

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

PRINTED: 12/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 11/26/2013
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NAME OF PROVIDER OR SUPPLIER

SKYLINE HEALTHCARE CENTER - SAN JOSE

STREET ADDRESS, CITY, STATE, ZIP CODE

2065 FOREST AVENUE  
SAN JOSE, CA 95128

(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	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey regarding two entity reported incidents and one complaint, conducted on 11/25/13 through 11/26/13.</p> <p>Entity Reported Incident CA00376504 regarding Quality of Care/Treatment was substantiated with no Federal or State regulatory violations.</p> <p>Entity Reported Incident CA00376511 regarding Quality of Care/Treatment resulted in a Federal deficiency (F514).</p> <p>Complaint CA00376681 regarding Quality of Care/Treatment was substantiated with no Federal or State regulatory violations.</p> <p>Inspection was limited to the specific entity reported incidents and complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: 31388, Health Facilities Evaluator Nurse and 32398, Health Facilities Evaluator Nurse.</p>	F 000	<p><b><u>DISCLAIMER STATEMENT</u></b></p> <p>This Plan of Correction constitutes a written credible allegation of compliance for the deficiencies noted. Preparation and/or execution of this Plan of Correction do not constitute admission in agreement or by the provider of the truth of the facts alleged or conclusion set forth on the statement of deficiencies. This plan of correction is prepared and / or executed solely because required by provisions of Federal and State Law.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  DEC 15 2013  I &amp; C DIVISION SAN JOSE</p>	
F 514 SS=8	<p>Findings: 483.75 (l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIB LE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p>	F 514	<p>License Nurse A was given a 1:1 in-service regarding assuring accuracy of coding in the Minimum Data Set by the MDS Coordinator on November 26, 2013. Resident 2 Minimum Data Set record will be opened, corrected, and will be resent.</p>	12-18-2013

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

deficiency

may be excused from correcting providing it is determined that  
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  
following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued  
rem participation.

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F 514	<p>Continued From page 1</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record reviews, the facility failed to ensure accurate documentation for one of three sampled residents (2) when Resident 2's multiple falls were not documented in the quarterly Minimum Data Set (MDS, a comprehensive assessment tool) and nursing weekly summaries.</p> <p>Findings:</p> <p>Review of Resident 2's Admission Record revealed he was readmitted in the facility on 10/7/11 with the diagnoses of convulsions and history of falls.</p> <p>During an interview on 11/25/13 at 9:10 a.m., licensed nurse A (LNA) stated Resident 2's incidence of falls should have been coded in the MDS and nursing weekly summaries. LNA stated she did not receive a verbal report that Resident 2 had falls and did not look at any notes before completing the weekly summary report dated 10/10/13.</p> <p>Review of Resident 2's clinical record indicated three unwitnessed falls which occurred on 4/13, 4/16, and 4/18/13. The quarterly MDS dated 5/23/13 indicated "1" fall since the last MDS and</p>	F 514	<p>The MDS Coordinator and team completed an audit to ensure proper coding regarding falls. No other issues noted.</p> <p>The MDS Coordinator and staff will double check with the incident and accident log prior to documenting falls in order to accurately code it in the Minimum Data Set.</p> <p>The Minimum Data Set Coordinator will be responsible to monitor the process through the morning meeting, incident and accident reporting specifically on falls. Findings from the morning meeting, incident and accident reporting will be brought to the facility QA&amp;A meeting monthly until compliance is sustained.</p>	

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F 514	<p>Continued From page 2</p> <p>"0" falls with or without injury.</p> <p>Review of Resident 2's clinical record indicated a fall on 5/26/13 with an abrasion to the right knee, falls on 6/17, 6/23, and two falls on 8/6/13. The second fall on 8/6/13 resulted in an abrasion to the midforehead and below one nostril. Resident 2 had four falls and one fall with injuries. The quarterly MDS dated 8/15/13 indicated one fall since the last MDS and "0" falls with or without injury.</p> <p>Review of Resident 2's clinical record indicated falls without injury on 9/25/13, 10/5/13, 11/2/13, and 11/7/13. A fall with injury on 10/20/13. The quarterly MDS dated 11/10/13 indicated "1" fall, and "1" fall without injury.</p> <p>The Centers for Medicare and Medicaid Services (CMS) Long Term Care Facility Resident Assessment Instrument Manual, revised 2010, indicated, "Any Falls Since Admission or Prior Assessment" must be documented on the MDS. The review period is a look-back period since the last MDS was completed.</p>	F 514		