STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555431	A. BUILDING _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY HILLS POST ACUTE	1580 BROADWAY EL CAJON, CA 92021

(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 the investigation of a complaint. Complaint Number: CA00878300 Category: Quality of Care Representing the Department: Health Facilities Evaluator Nurse 39220 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were identified. (See F-641 and F-880)	F 000	Country Hills Post Acute 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 employee, agents, officers, directors, or shareholders.	2/24/24
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to accurately access the hearing and vision deficits for one of seven residents (Resident 1), on admission for the Minimum Data Set (MDS-a clinical assessment tool) required for Centers for Medicare and Medicaid Services (CMS) coding and reviewed for Resident Assessment. As a result, the MDS submitted to CMS did not accurately portray Resident 1 ' s current health status. Findings:	F 641	The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

DON — 2/12/24

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 641	Continued From page 1 Resident 1 was admitted to the facility on 12/26/23, with diagnoses which included urinary tract infection with resistance to multiple antimicrobial drugs (commonly used drugs to treat infections), per the Admission Record. On 1/11/24, Resident 1 ' s clinical record was reviewed: According to the Admission Nurses Notes, dated 12/26/23 at 8:33 P.M., Resident 1 had bilateral (both eyes) blindness, was hearing impaired and used bilateral hearing aids. According to the care plan, titled Legally blind, dated 1/2/24, listed interventions of 1:1 room visits to promote socialization and mental stimulation. There was not a care plan for hearing loss or the use of hearing aids. The Admission MDS, dated 12/31/23, Section B-Hearing, Speech, and Vision, Section B-0800 listed Resident 1 ' s hearing as "Understands", with choices listed as rarely/never understands sometimes understands, usually understands, and understands. Section B-1000 listed Resident 1 ' s vision as "Adequate", with choices of severely impaired, highly impaired, moderately impaired, impaired, and adequate. According to the facility ' s Inventory List for Resident 1, dated 12/26/23, listed two hearing aids and a hearing aid charger. On the bottom of the document was: if the patient is unable to sign, state the reason: handwritten was "Blind." On 1/11/24 at 12:02 P.M., an interview and record review were conducted with the Minimum Data	F 641	How corrective actions will be accomplished for the residents found to have been affected by the deficient practice: Resident 1 was discharged on 1/2/24. A MDS Correction was completed on 2/12/24. How facility will identify other residents having the potential to be affected by the deficient practice and what corrective actions will be taken: All other residents can potentially be affected by the deficient practice. A record review completed by MDS on residents with hearing and vision impairment, no other residents were affected by the deficient practice. What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur: MDS nurses were in serviced on 1/11/24 regarding accuracy of coding of residents with vision and hearing impairments. MDS shall complete a records review and interview to accurately code vision and hearing impairments in the MDS.	

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F 641	Continued From page 2 Set Nurse (MDSN). The MDSN stated she reviewed the residents ' diagnoses, physician ' s order, history and physical, care plans, and nurses notes before coding the MDS. The MDSN stated if someone required hearing aids then their hearing was impaired and if legally blind, their vison was also impaired. The MDSN reviewed Resident 1 ' s Admission MDS and said the vison and hearing loss was not captured and therefore the coding was not accurate. On 1/11/24 at 1:35 P.M., an interview was conducted with the Assistant Director of Nursing (ADON), since the Director of Nursing was unavailable. The ADON stated the MDS coding submissions needed to be accurate, so a clear, concise picture was provided to CMS of the resident ' s condition. According to the Resident Assessment Instrument (RAI-helps facility staff to gather information on a resident ' s strengths and needs), dated October 2016, Section B-0800 titled: Ability to understand Others: Thorough assessment to determine underlying cause or causes is critical in order to develop a care plan to address the individual ' s specific deficits and needs. "Code 3, rarely/never understands: if the resident demonstrates very limited ability to understand communication. Or, if staff have difficulty determining whether or not the resident comprehends messages, based on verbal and nonverbal responses. Or, the resident can hear sounds but does not understand messages ..." Section B-1000 titled Vision; " ...observe the resident ' s eye movements to see if his or her eyes seem to follow movement of objects or people. These gross measures of visual acuity may assist you in assessing whether or not the	F 641	How the facility plans to monitor its performance to make sure that solutions are sustained: The MDS Coordinator shall check accuracy of coding before finalizing the MDS as complete and accurate. The MDS Coordinator and MDS nurses shall review all completed MDS and check for accuracy before signing as complete. MDS Coordinator shall report to the QA Committe any miscoding and any corrective actions completed on a quarterly basis to the QAA Committee Meeting. This shall be completed based on the MDS schedule on Indvidual residents in the facility to achieve 100% compliance.	

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F 641	Continued From page 3 resident has any visual ability. For residents who appear to do this, Code 3, highly impaired ..."	F 641		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	F 880	F880 How corrective actions will be accomplished for the residents found to have been affected by the deficient practice: On 1/11/24, Resident's 4 urinary catheter bag was immediately placed on top of a basin to prevent the bag from touching the floor. On 1/11/24, the ice scoop was immediately removed, and a new ice scoop storage was installed. On 1/11/24, The central supply provided the nurses with disinfectant solution (Micro kill wipes) to sanitize blood pressure cuffs before and after use. How facility will identify other residents having the potential to be affected by the deficient practice and what corrective actions will be taken: On 1/11/24, The ADONs checked all other residents with catheters to ensure that foley bags were not touching the floors. No other resident were affected.	

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F 880	Continued From page 4 (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow infection control practices when: 1. A urinary catheter bag was in contact with the floor for one of two residents, (Resident 4). 2. An ice scoop was improperly stored and	F 880	What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur: On 1/11/24, the DSD immediately initiated Inservice on LNs and CNAs regarding general infection control, room cleanliness, Catheter Bags, and ensuring that ice scoops are in a proper storage. The managers were also given specific rooms for Room Round that they check their assigned rooms on a daily basis for follow up and immediate corrections. The room rounds shall be given to the Administrator for follow up ad review during the morning meeting. How the facility plans to monitor its performance to make sure that solutions are sustained: The Infection Control Preventionist shall follow up on any infetion conttol issues in the facility. The IP shall complete infecton contrl observations in the facility, any inefction contol issues shall be reviewed daily in the mrong meeting for imediate corrections. IP nurse sjhall also reort the quateelt QAA Committee for any infectin related concenrs to ensure thst the facility meets 100% complaince. This shall be monitoed on a daily basis by the IP nurse to report to the Adnijsrraot	

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F 880	Continued From page 5 therefore exposed to germs. 3. One blood pressure cuff was used on patients without being properly disinfected, (Resident 5 and Resident 6). As a result, there was the potential of infections to be transmitted to residents. Findings: 1. Resident 4 was admitted to the facility on 12/15/23, with diagnoses which included retention of urine, (an inability to urinate), per the facility ' s Admission Record. On 1/11/24 at 10:56 A.M., an observation was conducted from the hallway of Resident 4 ' s room. Resident 4 was in bed, with the bed in a low position. A urinary catheter collection bag, covered with a blue dignity bag was lying flat on the floor. On 1/11/24 at 11:01 A.M., an observation and interview were conducted with certified nurse assistant (CNA 1) outside Resident 4 ' s room. CNA 1 stated the resident ' s urinary catheter collection bag was on the floor and it should not be on the floor. CNA 1 stated with the collection bag on the floor, bacteria could travel up the catheter tubing to the resident, causing an infection. On 1/11/24 at 1 P.M., an interview was conducted with the Director of Staff Development (DSD). The DSD stated catheter bags should never be in contact with the floor, because the floor was dirty and there would be an increased risk of cross contamination.	F 880	and DON for immediate training of staff and corrective actions.	

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F 880	Continued From page 6 On 1/11/24 at 1:05 P.M., an interview was conducted with Licensed Nurse 1 (LN 1). LN 1 stated urinary catheter bags should never be in contact with the floor, because the floor was unsterile and dirty. According to the facility ' s policy, titled Catheter Care, Urinary, dated August 2022, " ...Infection Control: ...2. Be sure the catheter tubing and drainage bags are kept off the floor ..." 2. On 1/11/24 at 11:25 A.M., an ice scoop was observed sitting out, exposed on top of an ice station cart which resided behind nursing station 3-South. The metal ice scoop was resting scoop side-up, half of the ice scoop rested on the clear plastic zip-lock bag and the other half of the ice cream scoop rested on a black rubber mat. The scoop was in front of an ice chest, which contained ice. On 1/11/24 at 11:26 A.M., an observation and interview related to the ice scoop was conducted with CNA 2. CNA 2 stated the ice scoop should be stored inside the clear plastic bag, when not in use. CNA 2 stated with the ice scoop being left out and exposed, there was the potential someone could use it, causing cross contamination from the scoop to the ice. On 1/11/24 at 1 P.M., an interview was conducted with the Director of Staff Development (DSD). The DSD stated the ice scoop should never be left out and needed to be placed inside the plastic bag after each use, to keep it clean. The DSD stated there was a risk of cross contamination when the scoop was not stored properly. On 1/11/24 at 1:05 P.M., an interview was	F 880		

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F 880	Continued From page 7 conducted with Licensed Nurse 1 (LN 1). LN 1 stated the ice scoops always needed to be stored inside a container between use, in order to prevent cross contamination. The facility was unable to provide a policy related to ice scoop and proper storage. 3. On 1/11/24 at 1:09 P.M., a medication administration observation was conducted with LN 2. LN 2 removed a wrist blood pressure cuff from a black bag on top of the medication cart. Disinfection of the blood pressure cuff was not performed after removing it from the black bag. On 1/11/24 at 1:13 P.M. LN 2 went into Resident 5 ' s room and placed the blood pressure cuff on the resident ' s right wrist. The blood pressure was within the physician ' s parameters and the medication was administered with sips of water. LN 2 returned to the medication cart and placed the blood pressure cuff on the top of the cart without disinfecting it. On 1/11/24 at 1:20 P.M., LN 2 prepared medication for Resident 6. On 1/11/24 at 1:22 P.M., LN 2 went into the room of Resident 6 with the wrist blood pressure cuff and the medication prepared. The blood pressure cuff was not disinfected prior to entering Resident 6 ' s room. The blood pressure cuff was placed on Resident 6 ' s right wrist. The blood pressure was within the physician ' s parameters and the medication was administered with sips of water. On 1/11/24 at 1:27 P.M., LN 2 returned the blood pressure cuff to the top of the medication cart and did not disinfect it. LN 2 started to prepare	F 880		

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F 880	Continued From page 8 another resident ' s medication. On 1/11/24 at 1:29 P.M., an interview was conducted with LN 2. LN 2 stated he did not disinfect the blood pressure cuff before or after using it for Resident 5 and Resident 6, and he should have. LN 2 stated he did not have any disinfectant wipes on his cart. LN 2 stated it was important to disinfect muti-use equipment, such as a blood pressure cuff, to prevent cross contamination from one resident to another. The facility was unable to provide a policy related to disinfection of a blood pressure cuffs when used between residents. The Infection Control Nurse was not available for interview. On 1/11/24 at 1:35 P.M., an interview was conducted with the Assistant Director of Nursing (ADON), since the Director of Nursing was not available. The ADON stated the blood pressure cuff was contaminated and should not have been used until it had been disinfected. The ADON stated she expected urinary catheters bags to never be in contact with the floor and the ice scoop was considered contaminated after it was left out exposed to the air and environment. According to the facility ' s policy, titled policies and Practices-Infection Control, dated October 2018, " ...The objective of our infection control policies and practices are to: a. Prevent, detect, investigate and control infections in the facility. b. Maintain a safe sanitary and comfortable environment for personnel, resident/visitors and the general public ...f. Provide guidelines for the safe cleaning and reprocessing of reusable	F 880		

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F 880	Continued From page 9 resident equipment ..."	F 880		

COUNTRY HILLS

State Findings:
Inservice Title: Infection Control/Room Cleanliness/Catheter Privacy Bags/Hand Hygiene/Ice Ch Date: January 11, 2024

Department: Housekeeping, CNAs & Nurses
Instructor Print: Jamie Lodzinski
Instructor Signature:
Reason for Inservice: Education

Start/End Time: 3:15 - 4:15pm

CEU Credit: 1 hour

Learning Objectives: See Lesson Plan
Lesson Plan Attached: ☑
Presentation Method: ☑ Lecture ☐ Demonstration ☑ Questions/Answers
Content Summary: See Lesson Plan

Evaluation Method: ☐ Return Demo ☑ Oral Quiz ☐ Test

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
	Abalos	Christian		LVN	696025	
1/11	Abutu	Emmanuel		CNA	1188629	AM
	Acosta	Shiann		CNA	01201717	
1/11	Adinew	Adanech		CNA	1107177	
	Aguilar	Selina		CNA	01243256	A.M
	Aguilera Rodrigu	Servando		CNA	01181850	PM
	Aguimatang	Elizabeth		LVN	186787	
	Alejandrino	Elsie		CNA	323287	NOC
	Almendarez	Nikki		CNA	01220768	
	Alquicira	Yvette		CNA/PT Aide	1146717	AM
	Alvarado	Aylin	TERM	LVN	712653	
	Alvarez	Blanca		CNA	01175749	
1/11	Alvarez	Yuliana		CNA	01250040	AM
	Amiling	Cindy		RN	95282240	
11/11/24	Andrade	Ines		CNA/RNA	433609	AM
	Aquitania	Maria		LVN	687537	
	Arista	Maria	Maria Arista	Housekeeper	N/A	AM
1/30/24	Asgedom	Rahel		LVN	235695	MC
	Avila	Natalia		LVN	730992	

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
1/11	Bacolor	Evangeline		RN/ADON	95156671	
	Baldon	Nancy		LVN	227579	ON
	Balila	Urdaneta		CNA	967667	
	Barber	Aneesah		LVN	268625	
	Bocalan	Sherwin		CNA	00683311	PM
	Bombongan	Josephine		LVN	204609	PM
	Bozar	Eduardo		CNA	00646459	NOC
	Braudaway	Sarah		CNA	PASSING SCORES	PM
	Brown	Melissa		CNA	808645	
	Campos	Leticia		CNA	309598	
	Carbajal	Luzviminda		CNA	621825	PM
1/11	Cardenas	Georgina		CNA	624271	AM
	Cariga	Juan		CNA	1171160	
	Carrillo	Jorge	Jorge Carrillo	CNA	01258719	AM
	Castanos	Joseph		RN	95261815	
1/11	Castro	Ryann		CNA	01215982	AM
	Catungal	Pastor		LVN	277376	
	Ceja	Gloria		CNA	594761	
1/11	Chacon	Daniel	Daniel Chacon	CNA	01229284	AM
1/15	Chang	Anna		CNA	01242062	NOC
	Chavez	Diana		CNA	01209398	
	Chavez	Dianna	LOA	CNA	01241592	
	Chin	Marcus		CNA	PASSING SCORES	
1/31	Cobbs	Joyce		CNA	464066	NOC
	Contreras	Nancy	LOA	LVN	698895	
1.15	Contreras	Vanessa		CNA	01183424	NOC

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
	Corpuz	Amado		CNA	1119228	
	Cowell	Pacita		CNA	154362	
	Daniel	Karen		CNA	00874302	
	Davila	Rocio		CNA	01162198	
1/30	De Leon	Agustin		CNA	822096	
1/11	De Leon	Jean		LVN	196861	1/11/2024
	Dickerson	Kayla		CNA	01235712	AM
	Diffee	Amy	TERM	RN	95272922	
	Dillenburg	Beverly	LOA	LVN	730815	
	Dith	Solida	PT	LVN	721169	
	Dixon	Taneil		LVN	729657	
1/11	Dubose	Alexis		CNA	01277323	
	Eata	Arnel		LVN	258466	
	Enyinnaya	Chinwendu		CNA	01266811	
1/11	Espino	Carlos		CNA	668431	
	Estüller	Gilbert		CNA	656118	
1/11	Estrada	Jaime		CNA	1215984	
1/11	Estrada-Rivera	Danae		CNA		AM
1/11	Eusebio	Jasmin		RN	737897	AM
1/11	FerdinandWalter	Alma		CNA	573569	
1/11	Figueroa	Maria		Housekeeper	N/A	
1/11	Garcia	Hilda "Yadira"		Housekeeper	N/A	AM
1/11	Garcia	Jennifer		RN	604214	PM
1/11	Gayda	Estelita		LVN	164750	PM
1/11	Gomez	Erin		CNA	1180416	
1/11	Gomez	Margarita		CNA	01217259	

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
	Gonzales	Cara		LVN	691778	
	Gonzales	Tomas		LVN	241740	
	Gonzalez	Elvia	LOA	CNA	982448	
	Gozum	Jay		RN/Director of Nursi	508753	
1/11	Grant	Prescy		LVN	153517	
1/11	Gutierrez	Marcela "Marcy"		CNA	1213876	AM
	Hadnot	Franchell		CNA	00184385	PM
1/11	Hernandez	Miguel		CNA	01245560	
1/29	Herrera	Lisa		CNA	467950	NOC
	Higueria	Sandra		CNA	541625	
1/11	Hildreth	Kaitlyn		CNA	1199970	
	Jardiniano	Carmel		CNA	01134805	CG NOC
1/11	Jenkins	Vanessa		LVN	238740	NOC
	Jimenez	Amalia		RN	521519	
1/11	Jo	Charisma		CNA/RNA	00643975	AM
1/11	Jones	Anais		RN	95339206	AM
	Jones	Roshune		CNA	542102	
	Juarez Hernande	Angelica	Angelica Soaje	Housekeeper	N/A	
	Julian	Gerald		CNA	00779886	AM
	Karim	Jawan		CNA	00994102	AM
	Lado	Elizabeth		CNA	652333	1-7
	Laguador	Leilani	TERM	CNA	01181697	
	Lasola	Lani	PT.	RN	95241366	
1/11	Le	Vivian		CNA	PASSING SCORES	AM
	Lee	Aulani	Term	CNA	00923831	
1/29	Ligon	Demetrius		CNA	01242057	NOC

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
	Lodzinski	Jamie		LVN/Director of Staff Dev	693625	
	Lopez	Dora		CNA	638361	AM
	Lopez	Jeremiah		CNA	1171094	
	Lopez	Maria		Housekeeper	N/A	
	Lopez	Sarah		CNA	716006	
	Lopez Bachez	Rufina	Rufina Lopez	Housekeeper	N/A	
	Mabalot	Joshua		LVN	733057	
	Madayag	Romulo		CNA	941723	PM
	Magdaleno	Maria		Housekeeper	N/A	
	Manalansan	Maricela		CNA	502448	
	Manuel	Marites		CNA/RNA	729588	
	Marius	Joseline		CNA	01166984	
1/11	Marquez	Israel	Israel Marquez	LVN	733960	AM
	Marquez	Maria		CNA	01147898	
1/11	Martin	Iryna		CNA	01121547	AM
1/30	Martin	Nonna		CNA	01219859	NOC
1/24/24	Martinez	Raquel		LVN	702497	AM
	Martinez Zavala	Maria Del Carmen	Mari Martinez	Housekeeper	N/A	
1/30	Maya	Samuel		CNA	01171157	AM
1/30	McNeil	Mary		CNA	307842	PM
	Mejia	Jess		RN	95331540	
	Melgar	Ma Victoria		LVN	158034	AM
	Mendivil	Gricelda	Gricelda M-R	Housekeeping	N/A	AM
1/30	Metu	Catherine		CNA	435159	
	Milanio	Benjamin		RN	463910	
	Milano	Kyle		CNA	PASSING SCORES	AM
	Millar	Sachiko		CNA	754226	
	Montes	Joe		CNA	00840075	
1/30	Montes	Joe "JC"		CNA	01107932	PM
	Montoya	Samantha		LVN	731548	

Gabriella Gonzalez AM

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
2/1	Morales	Viviana		CNA	01261790	AM
	Morrison	Katherine	Katherine Morrison	CNA	01245561	
	Musgrave	David		LVN	721985	PM
	Navales	Kerby		CNA	01222276	
2/4	Navales	Rejie		CNA	1199983	AM
1/11	Navales	Shakera		CNA	1222263	
1/11	Nieman	Jayden	Jayden Nieman	CNA	01232986	AM
	Nybeck	Evalyn		RN	95159805	
	Odumade	Haleemah		CNA	01193815	
	Ofoegbu	Ikemezuo		CNA	00047144	PM
1/30	Olaires	Alan		RN	585576	PM
	Olivant	Francess		RN	568345	
	Omholt	Miranda		LVN	42459	
1/11	Ordonez	Edith	Edith	Housekeeper	N/A	AM
	Orlino	Lyrma		LVN/ADON/IP Nu	230802	
1/11	Palacios	Sonia	Sonia Palacios	HK	N/A	Am
	Pamplona	Teresita	Teresita Pamplona	CNA	432796	Noc
1/11	Pang-ag	Froilan		CNA	1137786	AM
	Pangco	Chito		LVN	267954	AM
1/11	Pham	Selina		CNA	01235251	PM
1/11	Pinson	Nicole		CNA	01230541	
1/29	Preston	Katlyn		LVN	284338	PM
	Price	Lashaynet		CNA	918508	
	Pruett	Maria		LVN	151193	
	Pulido	Melanie		CNA	01154964	
	Qays	Aya		LVN	725593	
1/30	Quizon	Analyn		CNA	966305	PM
	Rains	Colynthia	Colynthia Rains	CNA	01212158	AM
1/1	Ramirez	Jhovanny	Jhovanny Ramirez	CNA	1187614	AM
	Ramos	Austin		CNA	00892471	AM
1/11	Ramos	Raychel	Raychel Ramos	CNA	01268481	PM
	Relova	Carol		CNA	00775019	

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
	Remorin	Abigail		LVN	737867	
	Rentflejs	Regina	LOA	CNA	648612	
	Rocha	Carmen		Housekeeper	N/A	
1/11	Rochin	Karen		HK Lead	N/A	
	Rodriguez	Bertha		Housekeeper	N/A	
	Romero	Maria		Housekeeper	N/A	
	Ropa	Lena		LVN	699739	
	Rosales	Gisel		CNA/RNA	1141463	
1/11	Russell	Vylisha		CNA	Passing Scores	
	Samson	Gabriel		LVN	727079	
	Santos	Toni Fe		LVN/ADON	288178	
	Sarenana	Selina		CNA	1175753	AM
	Sarmiento	Rodrigo		CNA	781211	NOC
1/11	Sarne	Eria		CNA	1215987	AM
	Sataua	Christiana	Sataua	CNA	PASSING SCORES	
	Saucedo	Erika		CNA	01225924	
	Schneller	Ruth	Ruth Schneller	CNA	353603	PM
	Scott-Thomas	Cassandra		CNA	1224602	
1/15	Silva	Karen	Karen Silva	CNA	1205087	noc
1/30	Silva Ortega	Francelia	FRANCELIA SILVA	LVN	727881	AM
	Simmons	Tyrice	Tyrice Simm	CNA	01138063	Noc
	Smith	Carmen	Carmen Smith	CNA	733660	Pm
1/11	Sood	Janina	Janina Sood	LVN	285805	
	Soto	Almandra		CNA	868096	
	Stacruz Zulueta	Danielle Cherry		CNA	1141476	
	Stier	Andrea		CNA	900371	PM
1/30	Suffridge	Ma Victoria	Ma. Victoria Suffridge	CNA	585698	PM
	Szydzik	Maria		CNA	875804	
	Tahir	Suzan	Suzan Tahir	LVN	693394	AM
	Talaban	Lanie	Lanie Talaban	CNA	211107	Noc
	Tapec	Jennylyn		CNA	00862346	
	Tate	Tamara	Tamara Tate	LVN	701244	

Date	Last Name	First Name	Signature	Title	License Cert. #	Time
	Taylor	Laveria		Housekeeper	N/A	AM
	Thomas	Rosalia		CNA	573025	AM
	Torrontegui	Laura		Housekeeper	N/A	AM
2/2	Uribe	Dina		CNA	235232	PM
	Valdez	Francisco		CNA	815986	
	Valenzuela	Tamara		CNA	01225923	
	Vallair	Vonkeshia	LOA	LVN	726840	
	Vasquez	Evia		LVN	729915	
	Velasco	Marcos		CNA	01208527	AM
	Villanueva Herre	Karla		LVN	00837487	
	Wakjira	Ejigayehu		LVN	736406	NOC
	Wilson	Jared		CNA	01235718	NOC
	Yanez	Alicia		CNA	682581	AM
1/1/24	Zosa	Marie	Marie Rose Zosa	CNA	01242065	PM

Staff Development
Instructor's Name: Jamie Lodzinski LVN, DSD
Lesson Plan F-1437
Class Title: Infection Control/Room Cleanliness

Objective:	Course Content	Teaching Methods	Evaluation
After In-Service staff will have a better understanding of the importance of keeping a residents room clean.	A clean environment is important for the health and well-being of our residents. Proper cleaning in our facility and proper hand hygiene is critical for infection control. **Why Daily Room Cleaning?** A dirty environment and equipment surfaces can share germs between people and lead to infection. Daily room cleaning can help reduce the risk of infection. Surfaces that you can SEE are dirty and those that are frequently touched must be cleaned and disinfected daily. Waste must be removed. Some rooms may have special precautions that must be taken when cleaning them. If a residents room is on special precautions, there will be a sign posted on the residents door. And then there may be the need for special cleaning supplies to properly clean the room. **All shifts are to make sure that our residents rooms are clean and neat. This means. All trash is to be picked up from off the floor, trash cans are to be emptied and a liner put back in, no food left in the room, all dirty linen is to be sent to laundry, if there is blood or BM on the floor it is to be cleaned up immediately this includes the bathroom. Make sure the closets are clean and neat. Bedside tables need to be cleaned.** **Hand Hygiene** Hand hygiene is a general term that describes hand washing using soap and water or the use of an alcohol-based hand rub (ABHR) to destroy harmful pathogens, such as bacteria or viruses, on the hands.	Discussion, Lecture and/or Demonstration	Q & A

You should always perform hand hygiene:

When you arrive for work and when you leave for the day
- **Before** applying and **after** removing personal protective equipment (e.g., gloves)
- **Before** and **after** providing any type of care
- **Before** moving from a soiled body site to a clean body site
- **After** touching a patient or their immediate environment
- **After** contact with blood, bodily fluids, or other potentially contaminated surfaces

However, **you must always wash your hands with soap and water** if they are visibly dirty or contaminated with blood or other potentially infectious materials (OPIM). If a sink is not close by, you may decontaminate your hands with an ABHR, but you must wash them with soap and water as soon as possible.

What to Clean

You should clean all "high-touch" areas and items. They may include:
- Furniture
- Bed and pillows
- Handrails
- Doorknobs and handles
- Light switches
- Paper towel dispensers
- Trash can
- Outside of sharps container
- Dry erase boards, markers, and erasers
- TV and remote controls
- Windows and ledges
- Air vents
- Telephones
- Nurse call bell unit and cord
- Linen hampers
- Tables or trays where meals are eaten
- Any surface in the bathroom
    - o Sink
    - o Mirror
    - o Bathtub
    - o Shower

- o Shower chair
- o Soap dispenser
- o Toilet
- o Toilet paper holder
- o Support rails

Be sure to alert your supervisor when a surface, linens, or laundry are contaminated with blood or other body fluids. There are special protocols that must be followed to clean and handle them.

Think about your start and end points for cleaning. Use the same cleaning path every time. Try to create a circle as you clean so that you start and end at the same spot. A logical pattern is:

- Clockwise
- High to low surfaces
- Cleanest to dirtiest
- End with the bathroom. Clean the toilet last.

Change your cleaning rags as needed to keep them wet with cleaning solution AND/OR when they become soiled. Change your mop and replace cleaning solutions according to policy. Let cleaned surfaces remain wet and air dry according to the label's instruction.

Be SURE that you handle all equipment in a way that does not spread infections to other people or surfaces. **This means DO NOT**:

- Hold dirty items against your skin or clothing.
- Put dirty items on a clean surface.
- Use a cleaner that is in an unlabeled container.
- Shake mops.
- Double-dip rags. This means DO NOT put a used cloth back into a cleaning or disinfecting solution.
- Wear dirty gloves outside of the room.

Mopping

Decide if you need to spot-clean one area, such as a sticky spill on the kitchen floor, or if you need to mop an entire room.

- Damp mopping is used when you need to spot-clean a specific area.
- Wet mopping is used when you need to mop an entire room.

Staff Development
Instructor's Name: Jamie Lodzinski LVN, DSD
Lesson Plan F-1437
Class Title: Call LIghts

Objective:	Course Content	Teaching Methods	Evaluation
After In-Service staff will be able to know why call lights are important.	**Why are call lights important in a nursing home?** Call lights are used in nursing homes, as an alert device for nurses, CNA's, and other staff that a resident needs assistance. Residents of our facility may not be able to tend for themselves due to conditions or restrictions. Residents rely on the call light to communicate if they need assistance. **How long should it take to answer a call light?** Call lights for resident's must be answered in a timely manner to meet the needs of our resident's. On average, it took nurses 3.42 to 3.57 minutes to answer a call light. Patients expect a call light to be answered between 3 and 4 minutes...not 75 minutes. **How do you answer call lights?** Be courteous when responding or entering the room; 3. When answering a call light for a patient or room not assigned to you, introduce yourself. **Why is it important in our facility to answer call lights?** neglected call lights and clinical alarms are viewed as a significant hazard to patient safety within the clinical care facility. The dangers of unmet call lights include falls, unwarranted incontinence episodes, unnecessary injuries, and general unmet daily needs.	Discussion, Lecture and/or Demonstration	Q & A Test

	Is not answering or avoiding a call light abuse? By not answering a call light or avoiding a call light is abuse and is neglect. **All staff members are responsible for answering call lights.**		

Staff Development
Instructor's Name: Jamie Lodzinski LVN, DSD
Lesson Plan F-1437
Class Title: Resident Rights and Civil Rights

Objective:	Course Content	Teaching Methods	Evaluation
After In-Service staff will have a better understanding resident right and civil rights. Explain why protecting clients' rights is important. Describe at least five ways that you can protect your clients' rights.	**Clients' Rights and Their Importance** Residents have the **right** to expect and receive the best care that you as a caregiver can provide. Clients' rights include the right to **privacy.** Residents also have the right to be in control of their own lives. This includes deciding the type of care they wish to receive. This is called the right to **self-determination**. Resident rights are not just words on a document or form; they are protected by state and federal law. Clients' rights determine your daily activities and tasks. You must incorporate them into every aspect of care and service you provide. It is an important part of your job to understand and protect your clients' rights. Forgetting about them leaves you open to becoming guilty of a violation, and possibly even abuse. **One of the most important things to remember is always knock and announce yourself before entering a residents room.** **Some Important Terms to Know** **Care Plan** - A collaborative plan used to enhance, restore, or maintain the well-being of your residents. **Resident Rights** - Basic freedoms that are protected by state and federal laws to help ensure that residents maintain independence, self-respect, and dignity. **Confidentiality** - A term used to describe actions taken to protect your clients' privacy; most of what you hear and see while you work with your residents should never be shared with anyone who is not on the residents care team.	Discussion, Lecture and/or Demonstration	Q & A

Discrimination - Unjust treatment of someone based on age, race, sex, or other difference.

Exploitation - Unfair treatment of someone for personal gain.

Grievance - A formal complaint made about someone or something that happened.

Health Insurance Portability and Accountability Act (HIPAA) - A federal law that protects the privacy of your clients' healthcare information.

Ombud or Ombudsman - An official person who investigates complaints made by residents when the resident's rights may have been violated and the facility has not resolved the complaint.

Honoring the Residents Choice

Honoring residents choices is the key to ensuring that their rights are protected. Every resident should be able to determine:

- What their preferred schedules, activities, clothing, and food choices are.
- The type of care they receive.
- How much care they receive.
- Who provides their care.
- When they want to start and stop receiving care.

The right to choose is a critical part of self-determination. It helps each resident maintain quality of life. Honoring choices can be a challenge sometimes but must be a priority when providing care. Some to their choices may be regarding

Daily Schedules - Residents have the right to make their own schedules.

Activities - Residents have the right to participate in activities that enhance their physical and emotional well-being. Activities should have meaning for the person. These activities can range from physical activities such as walking to more social activities such as art classes or a card game. Spiritual or religious activities may also be a meaningful option for some clients. Just remember that all residents have the right to participate in activities AND to decline participation.

Personal Items - Residents have the right to keep and use personal items, they have the right to have personal items such as photographs, vases, paintings or, special décor. They may keep mementos, purchase items, and store personal possessions. The goal is for the resident to live in an environment that is safe, clean, comfortable, and feels like home.

Personal Style - Every resident has the right to choose the clothes and accessories they wear and to style their hair the way they want it to look. People wear certain clothes and accessories and style their hair in certain ways for many different reasons.

Freedom from Abuse and Neglect - All clients must be protected from neglect, as well as verbal, mental, emotional, physical, and sexual abuse. Clients must never be:

- Secluded from others.
- Held in a certain area.
- Restrained.
- Kept away from their room or belongings without their consent.

You must follow facility policies for preventing abuse and neglect. If you ever suspect that any type of abuse or neglect might have occurred, you MUST alert your Abuse Coordinator/Administrator immediately so that the proper actions can be taken

Spencer Christensen
858-833-8283

Always follow the care plan and alert your nurse immediately if there is ever any reason that the care plan cannot be followed. This includes care required for:

- Eating
- Bathing
- Safety
- Health
- Housekeeping
- Other personal care interventions

Failing to provide care can rise to the level of neglect and may be punishable by law.

Personal Finances

All residents have the right to manage their own money and finances and to be protected from financial exploitation. Financial exploitation means taking and using someone else's money for your own benefit. It includes taking or borrowing money from the person in your care, with or without their permission.

You are not allowed to take any money from a resident even if they give you permission...

Your residents rights are protected by state and federal law and must be incorporated into every aspect of care and service delivery. Client's rights include the right to privacy and self-determination, among many others. It is your professional responsibility to honor and protect your clients' rights in all that you do.

Boundaries - To protect your residents rights, it is helpful to first understand the concept of boundaries. Professional boundaries are the limits you set on the relationships you have with clients. These boundaries allow you to have safe and healthy connections with clients. They also allow you to separate the relationships you have with residents from the relationships you have with your own family, friends, and coworkers.

Boundaries provide appropriate distance and respect. They are established to protect you and your resident from harm. Having the right boundaries during client care is an important part of protecting clients' rights.

Communication is important. The way you speak, and act shows how you feel and think of yourself and others. First and foremost:

- Speak clearly.
- Use kind words.
- Use touch and language in an appropriate way.

Doing these things will help you maintain a professional relationship with your residents.

Client Privacy

Part of professional communication is protecting clients' privacy. Treat every conversation and activity with residents as confidential. Information that is discussed during care planning meetings should not become a topic of general conversation.

HIPAA is an important way to honor a client's right to privacy. However, there are other ways to protect your clients' rights to privacy.

Phone Calls - Every resident has a right to make private phone calls. Your resident must be given a space to speak freely and privately while they are on the telephone. You may need to:

- Assist a client to a private area to use their personal cellular phone.
- Close the door to a private area while a client uses the telephone.

Private Conversations - Everyone has matters that need to be discussed in private. While some residents only discuss specific matters in private, others prefer to have all their conversations in private. Ensuring that a residents room can accommodate a private conversation is one way to meet this requirement. It is important to remember that people who live in a long-term care facility sometimes forget privacy boundaries. Be mindful of others' privacy needs and rights and encourage others to do the same. Protect your clients' rights for privacy.

Personal Mail - It is never acceptable to open someone else's mail or email unless they have specifically asked you to do so. Both types of correspondence may contain information that is confidential and personal. Helping a resident open, and possibly read, their mail exposes you to their private information, even if by your standards it doesn't seem private. If you do become aware of your residents private information, remember to keep it confidential.

Privacy in Shared Rooms - Unfortunately, it is very easy to violate a residents right for privacy by accidentally sharing their private information. This may happen when your client shares a room with someone else. You should always ask if it is okay to speak about a residents personal information when another person is in the room, even if that person is their roommate. Make sure all conversations and care are provided in a manner that protects your residents privacy.

- ALWAYS knock before you enter any room where clients are.

	• ALWAYS shut the door and pull the privacy curtains, if available, before starting personal care. **Right to Refuse** - Every resident has a legal right to refuse treatment, medications, or services. **As a caregiver, you must NEVER force a client to do anything, even if you think it is in their best interest.** Every resident has a right to self-determination. They have the right to choose and make decisions about every aspect of their lives. If you believe that a residents refusal of treatment, medications, or services puts them in an unsafe or risky situation, you should notify your nurse. **If you believe a vulnerable adult is being abused or neglected in any way, then you MUST report it. You are a mandatory reporter. Reporting does not require you to have proof. It only requires you to suspect that abuse or neglect is happening.**		

Staff Development
Instructor's Name: Jamie Lodzinski LVN, DSD
Lesson Plan F-1437
Class Title: Ice chest infection control

Objective:	Course Content	Teaching Methods	Evaluation
After In-Service staff will have a better understanding of keeping the ice safe for residents.	**ICE CHEST** 1. The kitchen will bring up the ice chest every morning with the ice scooper place in a plastic bag and that bag will be in the holder bag. 2. When a staff member needs to give ice to a resident, they will take the ice scooper out of the plastic bag and fill the container cup/pitcher with the ice. 3. When finished the staff member will place the ice scooper in the plastic bag and then put that plastic bag in the pouch that is attached to the ice chest. 4. At no time is the ice scooper to be placed on the ice chest or on the cart itself. 5. If at anytime the ice scooper or plastic bag is visibly soiled, then it must be replaced with a new plastic bag or ice scooper.	Discussion, Lecture and/or Demonstration	Q & A

Staff Development
Instructor's Name: Jamie Lodzinski LVN, DSD
Lesson Plan F-1437
Class Title: Catheter Privacy Bags and Hand Hygiene – Infection Control

Objective:	Course Content	Teaching Methods	Evaluation
After In-Service staff will have a better understanding of how to care for catheter care and prevent infection control.	CATHETER CARE When completing catheter care, remember to ensure that the catheter bag is secured to a non-movable part of a bed or chair, the tubing is not dragging on the floor, and the bag is below the level of the bladder. All catheter bags must have a privacy bag and never be allowed to touch the floor to help in preventing infection control. If the resident is in bed and the bed is in the lowest position, place the bag in a basin to ensure that the bag is not touching the floor. Document the person's urinary output in the chart and notify the nurse if • Urinary output is less than 240 cc in 8 hours. • The urine in the catheter tubing is dark yellow, brown, or blood tinged. • The urine has an unusual odor. • Sediment is present in the catheter tubing HAND HYGIENE Remember to always use good hand hygiene practices when on the floor and doing patient care. • Hand hygiene before entering a residents room. • Hand hygiene after exiting the residents room. • When Passing meal trays always use hand hygiene before and after you pass the next meal tray.	Discussion, Lecture and/or Demonstration	Q & A

COUNTRY HILLS
POST ACUTE
`PROVIDER # F-1437

In Service Course Title: MDS coding Accuracy Date: 1/11/24

Department: MDS Department / Admission nurses

INSTRUCTOR PRINT: Mary Ann Diaz, RN INSTRUCTOR SIGNED: [signature]

REASON FOR IN-SERVICE: Inaccurate coding of B0200, B0300, B1000 of the MDS section - Hearing and vision

Start Time: 1:00pm End Time: 1:20pm Length: 20 minutes

Learning objectives: At the conclusion of the in-service, the participants will be able to:

Lesson Plan Attached (✓)

Presentation Method: (✓) Lecture ( ) Demonstration (✓) Questions & Answers

Content Summary: See lesson Plan

Evaluation Method: ( ) Return Demo ( ) Oral Quiz

PRINT NAME	SIGNATURE	TITLE	CERT #	SHIFT
Emma Pelaamonte	[signature]	LVN		AM
Mariclenne Abeleda	[signature]	RN		AM

Objective:

After the inservice, MDS staff and Admission nurses will be able to accurately coded sections B0200, B0300 (Hearing) and section B1000 (Vision) of the MDS (Minimum Data Set) and understand the importance of coding accurately to meet the residents' proper plan of care and interventions.

Course Content:

Admission / Readmission Evaluation Assessment sections E Vision 1c, 1d and ie ; Hearing 2A, 2b, 2c and 2D will be coded correctly for new admissions and readmissions.

Modifying the MDS Assessment of Resident 1 sections B0200, B0300 (Hearing) and B1000 (Vision) of the MDS

All residents with vision impairment and hearing impairment with ICD 10 coding under Medical Diagnosis are reviewed and captured in sections B0200, B0300 (Hearing) and section B1000 (Vision) of the MDS.

Section A - Identification Information

A2300. Assessment Reference Date

Observation end date:

1	2	-	3	1	-	2	0	2	3
Month			Day			Year			

A2400. Medicare Stay

Enter Code: 1

A. Has the resident had a Medicare-covered stay since the most recent entry?

0. **No** → Skip to B0100, Comatose
1. **Yes** → Continue to A2400B, Start date of most recent Medicare stay

B. Start date of most recent Medicare stay:

1	2	-	2	6	-	2	0	2	3
Month			Day			Year			

C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:

1	2	-	3	1	-	2	0	2	3
Month			Day			Year			

Look back period for all items is 7 days unless another time frame is indicated

Section B - Hearing, Speech, and Vision

B0100. Comatose

Enter Code: 0

Persistent vegetative state/no discernible consciousness

0. **No** → Continue to B0200, Hearing
1. **Yes** → Skip to GG0100, Prior Functioning: Everyday Activities

B0200. Hearing

Enter Code: 3

Ability to hear (with hearing aid or hearing appliances if normally used)

0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
3. **Highly impaired** - absence of useful hearing

B0300. Hearing Aid

Enter Code: -

Hearing aid or other hearing appliance used in completing B0200, Hearing

0. **No**
1. **Yes**

B0600. Speech Clarity

Enter Code: 0

Select best description of speech pattern

0. **Clear speech** - distinct intelligible words
1. **Unclear speech** - slurred or mumbled words
2. **No speech** - absence of spoken words

Section B - Hearing, Speech, and Vision

B0700. Makes Self Understood

Enter Code: 0

Ability to express ideas and wants, consider both verbal and non-verbal expression

0. **Understood**
1. **Usually understood** - difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
2. **Sometimes understood** - ability is limited to making concrete requests
3. **Rarely/never understood**

B0800. Ability To Understand Others

Enter Code: 0

Understanding verbal content, however able (with hearing aid or device if used)

0. **Understands** - clear comprehension
1. **Usually understands** - misses some part/intent of message **but** comprehends most conversation
2. **Sometimes understands** - responds adequately to simple, direct communication only
3. **Rarely/never understands**

B1000. Vision

Enter Code: 4

Ability to see in adequate light (with glasses or other visual appliances)

0. **Adequate** - sees fine detail, such as regular print in newspapers/books
1. **Impaired** - sees large print, but not regular print in newspapers/books
2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired** - object identification in question, but eyes appear to follow objects
4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

B1200. Corrective Lenses

Enter Code: 0

Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision

0. **No**
1. **Yes**

B1300. Health Literacy

Complete only if A0310B = 01 **or** A0310G = 1 and A0310H = 1

Enter Code: 2

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

0. **Never**
1. **Rarely**
2. **Sometimes**
3. **Often**
4. **Always**
7. **Resident declines to respond**
8. **Resident unable to respond**