

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

PRINTED: 11/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/30/2019
NAME OF PROVIDER OR SUPPLIER PARK ANAHEIM HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD ANAHEIM, CA 92804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an ABBREVIATED survey for COMPLAINT No.: CA00656296.</p> <p>Inspection was limited to the complaint investigated and did not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Surveyor 33453, HFEN.</p> <p>THE DEPARTMENT WAS ABLE TO SUBSTANTIATE THE COMPLAINT ALLEGATION AND FINDINGS WERE CITED AT F626 FOR RESIDENT 1.</p> <p>Glossary of Abbreviations and Brief Definitions:</p> <p>Candida auris - a multidrug resistant yeast DON - Director of Nursing MDRO - Multi-drug Resistant organism (which is resistant to multiple types of antibiotics) P&P - Policy and Procedure VRE - Vancomycin Resistant Enterococcus (an MDRO)</p>	F 000	<p>Park Anaheim Healthcare Center makes its best efforts to operate in full compliance with both Federal and State regulations. Nothing included in this plan of correction is an admission otherwise. Park Anaheim Healthcare Center has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objection to the merit or form of allegation contained herein.</p> <p>The submission of this plan of correction constitutes our allegation for compliance.</p>		
F 626 SS=D	<p>Permitting Residents to Return to Facility CFR(s): 483.15(e)(1)(2)</p> <p>§483.15(e)(1) Permitting residents to return to facility.</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p>	F 626	<p>On 8/8/19, Resident 1 was discharged to the acute care hospital. Bedhold was provided until 8/14/19. The resident was initially transferred to an acute hospital and was later on transferred to a long term acute care hospital as ordered by the physician. The resident may be readmitted to the first available bed if the facility can care for the resident safely and appropriately. The facility will admit the resident to the first available semi-private subacute isolation bed in a room that is occupied by another resident with the same</p>	10/30/19	

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

TITLE

(X6) DATE

Administrator

11/18/2019

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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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 7CVM11

Facility ID: CA0600000147

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F 626	<p>Continued From page 2</p> <p>Findings:</p> <p>Review of the facility's P&P titled Readmission of Residents with MDRO (undated) showed the facility will admit residents who are no longer on a bed hold to the first available semi-private subacute isolation bed. The facility will follow the guidelines in the Enhanced Standard Precautions for Skilled Nursing facilities and will notify and consult with the Orange County Public Health when the resident is ready to return.</p> <p>On 9/24/19 at 1458 hours, a telephone interview was conducted with Case Manager 1 at the acute care hospital. Case Manager 1 stated she had called the facility on 8/21/19, and informed the facility's staff member of Resident 1's anticipated discharge date. Case Manager 1 stated the facility's staff member informed her the facility expected Resident 1 to return. Case Manager 1 stated she had informed the staff member Resident 1 had VRE and Candida auris, and required isolation. Case Manager 1 stated she faxed Resident 1's clinical information to the facility on 9/4/19. On 9/5/19, Case Manager 1 stated she spoke to the facility's Admissions Director and was told the facility had no female isolation beds available. Case Manager 1 stated she called the facility on 9/9, 9/10, 9/11, and 9/19/19, to inquiry about bed availability for Resident 1. Case Manager 1 stated on 9/19/19, Resident 1's physician at the acute care hospital had informed her that Resident 1 was ready for discharge and to find another facility. The Case Manager stated she had spoken to Resident 1's family member who wanted Resident 1 to return to the facility.</p>	F 626			

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F 626	<p>Continued From page 3</p> <p>Closed medical record review was initiated for Resident 1 on 9/25/19. Resident 1 was admitted to the facility on 6/21/19, and discharged on 8/8/19, to the acute care hospital.</p> <p>On 9/25/19 at 0951 hours, an interview was conducted with the Admissions Director. The Admissions Director verified the dates she spoke to the acute care hospital's Case Manager for Resident 1. The Admissions Director stated Resident 1 was not readmitted to the facility due to no female isolation bed available.</p> <p>On 9/25/19 at 1130 hours, an interview and concurrent facility document review was conducted with the DON. The facility's Daily Census dated 9/19/19, showed the facility's subacute unit had three male beds available, one admission, and one room change.</p> <p>Review of the facility's Daily Census dated 9/20/19, showed the room change was done and Resident 2 who had MDRO was readmitted to the facility.</p> <p>The DON was asked why Resident 1 was not readmitted to the facility on 9/20/19, but Resident 2 who had MDRO was readmitted. The DON stated she did not make the final decision for the residents to be admitted to the facility.</p> <p>On 10/7/19 at 1440 hours, a telephone interview was conducted with the Administrator. The Administrator stated Resident 1 had not returned to the facility due to no female bed available. The Administrator was asked why the room change was done to readmit Resident B who had exhausted his bed hold days, to the semi-private room and moved the roommate to another room</p>	F 626			

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F 626	<p>Continued From page 4</p> <p>on 9/19/19. The Administrator stated Resident B was in that room prior to discharge. On 9/20/19, Resident B was moved to another room and Resident 2 who had MDRO was readmitted, but the facility did not readmit Resident 1.</p> <p>The Administrator stated if a female bed became available, there was another resident waiting to return to the facility before Resident 1 could return. The Administrator stated Resident 1 had not returned due to Resident 1 had Candida Auris and could not be cohorted with another resident. The Administrator was asked if she had contacted the local Orange County Public Health Department. The Administrator stated no, they were following the facility's P&P.</p>	F 626			

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