

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

PRINTED: 04/12/2012
FORM APPROVED
7MR NO (19-A) of

*Accepted
4/17/12
LK*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555459		B, WING C, WING D, WING E, WING F, WING G, WING H, WING I, WING J, WING K, WING L, WING M, WING N, WING O, WING P, WING Q, WING R, WING S, WING T, WING U, WING V, WING W, WING X, WING Y, WING Z, WING AA, WING AB, WING AC, WING AD, WING AE, WING AF, WING AG, WING AH, WING AI, WING AJ, WING AK, WING AL, WING AM, WING AN, WING AO, WING AP, WING AQ, WING AR, WING AS, WING AT, WING AU, WING AV, WING AW, WING AX, WING AY, WING AZ, WING BA, WING BB, WING BC, WING BD, WING BE, WING BF, WING BG, WING BH, WING BI, WING BJ, WING BK, WING BL, WING BM, WING BN, WING BO, WING BP, WING BQ, WING BR, WING BS, WING BT, WING BU, WING BV, WING BW, WING BX, WING BY, WING BZ, WING CA, WING CB, WING CC, WING CD, WING CE, WING CF, WING CG, WING CH, WING CI, WING CJ, WING CK, WING CL, WING CM, WING CN, WING CO, WING CP, WING CQ, WING CR, WING CS, WING CT, WING CU, WING CV, WING CW, WING CX, WING CY, 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NAME OF PROVIDER OR SUPPLIER GRAMERCY COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GRAMERCY DRIVE SACRAMENTO, CA 95825				
(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 during an abbreviated standard survey for the investigation of complaint number CA00304774 and entity reported incident number CA00304908. Representing the Department of Public Health: HFEN 2493/29583 Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000					
F 205 SS=D	483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFER Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section. This REQUIREMENT is not met as evidenced	F 205	How corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice; <ul style="list-style-type: none">The Administrator conducted an investigation of the cited deficiency.The facility Bed Hold policy and procedure has been updated and revised.Resident 1 was readmitted the same day How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; <ul style="list-style-type: none">All residents have the potential to be affected by this practice.Staff members were in-serviced on the facility's Bed Hold policy and procedures on how to complete the Bed Hold Acknowledgement Agreement form.	4/25/12 4/25/12			

LABORATORY DIRECTOR'S

REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Henry Brunley Administrator

4/17/12

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555459		B. # AND MORE A		CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 04/09/2012	
NAME OF PROVIDER OR SUPPLIER GRAMERCY COURT				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GRAMERCY DRIVE SACRAMENTO, CA 95825					
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F 205	<p>Continued From page 1</p> <p>by:</p> <p>Based on observation, interview, and record review, the facility failed to provide Resident 1 with a Notice of Bed-Hold and Readmission when the resident was transferred to an acute care hospital.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on 3/23/12 with diagnosis that included Bipolar (an illness that causes strong mood swings between depression and mania), psychosis (generic psychiatric term for a mental state often described as involving a loss of contact with reality), and seizures.</p> <p>In an unannounced visit to the facility on 4/9/12 at 10:20 a.m., Resident 1 was observed in his room alert and oriented. He was sitting in his wheel chair and wore a hospital gown and was well groomed. The resident indicated that he was feeling better, but could not recall the last few months or his recent seizure. Resident 1 stated that he thought he might like to stay at the facility, but remained undecided at this time.</p> <p>On 4/9/12, a review of Resident 1's clinical record indicated the resident had been sent to the acute care hospital three times since his admission to the facility; 3/26/12, 3/27/12 and 3/29/12.</p> <p>Review of Resident 1's clinical record indicated an Admission Bed Hold Acknowledgement Agreement, dated 3/23/12, that was signed by the resident on 3/26/12. Only the top portion was completed. The "Upon Transfer," and "Following Transfer" was blank.</p>			F 205	<p>What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> Licensed staff was in-serviced on how to complete the Bed Hold Acknowledgement form. Nursing management will be responsible to ensure the Bed Hold Acknowledgment has been completed and followed through by the licensed nurse discharging the resident. <p>How the facility plans to monitor its performance to make sure the solutions are sustained. This plan must be implemented and the corrective action evaluated its effectiveness. The plan of correction is integrated into the quality assurance system; and Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the state;</p> <ul style="list-style-type: none"> Monthly in-services will be conducted with staff members on the facility Bed Hold policy and procedures. In-services shall be forwarded to the Quality Assurance committee until the IDT substantiates compliance. 			<p>4/25/12</p> <p>4/25/2012</p>	

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F 205	Continued From page 2 Review of the facility's undated policy and procedure titled, "Bed Hold," B. Transfer to acute Care Hospital, 2. "At the time of transfer to acute care hospitalization or as soon as feasible afterwards, the licensed nurse/designee shall obtain a copy of the original bed hold form and complete the bottom portion, second notice of bed hold. The facility indicates how the resident/legal representative was notified and a copy of the form shall be sent to the representative and/or sent on transfer. The original is filed in the financial folder." In an interview with the Admissions Coordinator on 4/9/12 at 1:25 p.m., she stated that the bed hold form is supposed to go with the resident to the hospital. In an interview with the Director of Nurses on 4/9/12 at 1:30 p.m., she stated the bed hold form had not been sent with the resident to the hospital.			F 205			