

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


PRINTED: 10/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/14/2014
NAME OF PROVIDER OR SUPPLIER COPPER RIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 201 HARTNELL AVENUE REDDING, CA 96002		
(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 Standard survey for Complaint 376834. This inspection was limited to the specific Complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 29391, HFEN One deficiency was issued for Complaint 376834 at F 279.	F 000			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).	F 279	This plan of correction is prepared and executed solely because it is required by 42 C.F.R. Part 483 et seq. and Health and Safety Code 1280. This plan of correction represents our credible allegation of compliance. 1. Resident 2 is no longer at the facility. 2. The facility did an in-service with CNA's and licensed nurses on which barrier creams are non-medicated and can be applied by CNA's. 3. The facility changed the house stock and orders to a non-medicated barrier cream. 4. The ADON's will monitor by performing random observations to confirm that the proper barrier cream is being applied and will report any trends to the quality assurance committee monthly. 5. Corrective action will be implemented by the November 3, 2014.		

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

TITLE

(X6) DATE



ADMINISTRATOR

11/3/14

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 279	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement care plan interventions for incontinence and risk of skin breakdown for one of two sampled residents (Resident 2), when Certified Nurses Aides (CNAs) did not have consistent access or instruction on the use of a moisture barrier product as identified in the care plans. This failure had the potential for resident skin breakdown to occur and/or the use of prescription topical medicine by unlicensed staff.</p> <p>Findings:</p> <p>Resident 2 was admitted to the facility on 10/28/13 for physical rehabilitation with diagnoses that included urinary tract infection, chronic airway obstruction, muscle weakness and difficulty walking. Resident 2's record was reviewed.</p> <p>A "Risk of Impaired Skin Integrity," care plan, updated 10/28/13, read "At risk for altered skin integrity... Hx (history) of pressure ulcer... LAL (low air loss mattress) to be in place for comfort and prevention of skin breakdown...bowel and bladder program"</p> <p>A "Urinary Incontinence," care plan, updated 10/28/13, read "Place resident on incontinence management program... apply moisture barrier to skin"</p> <p>On 11/20/13 at 1:20 pm, Resident 2 was observed in her room with an airbed in use. CNA A was observed leaving Resident 2's room and</p>	F 279			

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F 279	<p>Continued From page 2</p> <p>was asked about her skin care and condition. CNA A stated, "She has a little red bottom." When asked how care was provided for her incontinence she stated that she checked her every two hours and repositioned her as tolerated. CNA A stated she used products of "Periwash" to cleanse the client and "Periguard" as a barrier cream. She was not able to show the products that she used.</p> <p>On 11/20/13 at 1:45 am, Licensed Vocational Nurse (LVN) B stated that CNAs were not suppose to use Periguard without an order by the physician because it had Zinc Oxide (for wound healing) in it. She stated the facility treatment nurses often use the product for prevention of skin ulcers. She stated the nurses cart had the "Durable Barrier Cream" that CNAs should use. LVN B stated, "I can't say that the barrier cream is used."</p> <p>On 11/20/13 at 2 pm, both CNA C and CNA D stated they used "Periguard" for barrier protection for residents. CNA D displayed that she had a tube in her pocket.</p> <p>On 11/20/13 at 2:05 pm, CNA E stated she only uses Periwash and wash cloths in her incontinence care of her residents.</p> <p>On 11/20/13 at 2:10 pm, CNA F stated "We use barrier cream from charge nurse only for residents with redness."</p> <p>On 11/20/13 at 2:20 pm, LVN G stated that the CNAs should be using Vitamin A and D Ointment as a barrier cream when no specific order. In a concurrent observation and interview with LVN G, she acknowledged that on the "Cherry Wing" no</p>	F 279			

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F 279	<p>Continued From page 3</p> <p>barrier cream or A&D ointment was readily available for CNAs to use for skin protection.</p> <p>On 11/20/13 at 2:30 pm, the Director of Nurses (DON) stated that the barrier creams should be readily available for use by the CNAs. That the facility skin breakdown prevention program included the use of barrier cream in resident care plans.</p> <p>On 11/25/14 at 8:15 am, LVN H stated that Client 2 had an order for a topical application of "Butt Paste," a combination product of Nystatin (Antibiotic)/hydrocortisone (Steriod)/zinc oxide, ordered on 10/29/13, every shift for protection of skin due to loose stool. She stated that CNAs should be using A&D ointment in between for incontinence care.</p>	F 279			