

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

PRINTED: 09/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2014
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2530 SOLACE PLACE MOUNTAIN VIEW, CA 94040	
(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>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey regarding investigation of an entity reported incident and a complaint conducted on 9/18/14.</p> <p>For Entity Reported Incident CA00412196 regarding Resident/Patient/Client Rights, no State or Federal deficiencies were identified.</p> <p>For Complaint CA00413259 regarding Injury of Unknown Origin, a Federal deficiency was identified (see F226).</p> <p>Inspection was limited to the specific entity reported incident and complaint investigated and does not represent the findings of a full inspection of the facility.</p>	F 000	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>OCT 10 2014</p> <p>L & C DIVISION SAN JOSE</p>	
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 and record review, the facility failed to follow their policy on abuse prevention when no investigation was conducted regarding the cause of skin tears and bruises for three of</p>	F 226	<p>This plan of correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this plan of correction is not an admission that a deficiency exists or that one was correctly cited. This plan of correction is submitted to meet requirements established by state and federal law.</p> <p>Corrective Action:</p> <p>In-Service was provided to All Nursing Staff & IDT member's on 10/2/2014 regarding how to fill an incident report and how to do investigation when bruises, skin tears and discolorations are observed.</p> <p>- License nurses and IDT members were explained that if Resident is not interview able investigation has to be conducted by interviewing CNA and LN working with the resident to rule out abuse or neglect.</p> <p>-Staff were told that the investigation report shall include the following; date/time of incident, where the incident occurred, name of witnesses and their account; and outcome of investigation.</p> <p>-Skin shower sheets have been implemented to check residents thoroughly while bathing/showering the residents. This sheet will also give a good indication to find out when a skin tear, bruise occurred from last shower.</p>	

LABORATORY DIRECTOR'S OR PR _____ SIGNATURE **Administrator** TITLE _____ (X6) DATE **10-7-2014**

Any deficiency statement ending _____ 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.

10/10/14

P6C accepted.
Adm. notified

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F 226	Continued From page 1 three residents (1, 2, and 3). Findings: Review of clinical records of Residents 1, 2, and 3 revealed the following: 1. Resident 1 had a skin tear on the left hand found on 8/10/14 and bruises on the dorsal aspect of the left foot and right upper thigh found on 8/13/14. The facility documented the skin tear and bruises were of an unknown origin. No documentation of an investigation had been made. 2. Resident 2 had a superficial skin tear and discoloration on the right forearm found on 8/30/14. The facility had documented the skin tear and bruise were of an unknown origin. No documentation of an investigation had been made. 3. Resident 3 had a superficial skin tear on the left elbow found on 9/5/14. The facility had documented the skin tear was of an unknown origin. No documentation of an investigation had been made. During an interview on 9/18/14 at 12:00 p.m., the nursing care coordinator stated regarding skin tears and bruises of an unknown origin, the licensed nurse (LN) would do an incident report. The incident report would be given to the director of nursing (DON) and she would bring it to the daily morning meeting to be reviewed by the interdisciplinary team (IDT). The IDT would review and discuss the incident and would sign it off. No documentation that further investigation had been made.	F 226	<p>How will other residents having the potential affected be identified and corrective action to be taken:</p> <p>All residents have the potential to be affected.</p> <p>Measures systemic changes to be implemented to assure deficient practice does not occur:</p> <p>DON and Nurse supervisor will audit every morning after daily stand up meeting to check if incident reports are completed and in compliance to facility policy. Walking rounds with IDT members will be done to further investigate the situation..</p> <p>Monitoring Corrective Action and Responsibility :</p> <p>DON, DSD, and Supervisors will monitor this corrective action on a daily basis. All findings will be reported to facility administrator who will present the findings into the QA&A for further follow-up</p> <p>Effective Date:</p>	10/18/2014	

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

OCT 10 2014

L & C DIVISION
SAN JOSE

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F 226	<p>Continued From page 2</p> <p>During an interview on 9/18/14 at 2:20 p.m., the DON stated regarding skin tears and bruises of unknown origin, the LN would fill out an incident report and give it to the DON. She would investigate the incident by asking the resident and staff. The DON stated no documentation of this investigation had been made. She would bring it to the daily morning meeting for IDT to review. The IDT would discuss the incident and sign it off.</p> <p>During an interview on 9/18/14 at 2:50 p.m., the administrator (ADM) stated she held two daily meetings in the morning (general and clinical). During the clinical meeting, the IDT reviewed the resident's change in condition including incidents of known and unknown origin. The IDT would document in their progress notes and sign it off. There was no evidence that further investigation had been made.</p> <p>Review of an undated facility policy and procedure on Abuse Prevention Program under Investigations indicated falls, bruises, and skin tears will be investigated to rule out abuse or neglect. The investigation and report shall include the following: date and time the incident occurred; circumstances surrounding the incident; where the incident occurred; names of witnesses and their account; resident's and employee's account of the incident; and outcome of investigation.</p>	F 226			