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

PRINTED: 07/10/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055040				С	
055619			B. WING			07/	09/2013
NAME OF PROVIDER OR SUPPLIER PLOTT NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST FIFTH STREET ONTARIO, CA 91764				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIVE PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		BE COMPLÉTION	
F 000 F 492 SS=E	The following reflect California Department abbreviated survey Complaint number: Representing the Chealth: 26504 The inspection was complaint investigate the findings of a full One deficiency was CA00357871 483.75(b) COMPLY FEDERAL/STATE/L The facility must op compliance with all local laws, regulation accepted profession that apply to profess such a facility. This REQUIREMENT by: Based on record refailed to provide doc pre-employment heremployees files revi	ets the findings of the ent of Public Health during an to investigate a complaint. CA00357871 alifornia Department of Public limited to the specific led and does not represent inspection of the facility. issued for complaint number: WITH OCAL LAWS/PROF STD lerate and provide services in applicable Federal, State, and ins, and codes, and with hal standards and principles sionals providing services in left is not met as evidenced view and interview, the facility sumentation for alth screenings for 5 of 14 lewed and failed to ensure	F C	992	Plott Nursing Center ("PNC") may best effort to operate in full come with both Federal and State Law Nothing included in this Plan of rection is an admission otherwise PNC has submitted this Plan of rection in order to comply with it regulatory obligations and does waive any objections to the meriform of any allegations containe herein. Please note that PNC merification contest the merits and/or form of deficiency or findings alleged be and may take reasonable steps appeal them. This Plan of Correctives PNC's allegation of stantial compliance. [A492] 483.75(b) Comply with Federal/State/Local Laws/Profit is the policy and practice of Properate and provide services in pliance with all applicable Feder State, and local laws, regulation and codes, and with accepted pressional standards and principle that apply to professionals provide services in such a facility. Corrective Action Findings 1-2: On or before Aug 2013, under the supervision of the DON, all identified employees retheir required health examination.	pliance correct correct sor day f any low to coine std Com- al, s, co- es ding gust 9, ne ceived	
	hat employees received a PPD/TB testing (skin est used to determine if someone has developed an immune response/been exposed to the pacterium that causes tuberculosis) or chest K-ray upon hire and annually, for 11 of 14		ATILITY		including PPD/TB testing.	7/2	3)[1
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE
	Jant 1	weeld.		Administrator (7/18/13	}	

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.

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

PRINTED: 07/10/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		i	(X3) DATE SURVEY COMPLETED		
055619			B. WING			C 07/09/2013		
NAME OF PROVIDER OR SUPPLIER PLOTT NURSING HOME								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORE PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		BE	(X5) COMPLETION DATE	
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		F4		Affected Patients As all residents may be potentially af by the alleged deficient conduct contherein, PNC will take corrective action relation to all residents. Therefore, no procedure for identifying potentially affected residents is necessary. Corrective Action for Potentially Affected Patients On or before August 9, 2013, under the supervision of the DON, PNC will take corrective action in relation to all resident auditing employee records to verify all the examinations, including PPD/TB testing, been conducted appropriately. Measures Adopted for Systemic Con or before August 9, 2013, under the supervision of the DON, the new Directly Staff Development will be in-serviced regarding compliance with all applicate Federal, State, and local laws, regular and codes, and with accepted professionals providing services in such a facility, including all required the examinations, including PPD/TB testing femployees and new-hires.	fected ained on in o	08/09/13	

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

PRINTED: 07/10/2013 FORM APPROVED OMB NO. 0938-0391

Omit i Li	(O) OIT MEDICING	WINDOW OF LAND					0000 0001	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
055619		B. WING	·		C 07/09/2013			
PLOTT NURSING HOME (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)				EFIX (EACH CORRECTIVE ACTION SHOULD			N (X5) BE COMPLETION	
F 492	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 provided by the facility. According to California Code of Regulations, Title 22, 72535 (a) "Employees' Health Exam and Health Records (a) All employees working in the facility, including the licensee, shall have a health examination within 90 days prior to employment or within seven days after employment and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner shall indicate that the person is sufficiently free of disease to perform assigned dutles and does not have any health condition that would create a hazard for fellow employees, or patients or visitors. 2. During review of the employee records on at l, it was noted that the personnel file for Certified Nurse Assistant date of hire lade of hire lad			ONTARIO, CA 91764 ID PROVIDER'S PLAN OF CORRECT		nd iignee that all esting Audits the I, who eport		
	at	confirmed that was						

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

PRINTED: 07/10/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
						С			
		055619	B. WING	_			07/	09/2013	
NAME OF PROVIDER OR SUPPLIER PLOTT NURSING HOME				٤	REET ADDRESS, CITY, STATE, ZIP CODE 800 EAST FIFTH STREET ONTARIO, CA 91764				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRI PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE AP DEFICIENCY)			JLD BE COMPLETION		
F 492	unable to locate the employees. st them. When asked making sure the he date, stated tha DSD, human resou and PPD/TB screer responsibility of According to Califor 22, 72535 (b) "Emp Health Records (b) The initial health annual examination protein derivative in intradermal skin tes X-ray is indicated if had a positive react or is currently being Positive reaction to by a 35.56 cm x 43. X-ray. Evidence of t	e PPD/TB tests for the stated ated that just missed who was responsible for alth screenings were up to at at her previous position as rees handled the physicals nings, and was not aware of being gate keeper." Thia Code of Regulations, Title loyees' Health Exam and examination and subsequent shall include a purified termediate strength the employee has previously ion to a tuberculosis. A chest the employee has previously ion to a tuberculosis skin test treated for tuberculosis. The skin test shall be followed 18 cm (14 " x 17") chest uberculosis screening within ployment shall be considered	F	492					