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

PRINTED: 06/21/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555153	A. BUILDING _____ B. WING _____	C 06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

acceptable POC 7/3/19

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of facility reported incident #s CA00626270 & CA00626726. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 39797 Health Facilities Evaluator Nurse, 36586 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000		
F 729 SS=E	Nurse Aide Registry Verification, Retraining CFR(s): 483.35(d)(4)-(6) §483.35(d)(4) Registry verification. Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless- (i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or (ii)The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered. §483.35(d)(5) Multi-State registry verification. Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)	F 729		

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

Executive Director 7/2/19

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 729	Continued From page 1 (2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual. §483.35(d)(6) Required retraining. If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a Registry certified nurse assistant (RCNA) was competent to care for two of two Residents (Residents 1 and 2) when: 1. Resident 1's assessment findings after care received from RCNA 1 included the following: a. A right wrist injury described as "Dark purple discoloration" and measured 1.8 cm. (centimeters, a unit of measure) x 1.6 cm; and b. A right wrist injury described as "New 4.5 cm. x 3.2 cm. x 0.4 cm. open area with no skin flap and fatty tissue exposed and jagged edges (sic)." 2. Resident 2's assessment findings after care received from RCNA 1 included the following: a. Anterior (front) lower right leg (located near the knee) injury was discolored (purple) and measured 1 cm. x 1.6 cm.; b. Anterior lower right leg injury measured 2.4 cm. x 1.6 cm. the wound was described as discolored (red) and with an area of 1.5 cm. x 1.1 cm. (dark purple inside); a. Anterior lower left leg injury measured as 2.2	F 729		

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F 729	Continued From page 2 cm. x 3.8 cm. with dark purple discoloration, d. Posterior (back) lower left calf injury discolored (dark purple) and swollen. The injured area measured 6.7 cm. x 13.7 cm. width; and e. Inside right posterior calf injury described as an opened area (no presence of skin flap) and measured at 0.8 cm. x 0.6 cm. This failures caused Resident 1 and 2 to experience physical harm. Findings: Resident 1 was admitted to the facility in December, 2016 with diagnoses of stroke, weakness and dementia (brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning). On the night of 2/26/19 a Registry Certified nurse assistant (RCNA 1) was assigned to provide care to Resident 1. The facility reported to the Department after RCNA 1 provided care to Resident 1, a "fresh skin tear" was observed on Resident 1's right wrist. The skin tear was described as "A new 4.5 cm. x 3.2 cm. x 0.4 cm. open area with no skin flap [skin and tissue that is partly or completely detached] and fatty tissue exposed." Resident 1's wound edges were described as "jagged [having rough, sharp points protruding]." Resident 2 was admitted to the facility in October, 2018 with diagnoses of chronic pain and idiopathic peripheral autonomic neuropathy (symptoms that occur when there is damage to the nerves that manage every day body functions). On the night of 2/26/19 RCNA 1 was assigned to provide care to Resident 2. The facility reported to the Department after RCNA 1	F 729		

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F 729	Continued From page 3 provided care to Resident 2, Resident 2 complained RCNA 1 "banged" legs against the furniture during transport to the bathroom. The facility completed an entire body assessment and determined as a result of care received by RCNA 1, Resident 2 developed the following skin injuries: a. Anterior lower right leg (located near the knee) injury was discolored (purple) and measured 1 cm. x 1.6 cm.; b. Anterior lower right leg injury measured as 2.4 cm. x 1.6 cm. the wound was described as discolored (red) and with an area of 1.5 cm. x 1.1 cm. and was dark purple inside; c. Anterior lower left leg injury measured as 2.2 cm. x 3.8 cm. with dark purple discoloration.; d. Posterior lower left calf injury discolored (dark purple) and swollen. The injured area measured 6.7 cm. x 13.7 cm. width.; and an e. Inside right posterior calf injury described as an opened area (no presence of skin flap) and measured at 0.8 cm. x 0.6 cm. During an interview with the Director of Staff Development (DSD) on 3/8/19 at 9:10 a.m., the DSD expressed the staffing office completes a small checklist before RCNAs assume Resident care responsibilities at the facility. The DSD confirmed there is not a skills competency completed on the RCNA. During an interview with the staffing coordinator (SC 1) on 3/8/19 at 10:50 a.m., the SC explained a profile was prepared for each RCNA sent to work at the facility . The profile included the following: "...Tuberculosis screen (TB, verification of negative or positive results), picture ID and social	F 729		

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F 729	Continued From page 4 security number, abuse, hipaa [privacy], and dementia training, license verification, and we also verify RCNA's certification online." During an interview with the facility's Administrator (ADM) on 6/4/49 at approximately 3 p.m., the ADM expressed the RCNAs are cleared through the Department of Justice (DOJ) by the Registry. The ADM shared a "Cleared background check and active CNA certification was proof of competency." The ADM was unable to provide the Department with evidence of RCNA competency validation. During an interview with the staffing coordinator (SC 2) on 6/6/19, at 1:46 p.m., the SC 2 explained, "We do a quick orientation." Per the SC 2, the orientation included a tour of the facility, explanation of the services the facility provides, call light use and the Resident's right to have their call lights, standard precautions, location of emergency and disaster binders, and the linen barrel assignment process. The SC 2 expressed a skills competency checklist is not part of the registry profile. Review of a facility document titled "Registry Orientation Checklist", no revision date, indicated the facility provided the following orientation to RCNA staff: "Explained/Shown the following: Tour of the building, location and use of fire extinguisher, use of the call light system, standard precautions (IC (infection control) carts, charting (POC, point of care), gait belts/transfers, binders, DOJ, disaster P&P (policy and procedure), fire disaster plan (codes), and staffing modification."	F 729		

Eskaton Care Center Fair Oaks, without admitting fault submits the following plan of correction in accordance with the regulatory requirements found in Title 42, Code of Federal Regulations (CFR) ; State Operations Manual, Section 2612; and the California Health and Safety Code, Section 1280

F729

A. At the time of the occurrence, a **CONFIDENTIAL REPORT – REPORT OF SUSPECTED DEPENDENT ADULT / ELDER ABUSE FORM (SOC 341) (3/15)** mandated by the State of California – Health and Human Services Agency / California Department of Social Services was completed and transmitted to the State of California Department of Licensing and Certification. The report was also sent to the LTC Ombudsman, and Law Enforcement as mandated by law. The registry for RCNA 1 was also notified and RCNA 1 has been listed on the facility's "Do Not Return" lists.
B. Following this event, alert residents that received care from RCNA 1 were interviewed regarding the care received from RCNA 1. Skin assessments were conducted to ensure that no other residents were affected by a failure to verify competency. Only Resident 1 and Resident 2 were affected. This was an isolated event and no other residents have been affected by this practice.
C. Prior to each initial shift, before allowing an individual to serve as a nurse aid, the facility will verify that the individual has met competency evaluation requirements. Each contracted registry has been notified of this requirement and will provide the facility with a competency checklist to ensure that the minimum competency evaluation requirements have been met prior to the registry personnel reporting for duty on any unit. The staffing coordinator will review all documents and document the receipt of the competency of the facility registry checklist.
D. The Staffing Coordinator and the Quality Assurance (QA) Nurse or designee will meet every other week to audit and review documents for any new registry staff to ensure that all mandatory documents have been received and filed. The QA nurse will, using the registry checklist, log findings and identify and deficiencies and report finding to the facility Quality Assurance Performance Committee monthly for three (3) months.
E. The facility will ensure substantial compliance by 7/10/2019.

ESKATON
Transforming the Aging Experience

REGISTRY
ORIENTATION CHECKLIST

Facility: Eskaton Care Center Fair Oaks	Understood		Date & Initial of	Comments, Training Needs
	YES	NO	Reviewer	
Annual Physical and TB clearance				
Mandatory Trainings				
- *LGBT*				
- *DOJ (Abuse)*				
- *HIPPA*				
Copy of License				
Background Clearance				
Explain / Shown the following:				
Tour of Building				
Location and Use of Fire Extinguishers				
Use of the Call Light System				
Standard Precautions				
Infection Control Carts				
Charting – Point of Care				
Gait Belts / Transfers				
Fire and Disaster Plan (Codes)				
Binders				
- *Abuse*				
- *Emergency Operations Plan (EOP)*				
CNA Skills Checklist				
CNA Staffing Modification Inservice				
Cell phone and headphone usage				

Registry Staff Signature _____ Date: _____

Reviewer's Signature _____ Date: _____