three years and the DON has never told me that I had to call the facility before I visit my mom." RP 2 stated no CNA attended and or was assigned to the resident on 11/29/19 from	F 684	**III. Systemic Changes:** a. On 1/22/19, DSD and DON has in-serviced nursing staff in regards to quality of care and ensuring that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan and resident's choices. b. The facility has developed a system and a form for accurate assignment and will be distributed to the nurses on the floor. **IV. Monitoring:** Any negative findings will be reported and discussed by the DSD during the monthly QAA meeting for trending and sustaining compliance for 3 months.	

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F 684	Continued From page 17 5:30 a.m. till 11:30 a.m. because all the CNAs RP 2 asked about, stated they were not assigned to the resident. RP 2 stated "a CNA told me Resident 44 was not served or fed breakfast when she came back from the hospital." RP 2 stated one time a staff placed food on an over bed table, was too far for the resident to reach but the resident needs help to eat the foods. RP 2 stated in the past the resident was transferred to the hospital and had dried food on the face. RP 2 stated "I said it to my self that if this is happening to my mom it could happen to another patient." RP 2 stated one CNA would clean, turn, and reposition the resident before the fracture. RP 2 stated RP 1 demanded two CNAs perform and assist with the resident's ADLs after the fracture because the resident can not see from the right eye and or move both legs or help with turning. RP 2 "It is not the first time they leave Resident 44 dirty. My heart was bleeding with pain." RP 2 was observed with teary eyes and fighting back tears during the interview. During an interview on 1/6/19 at 2:59 p.m. CNA 3 stated Resident 44 was her extra assignment on 11/29/18 during the morning shift but the resident was not originally on CNA 3's assignment. CNA 3 stated there are usually 10 CNAs on 7:00 a.m. to 3:00 p.m. shift and that on 11/29/18, one CNA called off and one CNA was crossed out because that CNA was not scheduled to work. CNA 5 stated CNAs are usually informed of assignment changes the around 8:30 am. CNA 3 stated "the morning the resident returned from the hospital she was not on my schedule. They put her (Resident 44) on my schedule but they did not notify me. I got to know the resident was on my schedule when the family came to visit at lunch time like 11 something in the morning. The family	F 684		

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F 684	Continued From page 18	F 684		

was upset the resident was not up in a chair." CNA 3 stated director of staff development (DSD) and licensed vocational nurse (LVN 3) for CNA 3 to assist Resident 44. CNA 3 further stated "I was in the shower room with another patient and the DSD and LVN 3 wanted me to go to the resident's room." CNA 3 stated CNA 6 and another CNA assisted the resident. CNA 3 stated "I already had nine patients on that day and other CNAs had seven. I even complained about my assignment. This assignment in the book is not the original assignment."

During an interview on 1/6/19 at 3:22 p.m. LVN 3 stated on 11/29/18 Resident 44 returned from GACH because of a right ankle fracture on 11:00 p.m. to 7:00 a.m. shift. LVN 3 stated the registered nurse (RN) and charge LVN do a head to toe assessment when a resident was admitted or returned from GACH. LVN 3 stated out going night licensed nurse reported to LVN 3 the resident had a fracture, needed two person assist and Hoyer lift to transfer. LVN 3 stated "I saw the resident on my initial round at 7:00 am. I saw in her in bed, I greeted her, I continued with my rounds, I went to the station to endorse about the resident's condition to the incoming night LVN. "That is what we always do." LVN 3 stated both the night LVN and LVN 3 conducted a hand off report at the resident's bedside. LVN 3 stated "I pulled the blankets from the foot of the bed to look at the fractured leg exposing the resident's feet to the knee. I saw a foot cradle, I saw a cast on the resident's leg, I did not do a complete body assessment during my eight hours shift. I only did a visual assessment on the resident." LVN 3 stated "I am sure that on 11/29/18 Resident 44's family came in around 10:00 a.m. and was upset the resident was still in bed. LVN 3 stated "I

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F 684	Continued From page 19	F 684		

paged a CNA to assist the resident. That CNA is not permanently assigned to the resident. The CNA was in the shower with another resident, who was busy, I asked CNA 6 to assist the resident," LVN 3 stated the DSD was responsible for the CNA assignments. LVN 3 was not able to state why LVN 3 could not assist Resident 44.

During an interview on 1/6/19 at 3:48 p.m. CNA 6 stated "I was asked to go help Resident 44 around 10:30 a.m. to 10:40 a.m. They asked me to help because the CNA was busy with another resident." CNA 6 stated Resident 44 was in a GACH gown and RP 2 was at the bedside. CNA 6 further stated "when I pulled back the blankets I saw a cast on the right leg, two soaked disposable incontinent pads, fitted sheets were soiled from urine and fresh stool. The stool was not hard nor stuck on the resident's skin" and RP 2 was taking pictures because CNA 6 witnessed RP take the pictures of the resident. CNA 6 stated "before DSD or I go home we make sure assignment is done. We go home around 5:00 p.m." and the resident was transferred to GACH before DSD and CNA 6 went home on 11/28/18, and the DSD and CNA 6 thought Resident 44 would not return to the facility. CNA 6 verified and stated "no CNA was assigned to the resident on 11/29/18. CNA 6 stated both the DSD and CNA 6 report to work in the morning at 8:30 a.m. and made resident rounds. CNA 6 stated "I saw the resident in bed around 9:00 a.m., on 11/29/18 and DSD and or CNA 6 needed to have assigned a CNA to Resident 44. CNA 6 verified and stated "we did not tell CNA 3 Resident 44 was added on to her (CNA 3) assignment. We just mentioned to her (CNA 3), her assignment was adjusted at 10:30 a.m. on 11/29/18 when the resident's family member came to visit." CNA 6 stated charge

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F 684	Continued From page 20 nurses can adjust CNAs assignment if DSD or CNA 6 are not at the facility. During an interview on 1/6/19 at 4:16 p.m. the DSD stated Resident 44 was crossed out of the CNA assignment when the resident was transferred to GACH. The DSD stated the 11:00 p.m. to 7:00 a.m. charge nurse was responsible and could readjust CNAs assignment. The DSD stated "I did not investigate nor question the CNA or the charge nurse assigned Resident 44 on the 11:00 p.m. to 7:00 a.m. as to what happened." The DSD stated "I knew around 10:30 a.m. to 11:00 a.m. on 11/291/8 the resident did not have a CNA. I was aware the resident was soaked in urine and stool and particles from the cast was on the bed from the hospital. I believe that day the family came over for a meeting in the dining room. I was called in for the meeting. The family was very upset and I understand why they were very upset because if I put myself in the family's position I would be very upset." The DSD stated CNA 7 was assigned to Resident 44's room. During record review on 1/6/19 the facility document titled Patient Care Plan dated 11/20/18 indicated Resident 44 will be neat, clean, odor free, and well groomed, daily. During the survey exit conference on 1/6/19 at 5:50 p.m. the DON stated she was on duty as early as 7:30 a.m. and RP 2 had accompanied Resident 44 back from GACH on 11/29/18. However RP 2 stated on 1/6/2019 at 10:53 a.m. "the facility called on phone at 5:30 am and said Resident 44 was back at the facility." The DON stated RP 2 was very upset that no one had attended to Resident 44's needs.	F 684		

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F 684	Continued From page 21 During a telephone interview on 1/7/19 at 7:35 a.m. RN 3 stated Resident 44 returned to the facility from GACH via emergency medical services (EMS) on 11/29/18 at 5:30 a.m. RN 3 stated "I informed the CNA assigned to that room about Resident 44 was in bed. RN 3 stated no one witnessed her tell the CNA about Resident 44's return back to the facility. RN 3 stated "I can't remember what was on the resident's bed or how the resident was." RN 3 stated "I assessed the resident from head to toe and the resident had a cast on one leg." During a telephone interview on 1/7/19 at 10:43 a.m. CNA 7 stated "I can't remember the date the resident was transferred to and returned from the hospital. When I reported to work she had already come back from the hospital. I heard her foot was broken. The charge always tells us if we have an admission or readmission." CNA 7 denied Resident 44 was on his assignment on 11/29/18 at 5:30 a.m. CNA 7 stated the 11:00 p.m. to 7:00 a.m. CNAs usually clock out at 7:00 a.m. During record review the facility's document titled Time Detail indicates CNA 7 electronically clocked in on 11/28/19 at 10:53 p.m. and out on 11/29/18 at 6:55 a.m. During record review the facility document titled CNA Daily Assignments dated 11/28/18 11:00 to 7:00 indicated CNA 7 was assigned to Resident 44's room. During a second telephone interview on 1/7/19 at 11:41 a.m. CNA 7 was informed the electronic time card indicated CNA 7 clocked in on 11/28/19 at 10:53 p.m. and out on 11/29/18 at 6:55 a.m. CNA 7 was quiet for a few seconds then stated "I	F 684		

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F 684	Continued From page 22 did not go to see the patient (Resident 44) when she came back from the hospital." A review of the facility's policy titled "Residents Rights, Quality of Life" revised January 2012, indicated each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being.	F 684		
F 692 SS=E	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 692	**F-692** **I. Corrective Action/s:** Resident #72 and Resident #50 were immediately provided water and that pitchers were within the residents reach on 1/5/19. Resident #72 and Resident #50 were re-assessed by the RN Supervisor. No negative findings were noted upon the completion of the assessment. 1:1 in- service was given by the DSD to CNA #1 on 1/22/19 regarding Nutrition/ Hydration Maintenance and that residents are offered sufficient fluid intake to maintain proper hydration and health.	

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F 692	Continued From page 23 reviews, the facility failed to ensure fluids were offered for two of 18 sampled residents (72, 50), who required assistance with Activities of Daily Living ([ADL] are basic tasks that must be accomplished every day for an individual to thrive). This deficient practice had the potential to put Resident 72, an 50 at risk for not receiving adequate fluids, placing them at risk for dehydration (when the body does not have as much water as it needs). Findings: a. During the initial tour of the facility on 1/4/19 at 5:00 pm., Resident 72 was observed sitting up in his wheelchair by his bed. Resident 72's pitcher full of water was observed in the corner of the room, which was beyond the resident's reach, on top of the nightstand. During the following observations on 1/5/19 at 11:30 am., 1:30 pm., 3:30 pm and 1/6/19 at 10 am 3:00 pm., Resident 72's water pitcher was observed inside his room on the nightstand or the bedside table, full of fluids with the cup turned upside down. According to the admission records, Resident 72 was originally admitted on 5/1/17, and re-admitted to the facility on 10/24/18, with diagnoses that included weakness, obstructive and reflux uropathy (instead of flowing from your kidneys to your bladder urine flow backwards into the kidneys which can lead to swelling and other damage to one or both kidneys), encounter for	F 692	**II. How to Identify Other Residents:** On 1/6/19, DSD and RN Supervisor made rounds on the floor to check water pitchers are within reach and that residents are offered sufficientv fluid intake to maintain proper hydration. No other residents have been affected from this finding. **III. Systemic Changes:** a. On 1/22/19, DSD and DON has in-serviced nursing staff in regards to Nutrition/ Hydration Maintenance and that residents are offered sufficient fluid intake to maintain proper hydration and health. b. The facility has developed a system and a form for accurate hydration monitoring and documentation. c. Ambassador rounds was revised on 1/23/19 to reflect that water pitchers are within reach of the residents. Any negative finding will be discussed at the daily stand up meeting.	

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F 692	Continued From page 24 fitting and adjustment of urinary device, and unspecified dementia (a group of thinking and social symptoms that interferes with daily functions) without behavioral disturbances). A review of Resident 72's Minimum Data Set (MDS), a standardized assessment and care screening tool dated 12/19/18, indicated the resident was cognitively impaired, unable to make daily decision making and required extensive assistance in performing activities of daily activities. b. During the initial tour of the facility Resident 50 was observed lying in his bed, watching television. Resident 50's gastrostomy tube ([G-tube] a tube inserted through the abdomen that delivers nutrition directly to the stomach), pump (machine to deliver the nutrition) was running at 90 cubic centimeter (cc) per hour (hr) of Diabetic Source (formula). During the observation, behind Resident 50 there was a pitcher of fluid with the top covering the pitcher. On 1/5/19 at 10 am., during an interview and observation Resident 50 was in his room sitting up in a wheelchair watching television. Resident 50's water pitcher was on the bedside table behind him. During an interview when Resident 50 was asked if he drank liquids stated, "I only drink when they turn round enough to see me and no one here ever offers me drinks unless when eating and I'm thirsty now. I want something to drink." According to the admission record, Resident 50 was originally admitted to the facility on 6/8/18, and re-admitted to the facility on 8/24/18, with diagnoses that included Parkinson's disease (a	F 692	**IV. Monitoring:** Hydration monitoring will be reported and discussed by the DSD during the monthly QAA meeting for trending and sustaining compliance for 3 months.	

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F 692	Continued From page 25 disorder that affects movement, often causing uncontrollable shaking and tremors, with balance and standing problems and stiffness of the limbs), muscle weakness, dysphagia(difficulty swallowing), oral-phase, and G-tube placement. A review of Resident 50's re-cap ordered for the month of January 2019, indicated to receive Diabetic Source at 90 cc/hr for 20 hrs (to run at 2 PM to 10 AM) to deliver 1800 cc which equals 2160 calories in 24 hours. The order indicated to flush with 200 cc of water every 8 hours. Resident 50's re-cap order also indicated mechanically soft finely chopped ground meat and thin liquids, and a one to one feeder. On 1/6/19 at 1 PM, during an interview with a certified nursing assistant (CNA 1) stated, "I offer water to drink when I give care I document it on the ADL sheet on percentage." When asked how much fluids Resident 50 drank, CNA 1 stated she did not know and could not calculate since they only document in percentages. During an observation and interview with CNA 2 on 1/6/19 at 2:24 PM, stated, "I offer water to them water every hour. I document it in the chart under percentage in the chart just the percentage, Resident 50 can not drink by himself we usually get a straw for him to drink." During observation Resident 50's water pitcher was on his bed side table, filled with water with the top on and no straw on the table or in the room. When asked how much fluid in ounces does Resident 50 drink per shift, CNA 2 stated he did not know cause they use percentage system and no one can monitor the actual amount of fluids. During an interview with the director of nurses	F 692		

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F 692	Continued From page 26 (DON) on 1/6/19 at 2:55 PM., was asked how the facility knows how much fluid Resident 50 was receiving on a daily basis, stated the CNA's document on the activities of daily Living sheet. A review of the ADL sheet with the DON on 1/6/19 at 3:00 pm indicated percentage per shift but did not show the amount of fluid consumed by Resident 50. The DON stated while reviewing hydration on the ADL sheet, she could not tell how much fluids the residents were receiving and they needed to come up with a more accurate system. A review of the facility's policy and procedure titled "Nutritional Status Evaluation Committee" revised June 2018 indicated the committee will meet weekly, but must meet no less than monthly to identify residents with dysphasia (difficulty swallowing problems) for proper interventions and diet modification and identify residents that benefit from adaptive devices, development of adaptive feeding programs and utilizing adaptive feeding equipment and positioning. The facility failed to ensure their policy included how staff monitored the resident's fluid intake accurately per shift and on a daily basis to eliminate risks for dehydration.	F 692		
F 712 SS=D	Physician Visits-Frequency/Timeliness/Alt NPP CFR(s): 483.30(c)(1)-(4) §483.30(c) Frequency of physician visits §483.30(c)(1) The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.	F 712	**F-712** **I. Corrective Action/s:** Resident 174 was seen and examined by MD on 1/5/19.	

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F 712	Continued From page 27 §483.30(c)(2) A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required. §483.30(c)(3) Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally. §483.30(c)(4) At the option of the physician required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, both the attending physician and medical director (MD) failed to visit and conduct a face to face evaluation and comprehensive assessment of the resident after admission, in a timely manner for one of 18 sampled residents (174) who was newly admitted to the facility. The facility also failed to ensure the MD obtained the informed consents for three psychotropic (medication that affect the mind, emotions, and behavior) medications prior to administering them to Resident 174. The deficient practice had the potential of failure to identify and address Resident 174's medical and mental concerns, and provided the opportunity to discuss, consent and continue psychotropic medications therapy. Findings:	F 712		

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F 712	Continued From page 28 The admission records indicated Resident 174 was admitted to the facility on 12/31/18 with diagnoses not limited to depression (low mood), anxiety (nervousness) and post fall. The Minimum Data Set (MDS), a standardized assessment and care screening tools, dated 1/7/19 indicated Resident 174 had no cognitive (ability to understand, learn, remember, and make decisions) impairment. During an interview on 1/4/19 at 7:15 p.m., Resident 174 stated "I want to go back to Santa Barbara. I have been here for one week." During an interview on 1/5/19 at 12:30 p.m. the medical records assistant (MRA) stated Resident 174's admitting physician was out of town and the medical director (MD) was aware to see the resident. MRA stated "no physician has seen the resident since 12/31/18. On a concurrent record review MRA verified also three psychotropic informed consents for Elavil (medication for nerve pain and depression) 25 milligrams (mg), Dalmane (medication for sleep) 15 mg and Ativan (medication to control anxiety) one (1) mg were signed by the MD because the MD had obtained informed consent for the medications on 12/31/18 the day the resident was admitted to the facility. During an interview on 1/5/19 at 12:45 p.m., the Medical Records Supervisor (MR) stated the facility's marketer text MR the MD will be in on 1/5/19 today to visit Resident 174. On a concurrent record review MR stated the hand writing on the informed consents for Dalmane, Ativan and Elavil was the director of nurses (DON).	F 712	**II. How to Identify Other Residents:** A physician visit review was done by the Medical Records Assistant from 1/1/19 to 1/5/19. No other resident is affected by this practice. **III. Systemic Changes:** a. Administrator did an in-services to Medical Record Staff on 1/22/19 to assess that all residents will be seen by their respective physician on a timely manner. b. Medical Records Director or Designee will conduct a Physician visit audit 1x/week. Findings from the audits will be brought up to the Administrator during the morning stand up meeting. **IV. Monitoring:** Timeliness of Physician visit will be monitored by Medical Record Director or Designee and deficient practice will be reported to Administrator. Findings from these audits will also be discussed during the Monthly QAA meeting for trending and any need of further education and disciplinary actions with staff to sustain compliance for 3 months.	

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F 712	Continued From page 29	F 712		

During an interview on 1/5/19 at 1:00 p.m., Resident 174 stated "to think about it, no doctor has come here to see me. When I fell, lost my phone and no doctor spoke to me on phone."

During an interview on 1/5/19 at 1:15 p.m., the MD stated it was the MD's first time to visit Resident 174. MD stated "I am sure it is my first time to see the resident." The MD stated the facility faxes papers all the time and "I may have signed a blank form." The MD stated "I will look into it."

During an interview on 1/5/19 at 1:51 p.m. registered nurse (RN 1) stated there was no way an actual signature can be on the forms if the doctor had not been here to sign the forms. The consent can be obtained face to face or on phone and documented consent obtained on phone. When any document was faxed in there will be a typed text message indicating the date and number of pages sent. The occasionally it will show where the fax originated from.

During a telephone interview on 1/5/19 at 2:27 p.m., RN 3 stated "I worked on 12/31/18 from 3:00 p.m. to 11:00 p.m., and I don't remember if the MD was here."

During an telephone interview on 1/5/19 at 2:50 p.m., RN 4 stated "I was on duty on 12/31/18 from 3:00 p.m. to 11:00 p.m., and I know the MD. No I never saw him come in that night. RN 4 further stated "I contacted the admitting physician to verify admission orders" for Resident 174.

During an interview on 1/6/19 at 2:34 p.m., the DON verified the hand writing on the three informed consents for Ativan, Dalmane, and Elavil

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F 712	Continued From page 30 were hers and stated "I don't know how the MD's signature got on Resident 174's psychotropic consent forms." According to the facility's policy and procedures titled "Physician Supervision of Resident Care and Alternative Visit Schedules" indicated the physician services included taking the resident's medical history and performing a physical exam within 5 days before admission or 72 hours after admission.	F 712		
F 726 SS=E	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.	F 726	**F-726** **I. Corrective Action/s:** a. Resident #44 primary MD was called on 1/4/19 by the RN Supervisor and made aware of the missed dosage. Resident was on put on 72 hour monitoring there were no negative outcomes upon nursing evaluation. b. 1:1 in service was given by the DON to RN #1 in regards to Resident #44 recapitulation order on 1/22/19. c. 1:1 in-service was given to LVN #1 and LVN #4 by the DON on 1/9/19 and 1/17/19 respectively to have Licensed Nurse is sufficient, competent, and skilled when administering medications.	

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F 726	Continued From page 31 §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure sufficient, competent and skilled nursing staff was provided when administering medication to two of 18 sampled residents (44, 16) to ensure safe medication administration and prior employments references were contacted and documented to safeguard the residents by: a. Resident 44's recapitulate (summarize) Naproxen (pain medication that reduces inflammation) order was not transferred on to a medication administration record ([MAR] a report that serves a legal record of the medications administered to a patient at a facility by health care professionals), and nursing staff administered the medication without prior verification against the MAR. b. Resident 16's medication was administered when the resident was lying flat in bed, increasing the risks for aspiration (inhale into the lungs) which can lead to aspiration pneumonia (lung infection). c. Two references listed on application for employment form were contacted and results documented prior to hiring licensed vocational nurses (LVN 1, 3 and 4) to ensure the staff were safe and competent to care for the residents. These deficient practices resulted in nursing staff	F 726	d. 1:1 in service and skills competency was given by the DON to RN #3 on 1/22/19 to check Licensed Nurse is sufficient, competent, and skilled when administering medications. e. The DSD contacted and documented results of the two reference listed on LVN #1, LVN #3, LVN #4 on 1/22/19. **II. How to Identify Other Residents:** A facility wide review of the MAR and medication recapitulation were conducted by the Director of Nursing and Medical Records Director on 1/5/19. No other resident is affected by this practice. The DSD was given 1:1 in-service on 1/7/19 by the Administrator with regards to the process of two-reference check prior employment.	

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F 726	Continued From page 32 administer seven doses of Naproxen to Resident 44 without the MAR increasing the risks of error in medication administrations, administer medication to Resident 16 while lying flat in bed increasing the risks of aspiration pneumonia, potential to expose the residents and staff to harm without knowledge on how to safeguard the residents. Findings: a. During medication administration observation for Resident 44 on 1/4/19 at 6:53 p.m. licensed vocational nurse (LVN 1) dispensed Naproxen 250 milligrams (mg) 1 tab oral (PO, by mouth). LVN 1 was then observed to stop and hesitate. LVN 1 stated "I will clarify with the book. It was not transcribed on the medication administration record (MAR) and the medication was ordered on 11/30/18." On further observation Naproxen bubble packs for a.m., and p.m., indicated naproxen missing from MAR dated 12/29/18 through 1/4/19. LVN 1 verified and stated "there is no other MAR with Naproxen transcribed. I am sure it is not transcribed anywhere." LVN 1 stated "when a bubble pack has been popped open it indicated medication was administered." During a concurrent interview the director of nurses (DON) stated the medical records was responsible for transcribing medication orders onto the MAR. LVN 1 stated registered nurse (RN 1) recapitulates physician orders. LVN 1 was then observed transcribing Naproxen order on a new MAR from the physician order document. LVN 1 indicated on the MAR Naproxen was scheduled for 9:00 a.m. and 5:00 p.m.	F 726	**III. Systemic Changes:** a. Licensed Nurses in-service was given by the DON on 1/22/19 to demonstrate competency in skills and techniques necessary to care for residents medications and needs. b. The facility's Quality Assurance Performance Improvement (QAPI) on Medication Recapitulation was revisited and reinstated by the QAPI Committee on 1/9/16 and currently on going. c. Recap Nurse will include verification of orders from chart to MAR during Recap monthly on the last and first day of the month. d. DSD will utilize an updated form to indicate completion of two reference check. e. Medical Records Director or Designee will conduct a MAR audit 1x/week x 3 months. Findings from the audits will be given to the Director of Nursing and Administrator for follow through and completion.	

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	555677	A. BUILDING _____ B. WING _____	01/06/2019

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F 726	Continued From page 33 During a witnessed observation with the DON on 1/5/19 at 9:17 a.m. the facility's information board indicated quality assurance performance improvement ([QAPI] a system whereby a facility aims to improve processes involved in health care delivery and resident quality of life) identified medication reconciliation as a concern, however the facility failed to recapitulate Resident 44's scheduled Naproxen from 1/1/19 till 1/4/19. The DON stated "we are currently working on medication recapitulation." During an interview on 1/6/19 at 9:29 a.m. registered nurse (RN 1) stated he was responsible for recapitulation and missed to recapture Naproxen on to Resident 44's MAR for 1/2019. RN 1 further stated there was potential for missed doses and Resident 44 subjected to pain. RN 1 stated licensed nurse must not administer medications if there was no MAR. RN 1 stated the licensed nurses have one hour before and after to administer scheduled medication and that medication pass times were 6:30 a.m., 9:00 a.m., 11:30 a.m., 5:00 p.m., and 9:00 p.m. During an interview on 1/6/19 at 9:30 a.m. LVN 4 stated she administered Naproxen twice to Resident 44. LVN 4 further stated "I know the resident is on Naproxen and I know it is wrong because it was not in the MAR and administered I popped the med." LVN 4 stated the five rights to medication administration included the right resident, right med, right dose, right time and right route, and the licensed nurse must reconcile medications against the MAR to ensure all medications are current. According to the facility's policy and procedures	F 726	**IV. Monitoring:** Completion of the MAR audit form will be monitored by DON. Findings from these aduits will also be discussed during the Monthly QAA meeting for trending and any need of further education with staff to sustain compliance x 3 months. A reference check log will be maintained by the DSD at the DSD office for reference. Any issues will be presented during the Monthly QAA Committee meeting by the DSD for discussion, tracking and trending for 3 months.	

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F 726	Continued From page 34 titled "Medication, Administration" revised 1/1/2012 indicated the licensed nurse will chart the drug, time administered and initial his/her name with each medication administration and sign full name and title on each page of the Medication Administration Record (MAR). b. During medication pass observation on 1/5/19 at 7:02 a.m., Registered Nurse (RN 3) was observed mixing Omeprazole DR (medication to control stomach acidity) in apple sauce and administered it to Resident 16. Resident 16 was observed in supine (lay on the back) position with the head of bed (HOB) flat. RN 1 failed to raise the HOB before administering the medication. During an interview on 1/06/19 at 1:40 p.m. the director of staff development (DSD) stated a license nurse must ensure, the resident was able to swallow and then sit the resident up to at least 45 degrees to prevent aspiration (inhale into the lungs) which can lead to aspiration pneumonia (lung infection). c. During a witnessed employee file record review on 1/6/19 at 10:48 a.m., the director of staff development (DSD) verified and stated the following: 1. LVN 1's date of hire (DOH) was on 7/11/12. 2. LVN 3 DOH was on 5/22/18. 3. LVN 4 DOH was on 1/17/18. The DSD acknowledged there was no documentation to show LVN 1, 3 and 4 work references were contacted prior to hire. The DSD further stated "I am supposed to document on the	F 726		

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F 726	Continued From page 35 employment application form when I speak to potential employee references." The DSD stated references paint a picture of the potential employee work performance and attitude, and reference check was supposed to be completed before the hire. DSD stated reference checks will assist the facility to determine if a potential employee was fit for hire. The DSD stated "when not documented it is not done." The DSD stated background search takes two to three days to complete and that it was important to rule out abuse or violent history in the past. The DSD further stated "If there is any report on abuse or violence we do not recommend hiring because we work with elderly population who are vulnerable and some of them can't speak up." According to the facility's policy and procedures titled "Abuse, Prevention, Screening, and Training Program" indicated the facility conducts criminal background checks of applicants prior to hire. The facility obtains at least two reference checks from previous or current employees of applicants prior to hire.	F 726		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures	F 755	**F-755** **I. Corrective Action/s:** a. Resident #44 primary MD was called on 1/4/19 by the RN Supervisor and made aware of the missed dosage. Resident was on put on 72 hour monitoring there were no negative outcomes upon nursing evaluation.	

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F 755	Continued From page 36 that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide one of 18 sampled residents (18), pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs. The facility failed to thoroughly and completely recapitulate (summarize) a physician order for Naproxen (to treat fever and pain) by utilizing the medication administration record ([MAR] a report that serves a legal record of the medications administered to a patient at a facility by health care professionals) before administering the meds.	F 755	b. 1:1 in service was given by the DON to RN #1 in regards to Resident #44 recapitulation order on 1/22/19. c. 1:1 in-service was given to LVN #1 and LVN #4 by the DON on 1/9/19 and 1/17/19 respectively for competency, and skills when administering medications. d. 1:1 in service and skills competency was given by the DON to RN #3 on 1/22/19 to check that Licensed nurse is sufficient, competent, and skilled when administering medications. e. The DSD contacted and documented results of the two reference listed on LVN #1, LVN #3, LVN #4 on 1/22/19. f. A recapitulation of orders in-service was given by the Medical Records Consultant to the medical records director and assistant on 1/7/19.	

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F 755	Continued From page 37 The deficient practices resulted in, the Naproxen not transcribed on the MAR resulting in several licensed vocational nurses (LVNs) administering 7 doses of Naproxen without checking it first against the MAR. Findings: The Admission record indicated Resident 44 was readmitted to the facility on 1/25/18 with diagnoses not limited to cerebrovascular accident (stroke), abscess to the right lower leg tendon sheath, failure to thrive (failure to grow or to gain or maintain weight) and contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) of the right knee and right ankle. The Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 12/7/18 indicated Resident 44 had severe cognitive (ability to learn, understand, remember and make decisions) impairment. The same MDS indicated the resident was unable to walk and is dependent on nurses for activities of daily living (dressing, eating, personal hygiene, toilet use and surface transfers). During medication administration observation on 1/4/19 at 6:53 p.m. licensed vocational nurse (LVN 1) dispensed Naproxen 250 milligrams (mg) 1 tab oral (PO, by mouth). LVN 1 was then observed to stop and hesitate. LVN 1 stated "I will clarify with the book. It was not transcribed on the MAR but the medication was ordered on 11/30/18." On further observation Naproxen bubble packs for a.m., and p.m., indicated	F 755	**II. How to Identify Other Residents:** A facility wide review of the MAR and medication recapitulation were conducted by the Director of Nursing and Medical Records Director on 1/5/19. No other resident is affected by this practice. The DSD was given 1:1 in-service on 1/7/19 by the Administrator with regards to the process of two-reference check prior employment to check the staff are safe and competent to care for the residents. **III. Systemic Changes:** a. Licensed Nurses in-service was given by the DON on 1/22/19 to demonstrate competency in skills and techniques necessary to care for residents medications and needs. b. The facility's Quality Assurance Performance Improvement (QAPI) on Medication Recapitulation was revisited and reinstated by the QAPI Committee on 1/9/16 and currently on going.	

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F 755	Continued From page 38 Naproxen missing from 12/29/18 through 1/4/19. LVN 1 verified and stated "there is no other MAR with Naproxen transcribed, I am sure it is not transcribed anywhere." LVN 1 stated "when a bubble pack has been popped open it indicates medication was administered." During a concurrent interview the director of nurses (DON) stated the medical records was responsible for transcribing medication orders onto the MAR. LVN 1 stated registered nurse (RN 1) recapitulated the physician order. LVN 1 was then observed transcribing Naproxen order on a new MAR from the physician order document. LVN 1 indicated on the MAR that Naproxen was scheduled for 9:00 a.m. and 5:00 p.m. During an observation with the DON on 1/5/19 at 9:17 a.m. the facility's information board indicated that quality assurance performance improvement ([QAPI] a system whereby a facility aims to improve processes involved in health care delivery and resident quality of life) identified medication reconciliation as a concern, however the facility failed to recapitulate Resident 44's scheduled Naproxen from 1/1/19 till 1/4/19. The DON stated "we are currently working on medication recapitulation."	F 755	c. Recap Nurse will include verification of orders from chart to MAR during Recap monthly on the last and first day of the month. d. DSD will utilize an updated form to indicate completion of two reference check. e. Medical Records Director or Designee will conduct a MAR audit 1x/week x 3 months. Findings from the audits will be given to the Director of Nursing and Administrator for follow through and completion. **IV. Monitoring:** Completion of the MAR audit form will be monitored by DON. Findings from these aduits will also be discussed during the Monthly QAA meeting for trending and any need of further education with staff to sustain compliance x 3 months. A reference check log will be maintained by the DSD at the DSD office for reference. Any issues will be presented during the Monthly QAA Committee meeting by the DSD for discussion, tracking and Trending x 3 months.	
F 880 SS=E	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.	F 880		

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F 880	Continued From page 39 §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 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	F 880	**F- 880** **I. Corrective Action/s:** a. CNA #1 was given a 1:1 in-service by the DSD on 1/5/19 in ensuring that the residents are being provided a safe, sanitary and comfortable environment and preventing the development and transmission of infection. b. A competency skills check was done by the Nursing Consultant on 1/11/19 with TX #1 with regards to facility's protocol and policy on Infection Control. c. RN #3 was given a 1:1 in-service by the DON on 1/9/19 in checking that the residents are being provided a safe, sanitary and comfortable environment and preventing the development and transmission of infection.	

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F 880	Continued From page 40 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 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, the facility failed to ensure they implemented standard infection control preventions for two of 18 sampled residents (40, 35, 2). This deficient practice placed Resident 40, 35, and 2 at risk for cross contamination and infection. Findings: a. During an incontinent care observation for Resident 40 on 1/05/19 at 9:14 a.m., Certified Nurse Assistant (CNA 1) took off the resident's urine soaked incontinent pad (diaper), rolled the diaper into a ball, set it on the foot of the bed, placed a new diaper, without changing gloves	F 880	**II. How to Identify Other Residents:** DSD and Infection control nurse made facility rounds on 1/6/19. No other resident were affected from these findings. **III. Systemic Changes:** a. Infection Control In Service was given to Nursing Staff by the DON and DSD on 1/22/19 with regards to facility's protocol and policy on Infection Control practices during wound procedure or patient treatment. b. DSD/Infection Control Nurse will do random Infection Control Rounds practices during wound procedure or patient treatment 2x/week. Findings will be discussed with the Staff involved immediately during rounds and will be brought up during the Morning Clinical Meetings. **IV. Monitoring:** Monthly Infection Control Rounds will be conducted by Infection Control Nurse/DSD. Findings will be discussed during the Monthly QAA Committee by DSD for discussion, tracking and trending for 3 months.	

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F 880	Continued From page 41 between handling the dirty and clean diaper. CNA 1 was observed to use one basin with water on top of the bedside table. On 01/06/19 at 10:41 a.m., in an attempt to interview Registered Nurse (RN 1) stated CNA 1 was out of the facility, to escort a resident activity outing. During an interview with the Director of Staff Development (DSD) on 1/06/19 at 11:39 a.m., stated the procedure for incontinent care included using two wash basins, one for clean water and another for soapy water. The DSD stated staff should wash their hands before and after contact with the resident and when they changed gloves after handling soiled pads or linens. The DSD stated there was a possibility of bacteria from a dirty glove spreading to other surface, which can contaminate clean surfaces. A review of the facility's policy titled "Infection Control" revised January 2012, indicated the policies and procedures are required for a safe and sanitary environment. b. The admission record indicated Resident 35 was admitted to the facility on 8/21/18 with diagnoses not limited to right and left foot arterial ulcer (wounds as result of artery insufficiency). A review of the history and physical dated 8/23/18 indicated Resident 35 had the capacity to understand and make decisions. During wound care observation on 1/6/19 at 11:21 a.m., treatment nurse (TX 1) poured saline solution inside one clear plastic cup. TX 1 wore a pair of clean gloves, removed Resident 35's left	F 880		

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F 880	Continued From page 42 foot gauze dressing that was stained with brown yellow stains. TX 1 picked up clean gauze and dipped it in the saline solution and wet a dressing stuck on the resident left foot with the same gloves. TX 1 changed the gloves, washed hands and used the same saline solution in the clear plastic cup to clean Resident 35's left inner ankle wound. TX 1 removed Resident 35's right foot gauze dressing stained with brown yellow stains, picked up a clean gauze and dipped it in the saline solution and wet a dressing stuck on the resident left foot with the same gloves. TX 1 changed gloves, washed hands and used the same saline solution in the clear plastic cup to clean Resident 35's right inner ankle wound. TX 1 failed to discard the saline solution with each contamination. During an interview on 1/6/19 at 2:11 p.m., stated "I should have changed the saline solution after contamination to prevent cross contamination and spread of infection. Next time I will use two saline solution containers during wound care." c. The admission record indicated Resident 2 was admitted to the facility on 3/29/12 with diagnoses not limited to diabetes (abnormal blood sugar levels). During medication administration observation on 1/5/19 at 6:55 a.m. registered nurse (RN 3) administered insulin (medication to control abnormal blood sugar levels) into an insulin syringe and administered it to Resident 2. RN 3 placed the same syringe in a tray with unused alcohol wipes, a wrist blood pressure machine and returned the tray inside the medication cart. RN 3 failed to clean or sanitize the contaminated tray and blood pressure machine or discard the	F 880		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555677	A. BUILDING _____ B. WING _____	01/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORNE HEALTHCARE & WELLNESS CENTRE, LP	11630 SOUTH GREVILLEA AVE. HAWTHORNE, CA 90250

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F 883	Continued From page 44 §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (Iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is not met as evidenced by; Based on observation, interview and record review, the facility failed to ensure two of 18 sampled residents (42, 224) were provided with either the influenza ([flu] a respiratory illness caused by influenza viruses that infects the nose, throat, and sometimes the lungs) and/or the pneumococcal vaccines (to prevent pneumococcal disease [pneumonia, a type of lung infection]). This deficient practice placed Resident 42, and 224 at risk for lowering their immunity and	F 883	**III. Systemic Changes:** a. 1:1 in-service was given to Infection Preventionist Nurse and DSD by the DON on 1/15/19 in regards to Influenza and Pneumococcal Immunizations to check that the medical record includes documentation that will be secured at the residents chart. b. Medical Records Director or Designee will conduct a immunization audit 1x/week x 3 months. Findings from the audits will be given to the Director of Nursing for follow through and completion. **IV. Monitoring:** Completion of the immunization audits will be monitored by Medical Record Director or Designee and deficient practice will be reported to the Infection Preventionist Nurse. Findings from these aduits will also be discussed during the Monthly QAA meeting for trending and any need of further education to sustain compliance for 3 months.	

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F 883	Continued From page 45	F 883		

causing disease.

Findings:

a. During an interview and review of immunization (a process of receiving vaccines to prevent communicable disease) records for Residents 42 and 224 with Registered Nurse (RN 1) on 1/05/19 10:55 a.m., the records indicated the following:

1. For Resident 42, the resident's immunization record was not found in the resident's medical record (chart).

A review of Resident 42's admission record indicated the resident was admitted to the facility on 11/28/18 with diagnoses that included end stage renal disease (advanced loss of kidney function) and dependence on renal hemodialysis (a treatment to filter wastes and water from the blood, when the kidneys are no longer functioning normally), diabetes mellitus type 2 (abnormal blood sugar) and hypertension (high blood pressure).

During an interview with RN 1 on 1/06/19 at 10:08 a.m., stated he checked with the resident's hemodialysis clinic and they had not administered any vaccines to Resident 42. RN 1 stated both influenza and pneumococcal vaccines were important because the resident was immunocompromised (a person with weakened immune system) and was susceptible to the flu and pneumonia.

b. During a review of Resident 224, the resident's

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F 883	Continued From page 46	F 883		

pneumococcal vaccine record was not found in the resident's medical record (chart).

A review of Resident 224's admission record indicated the resident was admitted to the facility on 2/15/12 and re-admitted on 12/31/18 with diagnoses that included atherosclerotic heart disease (hardening and narrowing of the arteries), atrial fibrillation (abnormal heart beat), chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs) and malignant neoplasm of the prostate (a cancerous tumor, or abnormal growth of cells).

During an interview with RN 1 on 1/06/19 at 10:08 a.m., stated both influenza and pneumococcal vaccines were important because the resident was immunocompromised (a person with weakened immune system) and was susceptible to the flu and pneumonia.

The Centers for Disease Control and Prevention ([CDC] a federal agency that conducts and supports health promotion, prevention and preparedness activities in the United States) recommends that people get a flu vaccine by the end of October (2018).

A review of the facility's policy titled "Pneumococcal Disease Prevention" revised July 14, 2017 indicated the Advisory Committee Immunization Practices (ACIP) of the CDC, adults aged 65 or older who have not previously received pneumococcal vaccine or whose previous vaccination status is unknown should receive a dose of PCV 13 (pneumococcal conjugate vaccine), followed by a dose of PPSV23 (pneumococcal polysacharride vaccine)

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F 883	Continued From page 47 six to 12 months later.	F 883		
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure an effective measures to eradicate pests for four of 18 sampled residents (12, 17, 68, 18) rooms. The deficient practice resulted in Resident 12, 17, 68, and 18, not being provided with a homelike environment when there was live and dead roaches, spiders, ants, and dried material on the floor that could harbor pests. Findings: a. During the resident council meeting at 1/5/19 at 9:40 a.m. Residents 12 and 17 stated they saw insects and roaches. Resident 17 state "I have a fly swatter to hit them." Resident 12 stated "when the weather changes we see them come out." Resident 31 stated "I've seen ants." During an observation on 1/5/19 at 8:37 a.m. House Keeping (HK 2) was observed use a dust mop to clean Resident 17's room. During a concurrent interview HK 2 stated "I did not clean under bed A (Resident 17) because he was dressing up and I told him I would be back."	F 925	**F- 925** **I. Corrective Action/s:** a. Resident 12, 17, 31, and 68 rooms were deep cleaned and pest control company was called and treated the rooms on 1/7/19. b. Housekeeping #2 is no longer working at the facility. c. Rooms 33, 25, 26, 27 and 28 were deep cleaned on 1/7/19. **II. How to Identify Other Residents:** Maintenance Supervisor and Administrator made facility rounds on 1/6/19. No other residents were affected from these findings.	

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F 925	Continued From page 48 During an observation on 1/5/19 at 10:20 a.m. maintenance supervisor (MS) pulled out Resident 12's night stand from a corner and the director of nurses (DON), MS observed three live cockroaches, nest/egg like and dry tiny small materials on the floor. MS stated "we are not supposed to have roaches in the facility." Resident 12 was observed very upset shook his head and then stated "give my shoes. I want to get out of here. This is very upsetting." The MS and the writer further observed several tiny dry particles under Resident 12's bed and behind head of bed on the floor. During an interview translated by MS on 1/5/19 at 10:42 a.m., HK 2 states "I am always assigned the resident (Resident 12). He likes for his bed area be cleaned after lunch and I move the over bed table, wheel chair, chest of drawers, raise the bed, I use a disinfectant." HK 2 further stated "I don't remember the last time I moved the bedside table and chest of drawers because it is heavy. I am supposed to ask for help." HK 2 stated "we do deep cleaning every month. It's not good for me to be around roaches because of infection." HK 2 stated she was having trouble with Resident 12 and never reported to MS. During a concurrent interview the MS stated "we have a deep cleaning schedule but not a log to indicate that deep cleaning was completed." HK 2 further stated "I never went back to the clean the room," if she went back to clean Resident 12's room, HK 2 stated housekeeping must move tables and night stands when cleaning the residents' rooms. HK 2 further stated it was important to clean under the residents beds to prevent pests infestation and spread of diseases. b. During a witnessed random residents room	F 925	**III. Systemic Changes:** a. Maintenance Supervisor will do random room and facility rounds 2x/week (M-F) to monitor and check a safe/ clean and home like environment for the residents. b. Ambassador rounds were revised to reflect that the facility maintains an effective pest control program. Department Managers will include monitoring a safe/ clean and homelike environment on their room rounds 5x/week (M-F). Any issues will be discussed during the Daily Stand Up meeting for follow through. c. 1:1 in service was given to the Maintenance Supervisor on 1/22/19 by the Administrator that the facility maintains an effective pest control program. d. A deep cleaning schedule and log was developed by the facility on 1/6/9 to measure, eradicate pests and to provide a home like and clean environment.	

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F 925	Continued From page 49 inspection on 1/5/19 at 11:00 a.m., the medical records assistant (MRA) observed: 1. A live spider, spider webs and a pile of white/gray dust like material behind Resident 8 chest of drawers. 2. Rooms 33, 25, 26, 27, 28 observed with dried material under the bed and under the night stands. c. During a tour of the facility on 1/04/19 at 6:06 p.m., Resident 68 stated the facility had a cockroach problem. Resident 68 stated he had seen small and medium sized cockroaches in his room on several occasions. The resident stated he had reported the issue to the charge nurses but had received any feedback as to how the issue was being addressed. A review of Resident 68's minimum data set (MDS), a comprehensive care and screening tool dated 12/30/18 indicated the resident had no cognitive impairment (ability to think, understand and make daily decisions). d. On 1/05/19 at 10:35 a.m., during a walk through and interview with Housekeeper (HK) and Janitor (JR) inside Resident 17's room, multiple dead insects were observed on the floor behind the resident's bedside table. The housekeeper stated "those are cockroaches". The janitor stated the resident always had roaches because the resident had a lot of stuff and spilled food on the floor. e. On 1/05/19 at 2:02 p.m., on continued walk through with the Housekeeper (HK), there was a dead insect on the corner of the room beside the	F 925	**IV. Monitoring:** Maintenance Supervisor will report the pest control visits and deep cleaned rooms completed every month during the monthly QAA meeting for follow through and completion, as well as any further recommendations for 3 months.	

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F 925	Continued From page 50 bathroom door in room 18. The Housekeeper stated "it is a cockroach". On 1/05/19 at 2:07 p.m. during an interview with the Maintenance Supervisor (MS), he stated there was a pest control contractor who came once a month and treated for cockroaches, ants and spiders but the residents had food stored in their drawers and rooms that attract pests. The MS stated the housekeeper and janitors were responsible for cleaning the floors and resident living areas. A review of the facility policy titled "Resident Rooms and Environment" revised January 1, 2012 indicated the facility was to provide the residents a safe, clean, comfortable, homelike environment.	F 925		