

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555673	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2019
NAME OF PROVIDER OR SUPPLIER ASBURY PARK NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. acceptable PCH SACRAMENTO, CA 95825 5/15/19 10/9		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of facility reported incident #CA00621326. Representing the Department of Public Health: HFEN, 39797 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	"Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 Et seq."		
F 607 SS=E	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on interviews, record reviews and facility policy and procedure review the facility failed to: 1. Implement written policies and procedures to ensure residents were free from potential abuse when: (a). Criminal conviction investigation check was not conducted on employee prior to employment at the facility.	F 607	F 607 1. An audit of every employee file – 100% was conducted on 4/11/2019 to verify that there were no prior criminal investigation. All employee files were found in substantial compliance, using the federal office of inspector general exclusion report. 2. Asbury Park P&P have been updated to reflect OIG background checks upon hire, effective immediately, 4/11/19. All RNs, LVNs, and CNAs will further have the state nurse registry contacted to determine background investigating and validity of their license.		

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

Doug Hawkins

TITLE

Administrator

(X6) DATE

04/29/2019

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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F 607	<p>Continued From page 1</p> <p>This failure increased the potential for residents to be exposed to abuse, neglect, or mistreatment.</p> <p>Findings:</p> <p>During an interview with the Administrator (ADM) on 2/1/19 at 2:20 p.m., the ADM stated, "Under Title 22 we are required to perform some form of verification ... background or reference checks. We do two reference checks and we go online to check the Board (California Department of Public Health) to confirm certified nurse assistant (CNA) certification is active. If they (certification) are active, we do not perform a criminal background check. On the application it asks if there is a history of abuse, yes or no. Our background check procedure is to validate background through the Board."</p> <p>During an interview with the Director of Staff Development (DSD) on 3/7/19 at 11:30 a.m., the DSD shared "We don't do a criminal background check. On the back of the application it asks if criminal background, yes or no." (sic) The DSD expressed if there was an ongoing investigation the Board would provide that information ..."</p> <p>During an interview with the Director of Human Resources (DHR) on 3/28/19 at 10:32 a.m., the DHR shared it was not the facility's practice to conduct criminal background checks on potential employees. The DHR added for Licensed staff, the facility relied on verification of license through the board to determine if candidates were screened for criminal background checks. The DHR expressed in addition to license verification, she personally conducted a search of the potential candidate's name on the Megan's Law web page. The DHR, expressed "If there is any</p>	F 607	<p>3. Any employee found with discrepancy in their background check check will be reviewed by the Director of Nursing Services and Administrator for possible employment.</p> <p>4. QA&A has reviewed and approved this revision.</p> <p>5. Completed 4/11/2019.</p>		

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F 607	<p>Continued From page 2</p> <p>criminal activity with that person's name, it will pop up."</p> <p>A review of the Megan's law web page indicated the following: "... The information on this website is extracted from the California Sex and Arson registry (CSAR), the States (California) repository (a central location where data is stored) for sex offender information. The information is provided to local law enforcement agencies by the sex offender during the registration process ...Pursuant (in agreement with) to Penal Code §3290.46, not all registered sex offenders are posted on this website." (Retrieved from California Megan's Law Website, State of California Department of Justice Office of the Attorney General https://www.meganslaw.ca.gov/Default.aspx on March 28, 2019)</p> <p>A review of a facility document titled Notification of Omnibus Budget Reconciliation Act (OMBRA, a federal law) Check, indicated employees were asked to reply yes or no to the following questions: "1. Have you ever been convicted of a crime of abuse, neglect, misappropriation of an individual's property, or the financial exploitation of and individual? 2. Have you ever had a finding of conviction by a court, a disciplinary board or professional licensing of certification agency of abuse, neglect, mistreatment of residents, or misappropriation of their property?"</p> <p>A review of a facility policy titled Background and Screening Investigations, revised August 2009, indicated "Our facility conducts employment background screening checks, reference checks and criminal conviction investigation checks on</p>	F 607			

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F 607	Continued From page 3 Individuals making application for employment with our facility. Policy Interpretation and Implementation 1. The Personnel/Human Resource Director, or other designee, will conduct employment background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on persons making application for employment with this facility. Such investigation will be initiated within two days of employment or offer of employment ...5. Information (e.g., court actions) discovered through the course of the background investigations that indicates that the applicant does not meet employment eligibility criteria will be provided to the individuals's appropriate licensing boards."	F 607			