TATEMEN	RS FOR MEDICARE FOF DEFICIENCIES	(XI) PROVIDENSUPPLENCIA IDENTIFICATION NUMBER:	DES MULT	OPLE CONSTRUCTION	OKA) DATE SI	0938-039
ND PLAN (	OF CORRECTION	IDENTIFICATION HUMBER:	A BUILDIN		COMPLE	TRO
		056760	B. WING		100	1/2012
LAME OF P	rouder or supplier		ST	REET ADDKESS, CITY, STATE, ZIP O		27.000 6.00
ALHA <b>M</b> E	RA HEALTHCARE &	WELLNESS CENTRE, LP	1	118 South Garpield Alhambra, Ca 91801		
(%4) D PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BUT PRECEDED BY FULL SC IDENTIFYRIS INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	IN SHOULD SE LE APPROPRIATE	COMPLETIC CATE
F 000	INITIAL COMMENT	гз	F 000		se and Plan of	
	The following refle Department of Pub Recertification surv			Correction as part of the re- under state and federal law correction is submitted in a specific regulatory requires	The plan of secondance with ments. It shall	P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Representing the D	epartment of Public Health:		not be construed as admiss alleged deficiency cited or The provider submits this	any liability.	
	Surveyor ID#: 170 Surveyor ID#: 162 Surveyor ID#: 277	79		correction with the intention inadmissible by any third go civil, criminal action or pro-	on that it is earty in any	
	Total Resident Pop Total Resident San			against the provider of its agents, officers, directors,	employee, ,	
F 153 SS=C	Highest Scope and 483,10(b)(2) RIGH COPIES OF RECO	T TO ACCESS/PURCHASE	F 163	The provider reserves the re- challenge the cited finding the provider determines the findings are relied upon in	e if at any terms	
	the right upon an or access all records including current of	or her legal representative has ret or written request, to pertaining to himself or herself inical records within 24 hours		adverse to the interests of adverse to the governmental third party.	be provide 🖺 🗦	
	receipt of him or has purchase at a cost atmndard photocopi	de and holidays); and after records for inspection, to not to exceed the community les of the records or any non request and 2 working		F 153 483.10(b)(2) Right t Access/Purchase Copies of	Records	11/19/
	days advance notic	e to the recenty.		a) The Activities Director "Resident's Rights" and ex residents and responsible p have the right to review the	plained to the arty that they	1333334 4555 4555 14556
	by: Based on interview	NT is not met as evidenced  v and record review, the facility		records.  b) The Activities Director		
	access their medio	residents of their right to at records. Seven of eight ealdents indicated they were their right to access their		residents and responsible p knew that they can review records and gave the "Resi	orty if they their modical	***************************************

Any deficiency statement ending with an estatisk (?) 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 electrocable 90 days following the date of survey whicher or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosured 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.

LABORATORY DIRECTOR'S OR PROVIDENSUPPLER REPRESENTATIVES BIONATURE

individual outside the facility.

themselves before entering their room, and most of the time when the staff knock on the door, the staff do not wait for the residents to scknowledge and give permission for the staff to enter the room. The residents stated that the staff just go right in their room and even after knocking on the

6262814923 >> 626 8133026 2012-11-21 13:33 ALHAMBRA#CON 4V14 BENEFIT GAM AVORTOR DAGINION MO. OVOU T. 11/37 PRINTED: 11/14/2012. DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES CC2 MULTIPLE CONSTRUCTION (X3) DATE BURVEY AND PLAN OF CORRECTION COMPLETED A BUILDING B. WING 068760 10/31/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIF COOS 416 SOUTH GARFIELD ALNAMBRA HEALTHCARE & WELLNESS CENTRE, LP ALHANBRA, CA 91801 SLAMARY STATEMENT OF DEFICIENCIES (BACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (XA) ED PREFIX 12 COLSTETION PREFIX DATE TAG REGULATORY OR LCC CENTIFYING INFORMATION DAT DEFICIENCY F 184 Continued From page 3 F 164 door, the staff do not give them time to react. The facility's policy and procedure litted "Resident Rights - Quality of Life" indicated that the staff will knock and request permission before entering residents' rooms. During an interview with the administrator on 10/25/12, at 2 PM, she stated that all the staff will be reminded to respect the residents' privacy and wait for permission to enter their rooms. F 167 483.10(g)(1) Right to Survey F 167 483.10(a)(1) RIGHT TO SURVEY RESULTS -F 187 11/19/12 SS-C READILY ACCESSIBLE Results-Readily Accessibble A resident has the right to examine the results of a) The Activities Director handed out the the most recent survey of the facility conducted by "Resident's Rights" and explained in the Federal or State surveyors and any plan of residents and responsible party that the correction in effect with respect to the facility. past years survey results are posted on the consumer board near the front of the The facility must make the results available for facility and that they have the right to examination and must post in a place readily review the survey results. accessible to residents and must post a notice of their availability. b) The Activities Director asked other residents and responsible party if they know that they can review the survey This REQUIREMENT is not met as evidenced results from the last year and gave the "Residents Rights" form. Based on Interview and record review, the facility falled to ensure that residents were informed of the availability of the annual survey results. Eight c) The Activity Director will educate new admissions on the "Resident's Rights" and out of eight residents who attended the group

FORM CM8-2567(02-99) Previous Versions Obsobrie

Findings:

interview did not know the survey results are available to them for review, and or the location of

where the survey results are kept.

Event (D:704711

Pauley ID: CA950000101

educate them on where the survey results

are located and that they are able to view

il. Activities Director will remind residents monthly of their rights during

monthly resident council meeting.

If continuation sheet Page 4 of 30

Findings:

not wwere of such agency.

DY.

This REQUIREMENT is not met as evidenced

facility's staff falled to inform the residents of the

elert and criented residents stated that they were

avaliable agencies soting as client advocates, such as the Ombudeman's office. Seven of 8

During the group interview on 10/25/12 at 10

Based on interview and record review, the

form.

Ombudsman agency is here to support them and that there are 4 Ombudsman

signs located throughout the building.

b) The Activities Director asked other

residents and responsible party if they

knew that there was an Ombudsman
Agency and gave the "Residents Rights"

6262814923 >> 626 8133026 P 7/31 2012-11-21 15:54 ALHAMBRA#CON BUT. IT. LVIC TILE Z Z ! W DENETH ONE AMORICE RESIRIES no. buby F. 13/3/ PRINTED: 11/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCING AND PLAN OF COXABICTION (X1) PROVIDERASUPPLACIUCUA (DENTIFICATION NUMBER: X21 MULTIPLE CONSTRUCTION (XII) DATE SURVEY COMPLETED A BUILDING B. WING 056760 10/31/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GOOD 415 SOUTH GARPIELD ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP ALHAMBRA, CA 91801 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE (XA) ID PREPEX OWN COMPLETION a BACH DEFICIENCY MUST BE PRECEDED BY PULL PREFIX TAG REGULATORY OR LISC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DESICIENCY! F 168 c) The Activity Director will educate new Continued From page 5 F 168 admissions on the "Resident's Rights" and a.m., seven of 8 alert and oriented residents educate them there is an Ombudsman indicated they were not made aware of the Agency. Activities Director will remind availability of client advocates, such as the residents monthly of their rights during Ombudeman's office. The residents stated that it was good to know that there are evallable monthly resident council meeting. advocate agencies that could help them with unresolved issues in the facility. d) The Activity Director will report to the Administrator of any negative findings During an interview on 10/25/12 at 2 p.m., the and log the corrections. The Administrator administrator stated that she will make sure the will monitor for compliance. Any Trends realdents are informed of the availability of client or negative findings will be reported to the advocate agencies, such as the Ombudemen's CQI Steering Committee for any office. recommendations for ongoing The facility's policy and procedures titled "Notice compliance. of Resident Rights", revised January 01, 2012. indicated that its purpose is "To ensure that residents are fully informed of their rights during their stay at the Facility... The Facility informs the resident both crally and in writing of his or her rights as a resident, of and the rules and regulations governing the resident's conduct and responsibilities during his or her stay in the Facility." F 250 11/20/12 483.15(g)(1) PROVISION OF MEDICALLY F 250 F 250 483.15(g)(1) Provision of RELATED SOCIAL SERVICE 88#D Medically related Social Service The facility must provide madically-related social a) Social Services Designee completed the services to attain or maintain the highest mitial social services assessment on practicable physical, mental, and paychosocial Resident 5, 10/29/12 well-being of each resident. b) Medical records did an audit to verify no additional residents were missing This REQUIREMENT is not met as evidenced initial social services assessments. by:

Based on interview and record review, the facility fated to provide medically-related social services

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

P 8/31

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PRINTED: 11/14/2012 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENCUPPLIERICUA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION  IG	(X3) CATE SE	
		046760	a. Wi	√G		16/3	1/2012
	ROYDER OR SUPPLIER IRA HEALTHCARE &	WELLNESS CENTRE, LP		4	reet address, city, state, zip code 15 South Garmeld Alhamera, ca 91801		
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCES Y MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH OROSS-REFERENCED TO THE APP DEFICIENCY)	ould be	COMPLETION BATE
F 250	resident had been had not been asse	oge 6 of 19 sample residents. The in the facility for 10 days and ased by the social services dically-related social services		250	serviced by the Social Worker regarding the Initial Assessment Records will audit the charts m initial social services assessment	consultant us. Medical onthly for uts.	
· ·	5 was admitted to diagnoses that inci- kneverable, progra- destroys memory a eventually sven the	dmission information, Resident the facility on 10/19/12 with uded Alzheimer's disease (an eaive brain disease that slowly and thinking skills and a ability to carry out simplest cost (kidney) disease and y in ewallowing).		:	d) Medical Records Designer vany negative findings to the Adand will monitor for compliant Trends or negative findings will reported to the CQI Steering Cofor any recommendations for or compliance.	ministrator c. Any i be mmittee	
	description of the description o	s Set (MDS), a standardized ere planning tool deted I the resident had cognitive note and required extensive ily activities such as personal Ig.			Notes and the second se		
	clinical records review on 10/29 services designee done the social serson tone done, realizing the factories of the factories	a.m., a review of the resident's ealed that the social services of been done. During an (12 at 10:40 a.m., the social (SSD) stated that she has not reces assessment yet. The d that it should have already in that today is the resident's lifty. The SSD stated that she ment today as soon as			A Total Common C		
		and procedures, fitted "Social nt", revised January 01, 2012,			i de mus vanca		

2012-11-21 13:35 ALHAMBRA#CON 6262814923 >> 626 8133026 P 9/31 BUX, 14. ZUEZ MEALIN SAN BARKIEL DESIRICI 47.23FM No. BUKU Y. 15/1/ PRINTED: 11/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-038<u>1</u> STATEMENT OF DEPIDIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/QUPPLIER/CLIA IDENTIFICATION XUMBER: (X2) MULTIPLE CONSTRUCTION CX3) DATE BURVEY A. BUILDING B. WING 055760 10/31/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOR 415 SOUTH GARFIELD Alhambra Healthcare & Wellness Centre, LP ALHAMBRA, CA 91801 SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CAOSS-REFERENCED TO THE APPROPRIATE (X4) ID (XB) PREFIX PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION DATE TAO TAG DEFICIENCY) F 250 | Continued From page 7 F 250 indicated "The Director of Social Services or his or her designes will complete a Social Services Assessment for new residents within seven (7) days of admission. The Social Services Assessment will address the residence physical and psychosocial limitations that need to be addressed in developing the resident's activity Dian." F 258 483.15(h)(7) Maintenance of F 268 483.15(h)(7) MAINTENANCE OF F 258 11/12/12 Comfort Sound Levels COMFORTABLE SOUND LEVELS SS=E The facility must provide for the maintenance of a) The Director of Staff Development incomfortable sound levels. serviced the staff to provide safe clean home-like environment. b) The Director of Staff Development will This REQUIREMENT is not met as evidenced monitor for comfortable noise level during room rounds and elevate unnecessary Besed on interview and record review the facility background noises. Implantation of failed to maintain the noise at a level that would not interfere with the residents' comfort especially minimum overhead paging and loud when they are asteep, for 3 out of 8 residents in talking especially in the early morning the group interview, which resulted in a loss of hours. needed sleep and rest for the residents. c) The Director of Staff Development Findings: and/or Director of Nursing will conduct

loudly had not resolved.

During a group interview on 10/25/12 at 10 AM, 3 out of 8 residents who attended the meeting

stated that the noise level, especially during the

early morning hours around 5 AM, would wake them up. The residents stated that staff talk among themselves with loud voices. The residents further stated that they brought this concern to the staffs' attention but the staff talking

A review of an undated policy titled "Resident

random rounds to ensure that the staff is

speaking at a comfortable home-like

environment level.

1,-

ENTERS FOR MEDICARE & MEDICAID SERVICES  ATEMENT OF DEPICIENCIES D PLAN OF CORRECTION  (X1) PROMOBINGUIPPLIBRICIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE 8	
<u>.                                    </u>	055750	a. Wing		10/31/2012	
ame of provider or supplie Alhambra Healthcare	r 4 Wellness Centre, LP		REET ADDRESS, CITY, STATE, ZIP CODE 415 SOUTH GARFIELD ALHAMBRA, CA 91501		· · · · · · · · · · · · · · · · · · ·
PREFIX (EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	ID PRIEFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(XS) COMPLETION DATE
facility's policy to clean, comfortate and that staff will pleasant environ that emphasizes independence, a also indicated the create a persona	page 8 ronment", Indicated it is the provide residents with a safe, sia, and homelike environment, provide residents with a ment and person centered care the residents' comfort, and personal needs. The policy at the facility staff will aim to litzed, homelike atmosphere, ention to comfortable noise level	F 25	d) The Director of Staff Develor and/or Director of Nursing will the Administrator of any negation and log the corrections. The Adwill monitor for compliance. A or negative findings will be reported to the commendations for ongoing compliance.	ll report to ive findings dministrator Any Trends ported to the	- 13%
10/25/12, at 2 Pl have been emph in the facility and paging for that re	ew with the administrator on M, she stated that the facility assizing a comfortable noise level have minimized overhead ason. The administrator said as the lasue of talking joudly E CARE/SERVICES FOR	F 301	·		10/24/12

and plan of care.

mental, and psychosocial well-being, in

accordance with the comprehensive assessment

This REQUIREMENT is not met as evidenced

by:
Based on observation, interview, and record review, the facility falled to ensure the correct dose of medication was administered to a resident as was ordered by the physician. Resident 7 had a physician's order to be

to 15 ml. The MAR was

immediately updated and LN

MVI with minerals.10/24/12

administered the medication as ordered to ensure Resident 7 is receiving the optimum dose of

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STATEMEN	FOF DEFICIENCIES OF CORRECTION	(K1) PROVIDINGUPPLIERACLIA IDENTIFICATION NUMBER:	(XZ) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	JRVEY
		055760	B. WING		10/3	1/2012
	ROYDER OR SUPPLIER SRA HEALTHCARE (	L WELLNESS CENTRE, LP	41	EET ADORESS, CITY, STATE, ZIP CODE 8 SOUTH GARFIELD LHAMBRA, CA 91801		, 5
(XA) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	PO PORTAG	PROVIDERS PLAN OF CORR (EACH CORRECTIVE ACTION B CROSS-REFERENCED TO THE AF DEFICIENCY)	OULD BE	COMPLETION DATE
F 309	administered 15 m with minerals (MV) resident was being minerals instead. receiving the optimas the resident was findings:  A review of the addindicated she was on 6/17/12, and was diagnoses that including to reduced altered amount and (which increases in (difficulty to swallo irreversible, progradestroys memory eventually even the tesks), and muscle	age 9  illiliters (ml) of multivitamins ) once daily. However, the given 5 ml of MVI with This resulted in the resident not num dose of MVI and minerals is determined to need.  mission record for Resident 7 originally admitted to the facility as readmitted on 7/3/12, with luded osteoporosis (disease t bone mineral density and d variety of proteins in bone, isk for fracture), dysphagia w), Atzhelmer's disease (an assive brain disease that slowly and thinking skills and e ability to carry out simplest e disuse atrophy (loss in the n of the muscle due to	F 309	b) The DNS and ADON and house residents with liquid I minerals and called physicial clarify orders of MVI with a from 5 ml to 15 ml if needed ensure residents is receiving optimum dose of MVI with 10/24/12  c) The DNS/DSD (Director Development) will provide to LN staff on Medication-Administrate policy with focus on enthat liquid MVI with minerals and MVI with minerals. My also be in-serviced on a when entering orders a clarifications as needed.	AVI with n to ninerals L To the minerals.  or of Staff ride in- tion suring inerals to residents dose of RD will accuracy and	
	The latest minimustanderdized asset dated 10/8/12, Inditing the ability to make understand others (mental) skills for severely impaired on staff for most of the MDS also indicating fed through have any history of the make the ma	m data set (MDS), a sement and care planning tool), loated Resident 7 did not have self understood end it. The resident's cognitive daily decision making were , and she was totally dependent of her activities of daily living. Icated that the resident was a gastric tube (GT), did not of weight loss, was at risk of tre ulcers, and used oxygen	-magnesiaeministis − φφ. VPA NB*. × × - π. strapstonionionionionionionionionionionionionio	The LN (License Nurse) we and review resident physicidally during med pass and during recap process to enstiquid MVI with minerals if the appropriate dose to enstead on the appropriate dose to enstead on the appropriate dose.	an order monthly ure that s order at ure	

therapy.

The facility must ensure that residents receive proper treatment and care for the following

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

PRINTED: 11/14/2012 FORM APPROVED OMB NO. 0938-0381 (X2) MULTIPLE CONSTRUCTION (XI) DAYE SURVEY

	FOF DEFICIENCES OF CORRECTION	(X1) PROVIDER SUPPLIENCIA IDENTIFICATION NUMBER:	1	KALTIPI KOSHO	E CONSTRUCTION	(X3) DAYE \$0 COMPLE	
		6 <del>55</del> 760	n. Wi			40/94	1/2012
	ROVIDER OR SUPPLIER BRA HEALTHCARE	L WELLNESS CENTRE, LP		414	et adoress, city, state zip co south garpield Hamigra, ca 91881		
(X4) ID PREFIX TAG	(BACH DEFICIENC	ATÉMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LEC (DENTIFYING INFORMATION)	PRES TAX		Providente Plan of Co (Each Corrective action Gross-Referenced to the Deticiency)	SHOULD BE "	COMPLETION DATE
F 328	injections;	_	F	328	F 328 483.25(k) Treats Special Needs	neut/Care for	10/25/17
42 e 1 5 - 24	Tracheostomy car	ostomy, or ileostomy care; e;		end emanage:	a) Resident 7 oxygen (Carified and the LN ad	ministrated the	
	Tracheal suctioning Respiratory care; Foot care; and Prostheses.	:		#C4.4 \T. +:	O2 as order. There was symptom of adverse eff negative outcomes not	fects. No	* * * * * * * * * * * * * * * * * * *
	This REQUIREMS	INT is not met as evidenced			<ul> <li>b) The LN staff conductoresidents with O2 to re- administered dose of O</li> </ul>	view the 2 per	THE PARTY OF THE P
	Based on observa	ition, interview, and record failed to ensure that one sampled residents was being		:	physicish order. No other identified.	ner isaues	10.70 HA. ***********************************
	administered the c as ordered by the had a physician or	physician. Resident 7, who der for continuous O2 sper minute (LPM) via nasal			LN staff reviewed the h house resident to ensur- orders required clarific	e no others	emplement dans to delive a l'em
	occasions receiving This had the poter	s observed on two separate ig more than 2 liters per minute, itiel for the resident to develop tygen overdosage.)		- 12.4 - 2.5 - 20.4 - 20.4 - 20.4 - 20.4 - 20.4	c) The DNS/Designee vin-service to the LN state and procedure of admir with the focus on O2 at	off on policy distrating O2	
	Findings:				per physician order.		i     
	coordinator on 10 observed in her ro	Dur with the admissions 23/12, at 2 PM, Resident 7 was rom, asleep in her bed. The onlinuous O2 inhalation at a		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The LN's will monitor compliance during rous will correct identified in needed to ensure O2 is	nds daily and	Act of seconds in the case of seconds in the
	flow rate of 3.5 LP with the admission	onlinuous C/2 intellation by a 'M via NC. This was observed a coordinator. The resident was fon of shortness of breath.	CX   HILL   HILL	The state of the s	per physician order.  d) The DNS or designe		49° - 149
	During the medica 10/24/12/ at 9:20	ition pass observation, on AM, Resident 7 was observed in	***************************************		a summary trend analy- findings from LN and I Oxygen administration	sis of negative DNS review of	
		her bed. The realdent was on alletion at a flow rate of 3 LPM	# # # # #	***************************************	Steering Committee for		de anno de ann

recommendation and re-evaluation.

CENTE	RS FOR MEDICARI	AND HUMAN SERVICES  MEDICAID SERVICES			***		PRINTED FORM OMB NO	20/3/ 11/14/201 APPROVE 0938-039	0
	TATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/SUA (DENTIFICATION INJUMER):			WULTIPE ILDING	e constituicyon ————————————————————————————————————		(XXI) DATE S COMPLE		
a bhainne cea	~	056760	e.w	NG			10/3	1/2012	n ;, .
NAME OF PROVIDER OR SUPPLER ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 415 SOUTH GARRELD ALHAMBRA, CA 91801			K .	اهو ي ناري او د د د د د د د د د		
OKA) ID PREPIX TAG	IEACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SO IDENTIFYING INFORMATION	PREI TAX	TIX .	(EACH CORRE CROSS-REFERE	PLAN OF CORR OTIVE ACTION & NOED TO THE A DEFICIENCY)	ECTION HOULD BE PROPRIATE	COMPLETION CATE	1
F 328	Continued From pa	age 12 with the medication nurse for	F	328				S. P. S.	
	station 2.			***************************************	•	<i>;</i>		<u></u>	· · · · · ·
	indicated she was on 5/17/12, and wa diagnoses that inclinating to reduced	niation record for Resident? originally admitted to the facility is readmitted on 7/3/12, with uded osteoporosts (disease bone mineral density and		***************************************		,	4 Product	A	
	bone), dysphagia ( Aizhelmer's diseas brain disease that thinking skills and	i variety of proteins in the difficulty to swallow), a (an irreversible, progressive slowly destroys memory and eventually even the ability to	enderver strater fra des en seuder tod	H			·		***************************************
	failure (CHF, a con	taske), and congestive heart dition in which the heart gh blood to the rest of the	· ••••••••••••••••••••••••••••••••••••				•	***************************************	
	standardized asset dated 10/8/12, indi the ability to make understand others	n date set (MDS), a sement and ours planning tool), cated Reeldent 7 did not have self understood and The MDS indicated that the	**************************************					Value of the control	
	making was seven dependent on staff daily living, was be (GT), did not have	(mental) skill for daily decision by impaired, was totally for most of her activities of ing fed through a gastrio tube any history of weight loss, was ag pressure ulcers, and used	ti-strong december of the state	,				and a supply of annique property of the second property of the secon	
	A physician's order and 9/20/12, indica	r for Resident 7 dated 7/3/12 ited to administer 02 inhalation ate of 2 LPM via NC for CHF reath.	**************************************	,				-	Minimization and the second and the

A care plan for the use of oxygen dated 9/20/12, indicated Resident 7 used O2 inhalation at 2 LPM

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CENTERS FOR MEDICARE & MEDICAID SERVICES  STATEMENT OF DEFICIENCIES  AND PLAN OF CORRECTION  DESTRUCTION  DESTRUCTION  DESTRUCTION  DESTRUCTION  DESTRUCTION  A BUILDING  B. WING  B. WING  B. WING  ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP  CALL CACH DEFICIENCY MUST BE PRECEDED BY FULL (PACH DEFICIENCY MUST BE PRECEDED BY FULL (PACH DEFICIENCY MUST BE PRECEDED BY FULL (PACH DEFICIENCY OF LBC IDENTIFYING INFORMATION)  F 328  Continued From page 13  VIA NC and was at risk for complications related to oxygen toxicity. The care plan approach/plan listed to meintain O2 flow (table and concentration)  B. WING  B. WING  FREFIX (PACH DEFICIENCY STATE, ZIP CODE  ALHAMBRA, CA 91801  PROVIDERS FLAN OF CORR  (PACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  F 328  F 328  Continued From page 13  VIA NC and was at risk for complications related to oxygen toxicity. The care plan approach/plan listed to meintain O2 flow (table and concentration)  B. WING  B. WING  F 328  F 328  CONTINUED  F 328  F 328  Continued From page 13  VIA NC and was at risk for complications related to oxygen toxicity. The care plan approach/plan listed to meintain O2 flow (table and concentration)  B. WING  B. WING  F 328  F 328  CHAMBRA HEALTHCARE & WELLNESS CENTRE, LP  ALHAMBRA, CA 91801  FROM BACTON  CROSS-REFERENCED TO THE A  DEFICE ON THE A  DEFICE O	PRINTED: 11/14/20 FORM APPROV OMB NO. 0938-03	ED	
MANE OF PROVIDER OR SUPPLIER  ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP  STREET ADDRESS, CITY, STATE, ZIP CODE  418 BOUTH GARFIELD  ALHAMBRA, CA 91801  PREFIX (EACH DEFICIENCY MUST BE PRICEDED BY FULL TAG)  TAG:  REQULATORY OR LBC RENTIFYING INFORMATION)  F 328  Continued From page 13  VIR NC and was at risk for complications related to oxygen toxicity. The care plan approach/plan issted to maintain O2 flow rate and concentration as ordered.  During an interview with the director of nursing.	(XX) DATE SURVEY COMPLETED		
ALHAMBRA HRALTHCARE & WELLNESS CENTRE, LP  ALHAMBRA, CA 91801  CAL) ED  BUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRICEDED BY FULL TAG:  REQULATORY OR LBC IDENTIFYING INFORMATION)  F 328  Continued From page 13  via NC and was at risk for complications related to oxygen toxicity. The care plan approach/plan issted to maintain O2 flow rate and concentration as ordered.  During an interview with the director of nursing.	10/31/2012		
ALHAMBRA, CA 91801  [KA) ED SUMMARY STATEMENT OF DEFICIENCES (EACH CORRECTIVE ACTIONS (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTIONS CROSS-REFERENCE) TO THE ACTIONS CROSS-REFERENCED TO THE ACTIONS OF THE ACT			
F 328 Continued From page 13 via NC and was at risk for complications related to oxygen toxicity. The care plan approach/plan issted to maintain O2 flow rate and concentration as ordered.  During an interview with the director of nursing.			
via NC and was at risk for complications related to oxygen toxicity. The care plan approach/plan tisted to maintain O2 flow rate and concentration as ordered.  During an interview with the director of nursing .	HOULD 95 - COMPLET		
(DON) on 10/25/12 at 9:30 AM, she stated that the reason that Resident 7's O2 setting was sometimes above the ordered rate was because they were titrating the		The second secon	
resident's oxygen saturation ((O2 sat) a measure of the amount of oxygen carrying hemoglobin in the blood), to be at ox above 92 percent (%).  The DON acknowledge that O2 inhalation at 3 or 3.5 LPM, was not ordered by the physician and further stated she would call the resident's physician and obtain a new order to allow for adjustment of the O2 sating to more than 2 LPM to fitrate the O2 sat at or above 92%.  A review of the facility's undated policy and			
procedure, fitted "General Policies and Guidelines", indicated that the administration of oxygen and respiratory medication and procedures require a physician's order.  F 332 483.25(m)(1) FREE OF MEDICATION ERROR  RATES OF 5% OR MORE  The tacility must ensure that it is free of medication error rates of five percent or greater.  This REQUIREMENT is not met as evidenced  F 332 483.25(m) Free of Me Error Rates of 5% or More  A)  a and b) One to one in-servic done to LN 1 on shaking liquid medication to residents 20 at resident 12 to ensure liquid medication to distribute ever	to was tids	2	

Besed on observation, interview and record

review, the facility's staff falled to ensure that it

by:

to administrating for resident to

receive the optimum dose, 10/24/12

PRINTED: 11/14/2012

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(XII) COMPLETION

DATE

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

FORM APPROVED OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY COMPLETED

PROVIDER'S PLAN OF CORRECTION

EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER: A BUILDING B. WING 055760 10/31/2012

10

PREFIX

TAG

F 332

NAME OF PROVIDER OR SUPPLIER

ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP

STREET ADDRESS, CITY, STATE, ZIP CODE 415 SOUTH GARFIELD ALHAMBRA, CA 91601

PRÉFIX TAG

F 332

(X4) ID

Continued From page 14

was free of a medication error rate of 5 percent or greater, as evidenced by the identification of 4 medication errors out of 53 opportunities for errors, to yield a facility medication error rate of 7.5 percent.

**BUMMARY STATEMENT OF DEFICIENCIES** 

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

Findings:

- a. On 10/24/12 at 8:22 a.m., a licensed nurse (LVN 1) was observed as she prepared and administered a randomly-selected resident's (R8 20) morning medications via gastrostomy tube (G-tube, a tube inserted through a small incision in the abdomen into the stomach and is used for long-term nutrition and medication administration). Upon preparation of the resident's liquid medication Colace, LVN 1 failed to shake the bottle before pouring the dose. The Colace bottle tabel indicated to shake well prior to use. This accounted for one medication error.
- b. On 10/24/12 at 9 a.m., LVN 1 was observed as she prepared Resident 12's morning medications via G-tube. LVN 1 failed to shake the bottle of liquid multivitamins with minerals. The multivitamins with minerals bottle label indicated to shake well prior to use. This accounted for one medication error.

During an interview on 10/24/12 at 10:23 a.m., LVN 1 acknowledged her failure to shake the medication bottles prior to pouring the dose. LVN 1 stated that shaking the bottles would distribute the medications eventy, which will help prevent underdosing or overdosing the residents,

During a medication pass observation on

- c) DNS called physician immediately to clarify the MVI with minerals from 5 ml to 15 ml. The MAR was immediately updated and LN administered the medication as ordered to ensure Resident 7 is receiving the optimum dose of MVI with minerals.10/24/12
- d) The ADON called physician immediately to clarify the Albuteral Sulfate 2.5 mg per 0.5 ml vial to Albuteral Sulfate 2.5 mg per 3 ml vial via inhalation with mask. Physician order Albuteral Sulfate Q 6hr as needed for 2 weeks than discontinued. Informed phsician of resident Albuteral Sulfate dosages currently use and there was no sign and symptom of adverse effects. No negative outcomes noted. 10/24/12
- B) DNS/DSD in-serviced LN on medication administration with the focus on liquids medication. Ensuring liquids medication to be shaken well prior to dispensing for residents to receive the optimum dose. 10/24/12
- C) The DNS and ADON audited inhouse residents with liquid MVI with minerals and called physician to clarify orders of MVI with minerals from 5 ml to 15 ml if needed. To ensure residents is receiving the optimum dose of MVI with minerals. 10/24/12

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

PRINTED: 11/14/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER:		(KZ) MULTIPLE CONSTRUCTION A SULDING			COMPLETED		
		055780	a. Wi	NG		10/3	1/2012
*.* *E*	ROYDER OR SUPPLIER BRA HEALTHCARE	L WELLNESS CENTRE, LF		41	estadoress, city, state, 21º code 15 south garfield Lhambra, ca 91861		, ,
(XA) AD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LIBO IDENTIFYING INFORMATION)	AD PREI TAX	TX	PROVIDER'S PLAN OF CORRECTIVE ACTION SN (EACH CORRECTIVE ACTION SN CROSS-RETERENCED TO THE APP DEFICIENCY)		
F 332	Nurse Station 2 wand administered via gastrostomy tu through the abdommedication directly medication nurse resident 6 milliliter minerals.  However, a review 2012 recapitulation there was a physic administer 15 mil COT daily, not 5 mil administered.  During an interview nursing (ADON), conditional that the registered diet the physician.  During an interview nurse station 2, contained that the station nurse that the resident work multivitamine with the registered diet in physician.	M, the medication nurse for the observed as she prepared the medications of Resident 7 be (GT- in tube Inserted non that delivers nutrition and 1 to the stomach). The for Nurse Station 2 gave the a (ml) of multivitamin with a first September and October of physician orders indicated than order dated 7/20/12. To in multivitamins with mineral via as the medication nurse with the assistant director of the 10/25/12, at 9:15 AM, the recapitulation of physicians and that the resident was ininistanted 16 miles of minerals as recommended by ician (RD) and as ordered by with the medication nurse for in 10/26/12, at 1:50 PM, she is had been giving the resident in with minerals. The after clarifying the order, stated was supposed to be given 15 mile the minerals as ordered. The stated the staff will update the istration record (MAR).	<b>6</b>	TOTAL THE PROPERTY OF THE PROP	The LN staff reviewed the Min-house residents with Albu Sulfate to ensure no others reclarification. 10/25/12  D) The DNS/DSD will proviservice to LN staff on Medi Administration policy with i medications and treatment wadministered as prescribe to compliance with dose guide on ensuring that liquid MVI minerals to be ordered at 15 residents to receive the option of MVI with minerals. MRI be in-serviced on accuracy to entering orders and clarifications physician orders during med pass and month recap process ensure medicibe administered as prescribensure compliance with dose guidelines.  The MRD will review ordered admission and new telephological and will return orders to not clarification as needed.  Pharmacy Consultant will orders during monthly visit forward report to DNS and Administrator to corrective	de in- cation- cation- cation- cation- cous on fill be casure inces and with mi for mum dose ) will also when dions as  e aily ly during sation will ed to se  re upon me orders rsing for review as and will	

TEMENT	OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES  (XI) PROVIDER/SUFFLER/CLIA DENTIFICATION NUMBER:	(X2) MUL	TIPLE DONSTRUCTION	(XIS) DATE S COMPL	LDB38-0391 WRVEY ETED	
		088780	IL WING		10%	1/2012	•
	ROVIDER OR SUPPLIER BRA HEALTHCARE &	WELLNESS CENTRE, LP	e	TREET ADDRESS, CITY, STATE, 21P CODE 415 SOUTH GARFIELD ALHAMBRA, CA. 91801			
(4) IO REFIX TAG	(EACH DEPICIENC	ATEMENT OF DEFICENCIES TY MUST SE PRECEDED MY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI GROSS-REFERENCED TO THE AP DEFICIENCY)	KOMALD BE	COMPLETION DATE	****
-332 	medication and tre	age 16 streents will be administered Naure compliance with dose	F 30	2	-		
- And the substitution - property of the second sec	10/24/12, at 8:30 A Nurse Station 2 wa and administered to After giving this rest gestrostomy tube to Station 2 gave Alba (mg) per 3 milliter	ation pass observation on AM, the medication nurse for as observed as she prepared the medications of Realdent 7. sident's medication via the medication nurse for Nurse uterol sulfate 2.5 milligrams (mi) vial via Inhalation with a sered every four hours for the g treatment.		A COLUMN TO THE PROPERTY OF TH	***	The state of the s	A PART OF THE PART
2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	2012 recepitulation Resident 7 indicate dated 7/13/12, to g per 0.5 ml vial, not	of the September and October of physicism orders for set there was a physicism order live Albuterol suffate 2.5 mg i 3 ml vial as was administered, a mask every four hours.					
	Nurse Station 2, or stated that Albuten	w with the medication nurse for n 10/25/12, at 1:50 PM, she ol xulfate 2.5 mg per 3 ml vial had been using and which acy.		C V V CANTON AND AND AND AND AND AND AND AND AND AN			
	medication and tra as prescribed to er guidelines.	nistration" indicated thet estments will be administered naure compliance with dose	F 37			4, 4 4 EA-C3 ABBLANCE TO THE STATE OF THE ST	
	The facility must -	ROCURE, E/SERVE - SANITARY rom sources approved or	r J;				

	IMENT OF HEALT RS FOR MEDICAR OF DEFICIENCIES OF CORRECTION	E & MEDICAID SERVICES (X1) PROVIDENSUPPLIENCUA	(X2) M	A.TIPLE CONSTRUCTION	OMB NO	APPROVED  - 0938-0391 
nd Plan C	PLAN OF CONTRICTION IDENTIFICATION HUMBER:		A BUT		COMPL	ATED .
			B. WAN	·	10/3	11/2012
** *	rovider ar supplier Ra Healthcare 1	WELLNESS CENTRE LP	STREET ADDRESS, OTTY, STATE, ZIP CODE 416 SOUTH GARFIELD			
			ALHAMBRA, CA 91801		<u></u>	
(X4) ID PREFIX TAO	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PR		PREFI TAG	PHONDER'S PLAN OF CORF (EACH CORRECTIVE ACTION & CROSS REFERENCED TO THE A DEFICIENCY)	HOULD BE	COMPLETION: DATE
F 371	Continued From p	are 17	F 3	71 F371 483.35(i) Food Procur		. The second sec
		ctory by Federal, State or local	* 4	Store/Prepare/Serve-Sanitar	<b>&gt;</b> , y	11/20/12
	(2) Store, prepare, distribute and serve food under sanitary conditions			a) The Maintenance Supervi	ware form on	
	A RAMPOVO CO. H. INCOMPANIAN AND AND AND AND AND AND AND AND AND A		two doors. The open 1-gallor cleaning detergent on the cot was located 6 inches away fr cooker was removed immedi	mierrop that		
	This REQUIREMED by:	NT is not met as evidenced		# C	•	-
	Based on observi failed to store and conditions, regard	tion and interview, the facility proteot food under sanitary ng one refrigeration unit with a satible food contermination.		b) Dietary Supervisor in-serv staff to report any torn freeze to not place any cleaning dete that may cause food contamin	r gasket and greent around	
į	Findings:	ù 9 9 8		c) Dietary Supervisor will me freezer gaskets for any tears of	nitor the	
	On October 29, 20 kitchen observatio	12 7:05 a.m., during the n, the the following were noted:		basis and for any cleaning de might be in the kitchen causis contamination.	ergents that	
, , , , , , , , , , , , , , , , , , ,	the kitchen. Upon freezer had torn go gasket is the rubbo refrigeration unit, y	refrigeration units throughout closer observation, the True askets on two of two doors (A er seal, on the interior of the which insulates and keeps the unit.). This freezer had an		d) The Dictary Supervisor with Administrator of any negating and log the corrections. The Awill monitor for compliance.	tive findings dministrator	

2. There was an opened 1-gallon container of cleaning detergent that was on a countertop, &

that the cleaning detergent's inbel stated, "Harmful if swallowed." This opened cleaning

detergent could lead to a possible food contamination.

inches away from a rice cooker, which was in the cooking process. Closer observation revealed

compliance.

recommendations for ongoing

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEPICENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER SUPPLIER
(X2) MULTIPLE CONSTRUCTION
A BUILDING

(X2) MULTIPLE CONSTRUCTION
(X3) DATE GLAVEY
COMPLETED

10/31/2012

HAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## ALHAMBRA HEALTHCARE & WELLNEBS CENTRE, LP

STREET ADDRESS, CITY, STATE, ZIP CODE 416 SOUTH GARFIELD ALHAMBRA, CA 91801

ALHAMBRA HEALTHCARE & WELLMESS CENTRE, LP			ALHAMBRA, CA 91801			
(X4) ID PREFIX TAC	SUBMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISO IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	OCHIPLETION CATE		
F 371	Continued From page 18	F 371	1: 425 483.60(a)(b) Pharmaceutical			
	On October 29, 2012, at 9:25 s.m., during an interview with the dietary supervisor, the torn	1 01,7	SVC-Accurate Procedures, RHP	<b>1</b>		
•	gaskets and cleaning detaigent were brought to	. 1. <b>1. 1.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	a) The Injectable Emergency Kit of	j,		
	the dietary supervisor's attention. The dietary	ŧ	medication that had not been	1		
	supervisor stated that she would correct these	Ì	replenished was replaced on the day	ĺ.		
	problems, immediately.		of discovery.			
	483.80(a),(b) PHARMACEUTICAL SVC-	F 425		1		
9 <b>5-</b> E	ACCURATE PROCEDURES, RPH	1	The ADON called physician	10Me/sa		
	The facility must provide routine and emergency	,	immediately to clarify the Albuteral	10/25/12		
	drugs and biologicals to its residents, or obtain		Sulfate 2.5 mg per 0.5 ml vial to			
	them under an agreement described in		Albuteral Sulfate 2.5 mg per 3 ml vial via inhalation with mask. Physicism	ĺ		
	\$483.75(h) of this part. The facility may permit	1	order Albuteral Sulfate O 6hr as			
	unlicensed personnel to administer drugs if State	į	needed for 2 weeks then			
	law permits, but only under the general supervision of a licensed nurse.		discontinued. Informed physician of	1		
	· supervision of a scattered fibrise.	į	resident Albuteral Sulfate desages	ì		
	A facility must provide pharmaceutical services		currently use and there was no sign	'		
	(including procedures that assure the accurate	· (	and symptom of adverse effects. No	† 1		
	acquiring, receiving, dispensing, and	İ	negative outcomes noted.10/25/12	į		
	administering of all drugs and biologicals) to meet	1		į		
	the needs of each resident.	1	b) DNS and ADON conducted a			
	The facility must employ or obtain the services of		reviewed audit of the facility			
	a licensed pharmacist who provides consultation	٠,	Emergency Kits to ensure that it	000000 000000 000000000000000000000000		
	on all aspects of the provision of pharmacy	i	has been replaced in a timely manner, 10/23/12	; /		
	services in the facility.		manner, 10/23/12	ļ		
			The LN staff reviewed the MAR's for	‡ •		
	<b>Q</b>	į	in-house residents to ensure no others			
		i	required clarification, 10/25/12	ĺ		
	This REQUIREMENT is not met as evidenced	ļ	-	į		
	by:	1	c) The DSD/DNS provided in-service	ļ		
	Based on observation, interview and record		re-education regarding medications			
	review, the facility's staff failed to ensure that one		removal and replacement of			
	(Resident 7) of 19 sample residents was administered the correct medications (tiet the		Emergency Kits. 10/23/12	· .		
	physician ordered. The facility sinc falled to					
	The state of the s	i	•.			

•			P	2	1/	
12	1.	41/3	ŧ			

		AND HUMAN SERVICES  & MEDICAID SERVICES			FORM	11/14/2012 APPROVED 0938-0391
*TATEMENT OF DEFICIENCIES (X1) PROVI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPA A BUILDING	LE COMMYRUCTION	DOS DATE SURVEY COMPLETED	
		055760	a. WHG		40/3	1/2012
	ROVIDER OR SUPPLIER BRA HEALTHCARE &	WELLNESS CENTRE, LP	410	et address, city, state, zip code I south qaupislo Kamera, ca   81801		
041) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF PAPICIENCIES  Y MAJET HE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY)		CONFESSION
F 426	Continued From pa	ige 19	F 425	The LN's will review the exp	iration	
•	ensure that emerg	ency medications were clable emergency kit (E-kit)	- L-12-11-111111111111111111111111111111	date of Emergency Kits and r them for replacement as need 10/23/12	e-order	 
- د	Findings:  a. An Inspection of Station 1's medication room on 10/23/12 at 2:25 p.m. revealed the injectable		HHHIT SAPE,	The DNS or designee will me compliance via weekly check Emergency Kits. 10/23/12	dy checks of	
	E-kit was opened a Kayexalete 15 Gm resident. According pharmacy had alread to replace the stated that a pharm facility earlier this resident.	on 10/9/12 (14 days ago) with removed and used for a g to the licensed nurse, the ady bean made aware of the E-kit. The licensed nurse hacy staff had just come to the norsing but did not deliver a a used injectable E-kit.	with the second	The DNS/DSD will provide a service to LN staff on Medic Administration policy with a medications and treatment wadministered as prescribe to compliance with dose guidel MRD will also be in-serviced accuracy when entering order	ation— ocus on ill be ensure ines. I on	
	22, Section 72377( emergency kit sha	nia Code of Regulations, Title (b)(2), drugs used from the Il be replaced within 72 hours saled by the pharmediat.	TOTAL AND	clarifications as needed  The LN will review in bouse		
	b. A review of the 7 indicated she wa facility on 5/17/12, with diagnoses that (disease leading to	admission record for Resident s originally admitted to the and was readmitted on 7/3/12, t included asteoporcels reduced bone mineral density at and variety of proteins in	C	residents physician orders da during med pass and monthly recap process cusure medical be administered as prescribed ensure compliance with dose guidelines.	ily / during ion will I to	* * * * * * * * * * * * * * * * * * *
	bone which increased (difficulty to swallow imeversible, progradestroys memory)	nee risk for fracture), dysphagia w), Alzhaimer's disease (an issive brain disease that skywly and thinking skills and a ability to carry out simplest	de Sename ac. amanenta	The MRD will review orders admission and new telephon and will return orders to nurs clarification as needed.	condens .	High chair and the chair and t

inactivity),

tasks), and muscle disuse atrophy (loss in the mass and strength of the muscle due to

The latest minimum data set (MDS), a

Pharmacy Consultant will review orders during monthly visits and will

forward report to DNS and Administrator to corrective action.

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

PRINTED: 11/14/2012 FORM APPROVED DMB NO. 0938-0391

STATEMENT OF DEFIGIENCIES AND PLAN OF CORRECTION		(X1) PROVIDERSUPPLEMOLIA IDENTIFICATION NUMBER:		antlibe Itpinis	E CONSTRUCTION	COMPLETED	
		055780	E. W	NQ	<del></del>	10/31/2012	
NAME OF PROVIDER OR SUPPLIER  ALHAMBRA HEALTHCARE & WELLHESS CENTRE, LP			·· • • • • • • • • • • • • • • • • • •	415	et address, city, state, zip code   South Garpeld   Hambra, ca   91801		
(X4) ID PREFIX TAG	(EACH DEMOREM	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION;	PREE TAX		PROVIDENTS MAN OF CORRECTIVE ACTION SECRET FRANCED TO THE AP DEFICIENCY)	KOULD BE	COMPLETION DATE
	dated 10/8/12, ind the ability to make understand others the resident's cog decision making vitotally dependent delity living, was being at risk of developing oxygen therapy.  The September at of physician order was a physician order was a physician order was a physician's Albuterol sulfate 2 milliliters (mi) vial four hours.  However, during tobservation on 10 Station 2 was obe Albuterol sulfate 2 inhalation with a month of Octowas being adminition or 0.5 mi viel vial however, during a nurse for Nurse SPM, she stated the per 3 mi vial was which came from The facility's under "Medication-Admi"	issment and care planning tool, isset and Resident 7 did not have a self understood and another the MDS also Indicated that nitive (mental) skills for daily vere severely impalied, was from staff for most activities of sing fed through a gastric tube any history of weight loss, was no pressure ulcers, and used and October 2012 receptionation a for Resident 7 indicated there order dated 7/13/12, to give 1.5 milligram (mg) per 0.5 via inhalation with a mask every via inhalation with a mask every ervad to give Resident 7 to 5 mg per 3 mt vial via nask.  dministration record (MAR) for sher 2012, indicated Resident 7 stered Abuterol suifate 2.5 mg inhalation with a mask, an interview with the medication station 2 on 10/25/12, at 1:50 at the Albuterol suifate 2.5 mg what the staff had been using pharmacy.	The second of th	42	d) The DNS or designee will a summary trend analysis of findings from LN and DNS medication to the CQI Steer Committee for further recommendation and re-evaluation and re-evaluation.	negative treview of ing	21 of 30

PRINTED: 11/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICENCES
AND PLAN OF CORRECTION (X1) PROVIDERVSUPPLIER/CLIA IDENTIFICATION IN MISER (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY COMPLETED A. BUILDING B. WING 055760 10/31/2012 NAME OF PROVIDER OR MUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 415 SOUTH GARFIELD ALHAMBRA HEALTHCARE & WELLINESS CENTRE, LP ALHAMBRA CA 81505 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDERS PLAN OF CORNECTION D PREFIX (X4) ID PREFIX COMPLETION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION TAG DAT DEFICIENCY F 425 | Continued From page 21 F 425 as prescribed to ensure compliance with dose auidefines. 483.65 INFECTION CONTROL PREVENT F 441 10/25/12 SSEE SPREAD, LINENS F 441 483.65 Infection Control Prevent spread, Linens The facility must establish and maintain an Infection Control Program designed to provide a A) safe, ranitary and comfortable environment and to help prevent the development and transmission a) LVN removed the gloves and used new of disease and infection. ones and washed her hands after administration of medications via G-tube (a) Infection Control Program The facility must establish an Infection Control and inhaler medications for resident. Program under which it -10/25/12 (1) Investigates, controls, and prevents infections in the facility, b) DSD contacted medical director (2) Decides what procedures, such as isolation, regarding missing physical and made an should be applied to an individual regident and appointment for employee who had a (3) Maintains a record of incidents and corrective actions related to infections. missing physical. (b) Preventing Spread of Infection B) (1) When the Infection Control Program determines that a resident needs isolation to a) Director of Nursing did a one on one prevent the spread of infection, the facility must in-service with the LVN regarding the isolate the resident. policy and procedures of "Hand Hygiene" (2) The facility must prohibit employees with a DSD monitored the nursing staff to communicable disease or infected akin lesions ensure that proper hand washing from direct contact with residents or their food, if techniques and changing of gloves were direct contact will transmit the disease. (3) The facility must require staff to wash their used. 10/25/12 hands after each direct resident contact for which hand washing is indicated by accepted b) DSD conducted and audit of employees professional practice. to ensure that there is a physical and TB test for all employees. (c) Linens

Personnel must handle, store, process and transport linens so as to prevent the spread of

r. 30/3/

nv. ovov PRINTED: 11/14/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-039 STATEMENT OF DEFICIENCIES (X1) PROVIDENSUPPLIERICUA (X2) MULTIPLE CONSTRUCTION (XII) DATE BURYEY AND PLAN OF CORRECTION DENTIFICATION NUMBER COMPLETED a bulding B. WING 055780 10/31/2012 NAME OF PROVIDER OR SUPPLIES STREET ADDRESS, CITY, STATE, ZIP CODE 418 SOUTH GARFELD ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP alhambra, ca 91801 SLIMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION BHOULD BIS (X4) 10 prefix (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LEC EXENTERING INFORMATION PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY F 441 Continued From page 22 F 441 infection. C) a) Director of Nursing and/or DSD will conduct random rounds to ensure that the This REQUIREMENT is not met as evidenced musing staff removes gloves and that by: proper "Hand Hygiene" policies are being Based on observation, interview and record met. review, the facility's staff falled to provide a safe and sanitary environment to one randomly-selected resident (RS 20). The facility b) DSD will use the new employee check also failed to ensure that tuberculosis screening list and audit it monthly to ensure that was done to one newly-hired employee. physicals and TB test were completed. Findings: D) The Administrator and/or Director of Nursing will report any negative findings. On 10/24/12 at 8:22 a.m., a licensed nurse The Administrator will monitor for (LVN 1) was observed as she administered a compliance. Any Trends or negative randomly-selected resident's (RS 20) morning findings will be reported to the COI medications via gastrostomy tube (G-tube). LVN 1 also administered the resident's inhaler and Steering Committee for any handled the bottle of sublingual drops after the recommendations for ongoing G-tube procedure. compliance. After handling the resident's G-tube and

administering the resident's medications via G-tube, LVN 1 proceeded to handle and administer the resident's inhalor (puffer) medication using the same pair of solled ploves (which were potentially conteminated). After the inhaior, LVN 1 than handled the resident's bottle

of sublingual medication (Immunicost).

the inhaler and sublingual medication.

During an interview on 10/25/12 at 10:23 a.m., LVN 1 acknowledged her failure to remove the gloves and clean her hands after handling the G-tube and before handling and/or administering

DEPARTMENT OF HEALTH AND HUMAN SERVICES  CENTERS FOR MEDICARE & MEDICARD SERVICES  STATEMENT OF DEFICENCIES AND PLAN OF CORRECTION  (X1) PROVIDENCE OF IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION	OMB NO STACK (CO)	). 0938-0391 SURVEY		
	056760		a. WING_		10/	31/2012	
	ROYDER OR SUPPLIER BRA HEALTHCARE &	Wellness Centre, LP	4	STREET ADDRESS, CITY, STAYE, ZIF CODE 415 SOUTH GARFIELD ALHAMBRA, CA 91501		DRRECTION (MA) IN SHOULD BE CONFLETION E APPROPRIATE DATE	
(X4) ID PREFIX TAG	(EAGH DEFICIENCY	atement of deficiencies y mast be preceded by flat scidentifying afformation)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORNECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE E APPROPRIATE	COMPLETION COATE	
F 441	Hygiene", revised J most situations, ha alcohol-based hand are not visibly solle containing 60-25% used for all the folk moving from a containing from the limit of the containing from the containing f	and procedures, titled "Hand anuary 01, 2012, indicated "In and hygiene is with an it rub is acceptable. If hands id, an stochol-based hand rub ethanol or isopropanol may be owing situations F. Before taminated body site to a clean pident care; G. After contact act akin; H. After handling interminated aquipment, etc.; I. bjacts (e.g., medical immediate vicinity of the ter ramoving gloves." 2012, at 1:30 p.m., the stx newly employee files, who is August 13, 2012 and Cotober to six employees was hired, on that did not have a physical TB akin test. The five other physical examination forms also had documentation that conducted with the results for 12, at 2:40 p.m., the evaluator	F 441			The same of the sa	
	(SD) regarding this missing a physical During this interview should have had a skin test, upon hire would contact the contact	view with the staff developer tone employee file that was examination and TB skin test. w, the SD stated this amployee physical examination and TB. The SD added that she employee's previous employer byse's results of the physical	T				

On October 30, 2012, at 3;26 p.m., a review of

				FORM	): 11/14/2012 1 APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES  TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER  (X1) PROVIDER/SUPPLIER  (X1) PROVIDER/SUPPLIER  (X1) PROVIDER OF DEFICIENCY NO PLAN OF PROVIDER OR SUPPLIER		1		(XX) DATE 8	
		B. WING		10/31/2012	
		s	TREET ADDRESS, CITY, STATE, ZIP CODE	3404	
)ra healthcare \$	WELLNESS CENTRE, LP		415 SOUTH GARPIELD		
(EVCH DELLCHENC	Y MUST BE PRECEDED BY FULL	PAEFIX TAG	PROVIDER'S PLAN OF CORREC	SULD BE	COMPLETE -
Configued From 6	nna 74	E AA			, , ,
the facility's policy of physical examination	and procedure for employee one indicated that the law				
exemination and T	B akin test on file with the	1 1 1	e a r		
483.70(d)(1)(l) SEL	PROOMS ACCOMODATE NO	F 45	i i an abrindativi) mammini		10/29/12
Bedrooms must ac residents.	commodate no more than four	**************************************	the DHS a letter to request a Ro	om	*
	NT la not met as evidenced	and the state of t			
Based on observa review, the facility f bedrooms accomm	failed to ensure that resident nodate no more than four				
		an angles of the first of the f			# 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2:25 p.m., during th	ne initial tour, the evaluator				
had five resident be observations show for the beds and dr	eds in Room 16. Closer ed that the rooms had space wasers, and for the residents		monitor for compliance. Any To negative findings will be reporte CQI Steering Committee for any	rends or ed to the	A designation of the second
noticed that the nur to provide care to t	raing staff had enough space		compliance.		H
	RONDER OR SUPPLIER RONDER OR SUPPLIER RONDER OR SUPPLIER RA HEALTHCARE S  SUMMARY STI (EACH DEPOSITION REGULATORY OR I  Confinued From pa the facility's policy in the facility within sever 483.70(d)(1)(i) SIET MORE THAN 4 RE Bedrooms must ac residents.  This REQUIREMED by: Based on observations and 1 of 47 live beds inside this period that one in ad five resident by observed that one in addition that the number of the beds and did noticed that the number of the transition of the provide care to the control of the transition of the provide care to the control of the transition of the provide care to the control of the care to the control of the care to the control of the care to the car	CORRECTION  (X1) PROVIDERSUPPLIERCULA IDENTIFICATION HUMBER:  (X2) PROVIDER CORRECTION  (X3) PROVIDER CONTRETED BY PULL SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST SE PRECEDED BY PULL REGULATORY OR LIST DENTIFYING INFORMATION)  (X3) Continued From page 24  the facility's policy and procedure for employee physical examinations indicated that the law requires that all employees have a physical examination and TB akin test on file with the examination and TB akin test on file with the facility within seven (7) days of employment.  483.70(d)(1)(i) SEDROOMS ACCOMODATE NO MORE THAN 4 RESIDENTS  Bedrooms must accommodate no more than four residents.  This REQUIREMENT is not met as evidenced by:  Based on observation, interview and record review, the facility failed to ensure that resident bedrooms accommodate no more than four residents in 1 of 47 resident rooms. Room 16 had live beds inside this resident rooms.  Findings:  On October 23, 2012, between 1:35 p.m. and 2:25 p.m., during the Initial tour, the evaluator observed that one of the 47 resident bedrooms had five resident beds in Room 16. Closer observations showed that the rooms had space for the beds and dressars, and for the residents of the provide care to the residenta, the privacy to provide care to the residenta, the privacy	AS FOR MEDICARE & MEDICAID SERVICES  OF DEFICIENCIES  FOR CORRECTION  (X1) PROVIDERSUPPLIER (ASULD  B. WING  ROWDER OR SUPPLIER  STANDARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR USE DIRECTION INFORMATION)  Confinued From page 24  the facility's policy and procedure for employee physical examinations indicated that the law requires that all employees have a physical examination and TB akin text on file with the facility within seven (7) days of employment.  483.70(d)(1)(i) BEDROOMS ACCOMODATE NO MORE THAN 4 RESIDENTS  Bedrooms must accommodate no more than four residents.  This REQUIREMENT is not met as evidenced by:  Based on observation, interview and record review, the facility failed to ensure that resident bedrooms accommodate no more than four residents in 1 of 47 resident rooms. Room 16 had live beds inside this resident rooms.  Findings:  On October 23, 2012, between 1:35 p.m. and 2:25 p.m., during the initial tour, the evaluator observed that one of the 47 resident bedrooms had space for the beds and dressers, and for the residents to ambulate inside the rooms. The evaluator also noticed that the nursing staff had enough space to provide care to the residents, the privacy	AS FOR MEDICARE & MEDICAID SERVICES OF DEPICIPACIES OF CORRECTION  OBSTED  ROUNDER OR SUPPLIER  REQUATORY OR LSC DEPITIFIED BY PULL REQUIRED AND BY SERVICENCES OF THE APPROVINGER ACTION SHE PRECISED BY PULL REQUIRED AND BY SERVICENCES OF THE APPROVINGER ACTION SHE CROSS REPERENCED TO THE APP DEFICIENCY)  Confinued From page 24  the facility's policy and procedure for employee physical examinations indicated that the law requires that all employees have a physical examination and TB aken test on file with the facility within seven (7) days of employment. 483.70(d)(1)(i) BECROOMS ACCOMODATE NO MORE THAN 4 RESIDENTS  Bedrooms must accommodate no more than four residents.  This REQUIREMENT Is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that resident bedrooms accommodate no more than four residents in 1 of 47 resident rooms. Room 16 had live beds inside this resident pooms. Room 16 had live beds inside this resident pooms. Room 16 had live beds inside this resident pooms had space to the observed that one of the 47 resident bedrooms had well the rooms had space to the provide cars to the residents, the privacy of the provide cars to the residents, the privacy of the provide cars to the residents, the privacy of the provide cars to the residents, the privacy of the provide cars to the residents, the privacy of the provide cars to the residents, the privacy of the provide cars to the residents, the privacy of the provide cars to the residents, the privacy of the provide cars to the residents and privacy of the provide cars to the residents, the privacy of the provide cars to the residents are privacy of the provide cars to the residents, the privacy of the provide cars to the residents are privacy of the provide cars to the residents are privacy of the provide cars to the residents are privacy.	S FOR MEDICARE & MEDICARIO SERVICES  1 OF DEPOSIPOSES  1 OF DEPOSITOR  1 OF

On October 23, 2012, at 3:15 p.m., the evaluator conducted an interview with the administrator who stated that she would submit a room waiver.

comidar.

		AND HUMAN SERVICES & MEDICAID SERVICES			FOR	D: 11/14/2012 M APPROVED D. 0938-0391
STATEMENT OF DEFICIENCIES (XI) PROVI		OXI) PROVIOUNGUPPLER/CUA IDENTIFICATION MUMBER:	1 .	KULTIPI ILDING	LE CONSTRUCTION (X3) DATE	
		055760	<b>B.</b> Wil	₩		31/2012
	MOVIDER OR SUPPLIER	Wellness Centre, LP	••••••••••••••••••••••••••••••••••••••	416	ET ADDRESS, CITY, STATE, DP CODE 6 SOUTH GARFIELD LHAMBRA, CA \$1801	**
(X4) (D PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies MUST BE PRECEDED BY FULL SC IDENTIFYING (INFORMATION)	id Pret Tag		PROVIDER'S FLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD BE  CROSS-REFERENCED TO THE APPROPRIATE  DEFICIENCY)	COS COMPLETION DATE
F 457	Continued From pa	ge 25	<b>,</b> 4	457		
	administrator subministrator subministrator subministrator and the construction and the and comfort would the residents.  483.70(h) SAFE/FUNCTIONA E ENVIRON	2, at 11:15 a.m., the litted a walver for the five bed view of this wavier indicated a ware of the original at the residents' health, safety not have an adverse effect on L/SANITARY/COMFORTABL ovide a safe, functional, riable environment for the public.	F.	465	F 465 483.70(h) Safe/Functional/Sanitary/Comfortable Environment  8) The Maintenance Supervisor secured the shower drains next to room 4 and 47	[0/24/12
	by: Based on observat failed to provide a s residents, regarding shower drain covers Findings: On October 23, 201 p.m., the evaluator rooms throughout it observation, the evaluator drain covers were 3 On October 24, 201 10:59 a.m., the evaluator observation with the 8:42 a.m., the evaluator room next to Room	2 between 1:35 p.m. and 2:26 observed four resident shower of facility. Upon closer duator noticed that the shower	,	er en den en e	b) The Maintenance Supervisor checked the shower drains throughout the facility and secured all the shower drains.  c) The Maintenance Supervisor will conduct a monthly check of all shower drains to ensure that they are secured so that no accidents occur.  d) The Maintenance Supervisor will will report any negative findings to the Administrator. The Administrator will monitor for compliance. Any Trends or negative findings will be reported to the CQI Steering Committee for any recommendations for ongoing compliance.	Northern was a second of the s

DEPARTMENT	OF HEALTH	AND HUMAN	<b>SERVICES</b>
CENTERS FOR	MEDICARE	& MEDICAID	SERVICES

PRINTED: 11/14/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		OCI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION HUMBER:	1	OC) MULTIPLE CONSTRUCTION A. BUILDING			RED TED	
		055760	s. wwo			10/31/2012		
HAME OF PROMOER OF SUPPLIER ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP				4	LET ADDRESS, CITY, STATE, XIP CICCE 15 SOUTH GARFIELD LIHAMBRA, CA. 91801			
(X4) D PREFIX TAG	(EACH DEFICION	ATEMENT OF DEPLOISMENTS OF MIST BE PRECEDED BY FULL LSC EXENTIFYING INFORMATION)	PACI TAC	TX.	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ALD BE	COMPLETION DATE	
F 465	Continued From p	age 26	F	465		:		
	that the shower to unsecured shower to unsecured an interpretation appretation that the unsecured shows the unsecured an evaluator mention drain covers were transported into the chair, a wheel mig drain covers that of the over, the realist injured. The mainterpretations	om next to Room 47 had an						
F 502 : SS≖D	The facility must p services to meet t	NISTRATION  Provide or obtain laboratory he needs of its residents. The bie for the quality and timeliness	F	502	F 502 483.75(j)(1) Administration  a) DNS called the physician to it him that there were no lab result panel for July 2012. There was a CBC and lipid panel every 6 more result for CBC was is in the char	oformed I for lipid rder for oths. Lab	10/29/12	
7	by: Based on intervie falled to obtain lat	W and record review the facility contains services to meet the at the physician ordered for residents (9).			there was a refusal lab result pre- chart that can be the lipid panel t RN supervisor provided the late documentation regarding residen to get lab draw.	sent in the est result. entry et refusal		
	Findings:	ļ			b) All resident have the potential affected.	to be	-	
	9 was admitted to	ce Sheet of indicated Resident the facility on 4/13/05, with suded hypertension (high blood					,	
ORM CMS.24	67(02-66) Previous Versio	12 Obsolete Every (D: 708Y11		Fe	SAVIC: CARROTOTOT If confirm	uation sheet	>age 27 of 30	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/14/2012 FORM APPROVED OMB NO. 0938-0391

CENTE	rb for Medicari	& MEDICAID SERVICES				OMB NO.	0938-0391
		(X1) PROVIDER/BUPPLE/POLIA	(CE) MULTIPLE CONSTRUCTION A. BLALDING			(X3) DATE BUAVEY	
	085780		B, WIK			10/31/2012	
NAME OF PROVIDER OR SUPPLIER  ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LF			STREET ADDRESS, CITY, STATE, ZIP CODE 416 SOUTH GARPIELD ALMAMBRA, CA 91801				^
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEC IDENTIFYING INFORMATION)  Continued From page 27 pressure), hemiplegis of dominant side (paralysis of one side of the face and the opposite side of the body), chronic obstructive bronchitis (chronic inflammation of the medium-size airways in the lungs), and diabetes melitus (condition that		PREFD TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION 840 CROSS-REFERENCED TO THE APPROPRIES.)	ULD BE	CONSPLETION *
F 502	pressure), hemiple of one side of the the body), chronic inflammation of the lungs), and diabete occurs when the bommally which can to rise.)  The Minimum Date assessment and of \$/14/12, indicated make self underst. The recapitulation month of Septemble was a physic obtain a fasting fip blood test that mealipoproteins in the due to hypercholes levels of cholester review of the clinic no lab test result fronth of July 2011 documented evide being done or the panel had not bee During an interview.	gla of dominant side (paralysis sace and the opposite side of obstructive brenchills (chronic or medium-size alrewsys in the samelitus (condition that ody can not use glucose uses glucose levels in the blood are planning tool, deted the resident had the shilling tood and understand others, red extensive assistance from the shill of the parallel of physician orders for the serial of physician orders for the serial of panel (a laboratory [lab] asures lipids, cholesterol, and body) every January and July sterolemia (presence of high oil in the blood). However, a set record revealed there was or a fasting lipid panel for the serial of the firsting lipid panel reason why the fasting lipid panel reason why the fasting lipid panel reason why the fasting lipid panel or done.	F 5	502	In-service LN regarding obtaining result on a timely manner and plain the clinical record. Notify play resident refusal of lab draw and documentation regarding resident of lab draw.  c) The assigned Deak Nurse will that labs are drawn and obtained placed in the clinical record. Night LN will document resident refused draw and informed physician.  The assigned Deak Nurse will reconcerns to DNS of any concern follow-ups  Diagnostic Lab consultant will readits during monthly visits and forward report to DNS and Adm to corrective action.  d) The DNS or designee will presummary trend analysis of negatifindings to the CQI Committee is recommendation and re-evaluating regularly scheduled meetings	aced them exician of provide on refusal  ensure and int shift al of lab  aport any as or  eview and will almistrator  evide a five for further	
	During an interview (DON) on 10/29/1	n done.			- Control of the Cont		, 1884-1984 HAA 7 MIG-MINI MINIMUMENT

test for July 2012. The DON said the staff called the lab and the lab did not have any record of the lipid panel test result. The DON said the lab did

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

PRINTED: 11/14/2012 FORM APPROVED OMB NO. 6938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	V STUPO	NG	COMPLETED	
		055750	D. WAND		10/3	1/2012
NAME OF PROVIDER OR SUPPLIER ALHAMBRA HEALTHCARE & WELLNESS CENTRE, LP				rest address, city, state, ZP 0006 415 Bouth Garfield Alkambra, CA 91801		
AND E	(EACH DEFICIENCY	Tembry of Deficiencies 'Musy he preceded by full sc identifying regionation	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION & CROSS-REFERENCED TO THE AF DEPICIENCY)	HOULD BE	COMPLETICH DATE
F 518	According to the fa procedure titled "La will provide leborate the physician, and and the results in the	ing lipid pariel test was or was a test was not done.  clifty's undated policy and aboratory Services", the facility any services when ordered by maintain the order for the lab are resident's medical record.  N ALL STAFF-EMERGENCY	F 502	F 518 483.75(m)(2) Train all emergency procedures/drills		11/15/12
	procedures when to periodically review	ain all employees in emergency hey begin to work in the facility; the procedures with existing unannounced staff drills using		a) The DSD educated the four staff regarding where the employer off valve, and what the fire of 10/24/12  b) The DSD in-serviced the staff regarding where the fire of 10/24/12	ergency f the gas shut ode was,	
,	by: Based on interview failed to train the siprocedures, which response time. For teolity's emergency electricity to the recommendations.	v and record review, the facility said record review, the facility saff on the facility's emergency could delay the staffs' ur of six staff did not know the y generator would provide a stactricul outlets (during a facility's fire code, and the shut-off valve.		regarding Emergency proceds facility (Location of emergen and gas shot off valve and fire 11/15/12  c) The DSD will conduct rand monthly and interview the sta that the staff understands Eme procedures for the facility.	are for the cy generator code)	
	reviewed the facility manual indicated to generator would present the code of facility's fire code of the code of	12, at 2:30 p.m., the evaluator ys disaster manual. This hat the facility's emergency ovide electricity to the red turing a power outage), the yes "Dr. Firestone," and the was located at the south side	The state of the s	d) The Director of Staff Devel and/or Director of Nursing with Administrator of any negative Administrator of any negative for compliance.  or negative findings will be recommendations for ongoing compliance.	If report to tive findings dministrator Any Trends ported to the	Tables 6

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAIO SERVICES

PRINTED: 11/14/2012 FORM APPROVED . DMR NO. 0938-0391

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Statement of Deficiencies and Plan of Correction		(X1) PROMDĒRISUPPLIERICLIA IDENTIFICATION MARSĒR:	(X2) N A 8U		LE CONSTRUCTION	COMPLETED (XII) DATE SHRVEY		
		055780	B. W!	ig_		10/31/2012		
	ROVIDER OR SUPPLIER URA HEALTHCARE &	WELLNESS CENTRE, LP		41	eet addrees, city, state, zip oode e south garfield Lhambra, ca   81801			
(XA) ID PREFIX TAG	SURGIARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSQ (DENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF SCRIEGTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRI DEFICIENCY)		A.D.BE OPRIATE	COMPLETION DATE		
F 510	Continued From pa of facility.	nga 29	F	518				Ampa Ampa
	p.m. shift certified i know what to do d	12 at 3:05 p.m., a 3 p.m. to 11 nursing assistant (CNA) did not tring a power outage. The would do what the charge po.		***************************************				es 📆
-	7 a.m. shift registar the emergency ger to the red electrics	12 at 6:15 a.m., an 11 p.m. to red nurse (RN) did not know lerator would provide electricity outlets and that the gas located at the south side of			·			

On October 24, 2012 at 6:45 a.m., an 11 p.m. to 7 a.m. shift CNA stated that the fire code was "Code Red."

On October 29, 2012 at 9:50 a.m., a 7 p.m. to 3 p.m. shift RN did not know the fire code and did not know the location of the gas shut-off valve.

On October 31, 2012 at 10:15 a.m., the evaluator conducted an interview with the staff developer regarding the emergency procedure staff interviews. During this interview, the staff developer was informed that four of six staff did not know some of the emergency procedures. The staff developer stated all the staff would be in-serviced on the facility's emergency procedures, as soon as possible.

Facility #D: CA950000101