

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

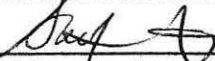
PRINTED: 04/18/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555066</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>GREENFIELD CARE CENTER OF FILLMORE, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>118 B ST</b> <b>FILLMORE, CA 93015</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health, Licensing and Certification, during an investigation of one complaint and one entity reported incident on a standard abbreviated survey.  Complaint Number: CA00577182-Substantiated Entity Reported Incident: CA00576296-Unsubstantiated  Representing the Department:  37821-HFEN 40056- HFEN  The inspection was limited to the specific complaint and entity reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000			
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, 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.	F 584	Resident 1 was moved to [REDACTED] on 3/12/2018 for a matter of a couple of hours. At 16:20 Resident was notified of room change and by 20:52 resident had already moved back to [REDACTED]. The resident stayed in [REDACTED] until he was moved on 4/13/2018 to [REDACTED].  The facility accommodated his needs and preferences for rooms, after the attempt for room changes did not work. Resident 1 suffers from incontinence of bowel and bladder. The room change to [REDACTED] could have been beneficial to residents for the cleaning schedule and procedures set in place for the room.  As soon as resident described dissatisfaction, facility moved resident back to his desired private room on 3/12/2018.  Resident 2 who resided in [REDACTED], is a resident who often refuses care, hides soiled linen, and urinates all around the bathroom area. The following protocols have been put in place to ensure the facility is doing everything possible to decrease the odor that comes from the room.		

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

TITLE

(X6) DATE



Administrator

4-27-18

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 584	<p>Continued From page 1</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§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</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview the facility failed to provide a homelike environment for one of two sampled residents (Resident 1) when the resident's room had a strong urine odor. This facility failure had the potential for a resulting decrease in the resident's comfort level.</p> <p>Findings:</p> <p>During an initial tour of the facility on 03/14/2018 at 10:05 a.m., a strong urine odor was noted in Resident 1's room, room 25.</p>	F 584	<p>12/4/2018 Began special cleaning schedule for the affected room at 7am, 1pm, and 6pm. Deep clean of bathroom walls and floors, with a cleaning log for room.</p> <p>This system will remain in place as long as resident is present in facility. In-service of all housekeeping staff and nursing staff on new cleaning schedule and procedure for rooms that smell was completed on 11/14/2017 and 12/4/2017.</p> <p>QAPI project plan implemented on 12/21. If this QAPI project plan needs to be revised the QA team will assess and complete.</p> <p>3/14/2018 a new cleaning log was initiated for cleaning the mattress from once a week to twice a week, to help decrease odors. Housekeeping staff was in serviced 3/15/2018.</p> <p>Staff continue to monitor for signs of residents incontinence, doing frequent checks and re approaching resident when he refuses care. All precautions to help with this situation are in place as noted in care plan.</p>		

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F 584	<p>Continued From page 2</p> <p>During an interview on 03/14/2018 at 10:15 a.m., a Registered Nurse Supervisor (RNS 1) confirmed room 25 has a strong odor of urine.</p> <p>During an interview on 03/14/2018 at 10:35 a.m., Resident 1 stated he had to move rooms because he "could not stand the smell of urine."</p> <p>During an interview on 03/14/2018 at 1:00 p.m., the facility's Administrator confirmed the strong urine smell in room 25.</p>	F 584			

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