

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

PRINTED: 10/22/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055956	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/17/2013
NAME OF PROVIDER OR SUPPLIER BRIARWOOD HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA 95824		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for the investigation of self reported incident number CA00370047. Representing the Department of Public Health: HFEN, 29236 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	This Plan of Correction constitutes our written credible allegation of Compliance for the deficiencies noted. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies.		
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged	F 225	This Plan of correction is prepared and or executed solely because it is required by the provisions of the Health and Safety Code section 1280 and 42 C.F.R. 483 et seq.		

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

H. S. Sak

TITLE

Administrator

(X6) DATE

10/28/13

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.

Accepted 12-5-13 and 2 Addendums Attached

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F 225	<p>Continued From page 1</p> <p>violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, record review, and facility policy review, the facility failed to ensure a mandated reporter (person required to report) reported suspected verbal abuse by telephone immediately or as soon as practically possible to the Department of Public Health and submitted a written report of suspected abuse to the Department of Public Health within two (2) working days per facility policy, for Resident 1. This failure had the potential to permit additional allegations of abuse to occur unmonitored.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on 5/11/13. Resident 1's diagnoses included high blood pressure.</p> <p>An interview was conducted with Housekeeping Staff (HS) 1 on 9/20/13 at 12:10 p.m. HS 1 stated about a month and a half ago Resident 1 asked for the bathroom to be cleaned. Resident 1 insisted the bathroom be cleaned immediately.</p>	F 225	<p>This facility will ensure a mandated reporter reports suspected verbal abuse immediately by phone or as soon as practically possible to the Department of Health and submit a written report to DPH within as required by policy.</p> <p>The CNA was re-inserviced and further educated by the Director of Staff Development to all types of abuse and reporting requirements. CNA received a written warning for not immediately reporting a residents complaint of verbal abuse.</p> <p>A new facility policy was initiated 09/30/13 for all employees to report any abuse or suspected abuse, immediately to the administrator and any allegations of abuse will be noted in the nurses 24 hour report.</p> <p>The Director of Staff Development along with the Social Service Director conducted an all staff in-service on abuse reporting and the various types of abuse that must be reported. Remind staff to report any incident that is witnessed that may not seem or feel right, to the charge nurse or supervisor immediately.</p>	10/29/13	10/10/13

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F 225	<p>Continued From page 2</p> <p>HS 1 repeated a Spanish phrase he'd heard. HS 1 stated he was unaware of what the phrase meant and did not know it was rude.</p> <p>A documented statement by a witness to the event was reviewed. The statement date was 9/17/13 and the document was received by the Department via fax and date stamped 9/20/13. The statement reflected, "2 months ago [Resident 1] told [Certified Nurses Assistant (CNA) 1] about the incident with HS 1." The statement reflected, "[Resident 1] didn't like that way he answer." (sic)</p> <p>Resident 1's clinical record contained an Interdisciplinary Progress Note, dated 9/16/13. The note reflected, "Received complaint from Resident & Son [name] met with Director of Nurse's, also concerning incident which occurred approximately one, 1/2 month's ago."</p> <p>The facility's policy titled, ABUSE PREVENTION AND THE REPORTING OF ALLEGED ABUSE AND SUSPICION OF A CRIME, with revision date 9/13, was reviewed. On page 1 under the heading POLICY, the document reflected, "All employees of this facility will be notified upon hire and annually thereafter of their reporting obligations under the Elder Justice Act (EJA) to report a suspicion of a crime to the state survey agency and local law enforcement."</p> <p>Under the heading G. REPORTING 1., the policy reflected, "All mandated reporters, are required by law to report incidents of known or suspected abuse . . . 1) by telephone immediately or as soon as practically possible to . . . [Department of Public Health], and 2) by written report . . . sent within two (2) working days to [Department of Public Health]."</p>	F 225	<p>The Director of Staff Development will be responsible for compliance along with the Director of Nursing through daily round and interactions with residents to provide routine direct contact with management staff who will randomly ask questions of resident satisfaction.</p> <p>The Administrator will ensure compliance through review of the nursing 24 hour report and periodically questioning of staff at random for their knowledge and understanding of abuse and abuse reporting requirements.</p> <p>Administrator will report to QA Committee for any follow that may be needed.</p>		

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F 225	<p>Continued From page 2</p> <p>HS 1 repeated a Spanish phrase he'd heard. HS 1 stated he was unaware of what the phrase meant and did not know it was rude.</p> <p>A documented statement by a witness to the event was reviewed. The statement date was 9/17/13 and the document was received by the Department via fax and date stamped 9/20/13. The statement reflected, "2 months ago [Resident 1] told [Certified Nurses Assistant (CNA) 1] about the incident with HS 1." The statement reflected, "[Resident 1] didn't like that way he answer." (sic)</p> <p>Resident 1's clinical record contained an Interdisciplinary Progress Note, dated 9/16/13. The note reflected, "Received complaint from Resident & Son [name] met with Director of Nurse's, also concerning incident which occurred approximately one, 1/2 month's ago."</p> <p>The facility's policy titled, ABUSE PREVENTION AND THE REPORTING OF ALLEGED ABUSE AND SUSPICION OF A CRIME, with revision date 9/13, was reviewed. On page 1 under the heading POLICY, the document reflected, "All employees of this facility will be notified upon hire and annually thereafter of their reporting obligations under the Elder Justice Act (EJA) to report a suspicion of a crime to the state survey agency and local law enforcement."</p> <p>Under the heading G. REPORTING 1., the policy reflected, "All mandated reporters, are required by law to report incidents of known or suspected abuse . . . 1) by telephone immediately or as soon as practically possible to . . . [Department of Public Health], and 2) by written report . . . sent within two (2) working days to [Department of Public Health]."</p>	F 225	<p>The Director of Staff Development will be responsible for compliance along with the Director of Nursing through daily round and interactions with residents to provide routine direct contact with management staff who will randomly ask questions of resident satisfaction.</p> <p>The Administrator will ensure compliance through review of the nursing 24 hour report and periodically questioning of staff at random for their knowledge and understanding of abuse and abuse reporting requirements.</p> <p>Administrator will report to QA Committee for any follow that may be needed.</p> <p>ADDENDUM</p> <p>The housekeeper (HS)1 was asked to immediately leave the facility on 9/16/13, and has subsequently been terminated from this facility.</p> <p>A care plan was developed for resident 1 (one) to monitor for any potential decline due to this reported event.</p> <p><i>MS</i></p>		

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F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, record review, and facility policy review, the facility failed to ensure their abuse policy was implemented when Housekeeping Staff (HS) 1 directed profane language at Resident 1. This failure caused Resident 1 to feel upset.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on 5/11/13. Resident 1's diagnoses included high blood pressure.</p> <p>An interview was conducted with Resident 1 on 9/20/13 at 12:35 p.m. Resident 1 spoke Spanish. Certified Nurse Assistant (CNA) 1, who spoke Spanish and English, assisted with the interview. Resident 1 was asked what happened when HS 1 was asked to clean the bathroom. Resident 1 stated, "[HS 1] came in to clean my bathroom. [HS 1] said, 'Stop [swear word] with me' in Spanish. I asked [CNA 1] where can I report this? Then [HS 1] apologized and it was okay."</p> <p>An interview was conducted with HS 1 on 9/20/13 at 12:10 p.m. HS 1 was asked what happened. HS 1 stated Resident 1 asked for the bathroom to be cleaned. Resident 1 insisted it be cleaned</p>	F 226	<p>This facility has developed and implemented written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>The housekeeper (HS)1 was asked to immediately leave the facility on 9/16/13, and has subsequently been terminated from this facility.</p> <p>A care plan was developed for resident 1 to monitor for any potential decline due to this reported abuse.</p> <p>The Director of Staff Development along with the Social Service Director conducted an all staff in-service on abuse reporting and the various types of abuse that must be reported. For all staff to provide care in a manner that is always respectful of each residents needs and conditions. To calmly speak with residents in English at all times and listen to each resident, treating residents at all times with dignity and respect.</p>	10/10/13	

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F 226	<p>Continued From page 4</p> <p>immediately. HS 1 refilled the toilet paper and removed some paper towels from the floor. Resident 1 pointed out HS 1 had not mopped. HS 1 stated he'd mop later. Resident 1 insisted HS 1 mop then. HS 1 repeated a Spanish phrase he'd heard. HS 1 stated he was unaware of what the phrase meant, and did not know it was rude.</p> <p>An interview was conducted with CNA 1 on 9/20/13 at 12:45 p.m. CNA 1 was asked what happened. CNA 1 stated Resident 1 was upset and told her what HS 1 said. CNA 1 spoke with HS 1 and explained that was offensive. HS 1 wanted to apologize to Resident 1. CNA 1 helped HS 1 apologize in Spanish to Resident 1.</p> <p>Resident 1's clinical record contained a care plan, dated 9/16/13, for "Potential for psychosocial decline related to report of: Being treated rudely by peer/staff/visitor", and "Derogatory language being used by peer/staff/visitor."</p> <p>Resident 1's clinical record also contained an Interdisciplinary Progress Note, dated 9/16/13. The note reflected, "Housekeeper was extremely rude." [HS 1] "used profane language in Spanish," directed at Resident 1 when asked to clean the restroom.</p> <p>The facility's policy titled, ABUSE PREVENTION AND THE REPORTING OF ALLEGED ABUSE AND SUSPICION OF A CRIME, with revision date 9/13, was reviewed. On page 1 under the heading, POLICY, the document reflected, "Each resident has the right to be free of . . . verbal . . . abuse . . . Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff . . . staff of other agencies serving the resident. . . or other individuals."</p>	F 226	<p>The Director of Staff Development will be responsible for compliance through monitoring staff and periodically question staff on abuse policies.</p> <p>The Administrator will ensure compliance through review of the nursing 24 hour report and periodically questioning of staff at random for their knowledge and understanding of abuse and abuse reporting requirements.</p> <p>Administrator will report to QA Committee for any follow that may be needed.</p>		

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F 226	<p>Continued From page 4</p> <p>Immediately, HS 1 refilled the toilet paper and removed some paper towels from the floor. Resident 1 pointed out HS 1 had not mopped. HS 1 stated he'd mop later. Resident 1 insisted HS 1 mop then. HS 1 repeated a Spanish phrase he'd heard. HS 1 stated he was unaware of what the phrase meant, and did not know it was rude.</p> <p>An interview was conducted with CNA 1 on 9/20/13 at 12:45 p.m. CNA 1 was asked what happened. CNA 1 stated Resident 1 was upset and told her what HS 1 said. CNA 1 spoke with HS 1 and explained that was offensive. HS 1 wanted to apologize to Resident 1. CNA 1 helped HS 1 apologize in Spanish to Resident 1.</p> <p>Resident 1's clinical record contained a care plan, dated 9/16/13, for "Potential for psychosocial decline related to report of: Being treated rudely by peer/staff/visitor", and "Derogatory language being used by peer/staff/visitor."</p> <p>Resident 1's clinical record also contained an Interdisciplinary Progress Note, dated 9/16/13. The note reflected, "Housekeeper was extremely rude." [HS 1] "used profane language in Spanish," directed at Resident 1 when asked to clean the restroom.</p> <p>The facility's policy titled, ABUSE PREVENTION AND THE REPORTING OF ALLEGED ABUSE AND SUSPICION OF A CRIME, with revision date 9/13, was reviewed. On page 1 under the heading, POLICY, the document reflected, "Each resident has the right to be free of . . . verbal . . . abuse . . . Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff . . . staff of other agencies serving the resident . . . or other individuals."</p>	F 226	<p>"</p> <p>The Director of Nursing or designee will inservice all staff and review the Personal Handbook for Briarwood Healthcare on page 14 under Prohibited Conduct that states, " using profane or abusive language at any time during working hours or while on premises owned or occupied by Briarwood Healthcare". This includes profanity or abusive language in any language.</p> <ul style="list-style-type: none"> The Director of Staff Development will be responsible for compliance through monitoring staff and periodically question staff on abuse policies. The Administrator will ensure compliance through review of the nursing 24 hour report and periodically questioning staff at random for their knowledge and understanding of abuse and abuse reporting requirements. Administrator will report to QA Committee for any follow up. 		

F 226

Addendum

- All residents are at risk for abuse and neglect. Social Services/ Designee will interview five alert residents per week to ascertain any evidence of abuse. The information will be given to the Administrator for follow up if needed and results to be reported at Quarterly Quality Assurance.

EFFECTIVE IMMEDIATELY

9/30/13

ABUSE REPORTING

All employees are responsible to report any abuse or suspected abuse. A copy of every report of abuse must be given to the administrator. Attach the confirmation sheet to every SOC 342 submitted to show proof of fax.

- Any allegations of abuse will be immediately reported to the Administrator when any staff becomes aware of any allegations of abuse.
- Allegations of abuse will be noted in the nurses 24 hour report