

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

POC ACCEPTABLE  
YES NO

Reviewed By: Facility

PRINTED: 10/14/2014

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055249	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ Name: _____ Date: _____ Time: _____ B. WING _____ Name: _____ Date: _____ Time: _____		(X3) DATE SURVEY COMPLETED  10/13/2014
NAME OF PROVIDER OR SUPPLIER  MERCED NURSING & REHABILITATION CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 510 WEST 26TH STREET MERCED, CA 95340		
(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 ABBREVIATED SURVEY for Entity Reported Incident: CA00400570.  Representing the California Department of Public Health - Licensing and Certification: HFEN 33423.  The investigation was limited to the specific Entity Reported Incident and does not represent the findings of a full inspection of the facility.  One deficiency was issued for Complaint: CA00400570.	F 000	Amended By [REDACTED] 10/30/14  Merced Nursing and Rehabilitation submits this response and Plan of Correction as part of the requirements under state and federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders.	10/22/14	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews, clinical record and administrative document review, the facility failed to ensure the resident environment was free of accident hazards for one of three sampled residents (Resident 1). This failure resulted in Resident 1 falling when a spilled liquid was allowed to remain	F 323	The provider reserves the right to challenge the cited findings if at any time the provider determine that the disputed findings are replied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party.		

LABOR

NATIVE'S SIGNATURE

TITLE

(X6) DATE

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 323	<p>Continued From page 2</p> <p>On 9/2/14 at 4:15 p.m., during an interview, Resident 2 stated he had not fallen at the facility but he had trouble keeping his balance.</p> <p>On 9/2/14 at 4:30 p.m., during an interview, Resident 3 stated she has not fallen..."</p> <p>Nursing note, dated 5/31/14 at 11:45 a.m., indicated, "...ground level fall in hallway, noted multiple skin tears to [left] forearm, denies pain... [redacted] wants resident transported to [redacted] E.R (Emergency Room) for further eval (evaluation) &amp; treat as indicated."</p> <p>Physician orders, dated 5/31/14, indicated, "...transfer resident to [redacted] medical center e.r for further eval...unwitnessed fall...Skin tear - (left forearm)...cleanse left forearm multiple skin-tears with n/s (normal saline) pat dry..."</p> <p>Diagnostic imaging report, dated 5/31/14, indicated, "Irregular fracture or lytic lesion medial to the glenoid (lytic lesion refers to the destruction of an area of bone due to a disease process. Glenoid refers to the shallow socket in the shoulder blade)...osseous (bone) ... demineralization."</p> <p>Physician Order, dated 6/2/14 at 1:48 p.m., indicated, "may have...sling to left shoulder daily until seen by orthopedic doctor..."</p> <p>Orthopaedic exam, performed on 6/5/14, indicated, "Diagnosis-Left Shoulder/Arm: rule out possible cancer vs degenerative cysts. Full thickness tear of the rotator cuff...Rotator cuff arthropathy..."</p>	F 323	<p>cleaning equipment, including a mop, so spills can be cleaned promptly as they happen.</p> <p>Merced Nursing staff which included C.N.A.'s, L.V.N.'s and RN's were inserviced by the Director of Staff Development on 6/2/14, 6/3/14, 6/4/14, 6/5/14 and 6/6/14 on what precautions should be taken when spills occur within the facility. These precautions include the requirement of staff to not leave spills on the floor unattended in order to ensure that no resident or staff gets hurt by slipping on them. Those employees who were unable to attend these inservices will be inserviced 1 on 1 by the facility D.S.D. by 11/12/14.</p> <p>Spills within the facility will be reported to the Housekeeping Supervisor who will keep track for trending purposes by use of the Housekeeping Tracking tool. Trends will then be reported to the facility Safety Committee for any further recommendations.</p>		

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F 323	Continued From page 3 Facility policy titled, "Cleaning and Disinfection of Environmental Surfaces" indicated, under bullet 9, "Housekeeping surfaces (e.g., floor, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled."	F 323	Housekeeping staff will continue to clean and disinfect the facility floors on a <b>daily</b> basis or as needed as required by the current facility policy and procedure.	