STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056098	A. BUILDING _____ OK 7-16-14 B. WING _____	C 06/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTONWOOD HEALTH CARE	625 COTTONWOOD STREET WOODLAND, CA 95695

(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 represents the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint(s) #CA00393324, #CA00398056 and entity reported incident #CA00393229. Representing the Department of Public Health: HFEN, 29825 HFEN, 33456 The inspection was limited to the specific complaint(s) and entity reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000		

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

ADMINISTRATOR - IN - TRAINING July 15, 2014

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 056098	DATE SURVEY COMPLETE 6/24/2014
NAME OF PROVIDER OR SUPPLIER COTTONWOOD HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 625 COTTONWOOD STREET WOODLAND, CA	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 514	

483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of the clinical record, the facility failed to maintain clinical records that were accurately documented when the Resident 1's casted leg was indicated as the left rather than the right.*

This documentation failed to indicate the correct leg that was casted.

Findings:

Resident 1 was readmitted to the facility on 3/30/2014 with diagnoses including fractured femur. Review of the admission Minimum Data Set (MDS, an assessment tool), dated 4/2/14, indicated the resident was alert and oriented and required extensive assistance with most activities of daily living.

Resident 1's clinical record was reviewed. The document titled History & Physical, dated 3/24/14, indicated "Physical Findings...
Musculoskeletal: R [right] LEG IN CAST...
Diagnosis:... R FEMUR [thigh bone] FX [fracture] - NONOPERATIVE TX [treatment]."

Review of Resident 1's document titled Licensed Nurses Progress Note, dated 3/26/14 at 2:37 a.m., documented "LEFT LONG LEG CAST INTACT."

During an interview with the Director of Nurses (DON) on 5/13/14 at 11:57 a.m. she said she was aware on the incorrect documentation and said "It was the right leg that was casted. I noticed it was documented as left [in the Nurses Note on 3/26/14 at 02:37 a.m.]."