PRINTED: 09/20/2022
FORM APPROVED

California Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | CA010000208 | A. BUILDING: _____ B. WING _____ | C 12/08/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRING LAKE VILLAGE | 5555 MONTGOMERY DRIVE SANTA ROSA, CA 95409 |

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| C 000 | Initial Comments<br><br>The following reflects the findings of the California Department of Public Health during the investigation of complaint incidents.<br><br>Complaint Number: CA00762980 and CA00763200<br><br>Representing the Department: Health Facilities Evaluator Nurse 27532<br><br>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.<br><br>One deficiency was identified for the complaint number: CA00762980 and CA00763200. | C 000 | | |
| C1040 | T22 DIV5 CH3 ART3-72315(f)(7) Nursing Service--Patient Care<br><br>(f) Each patient shall be given care to prevent formation and progression of decubiti, contractures and deformities. Such care shall include:<br><br>(7) Carrying out of physician's orders for treatment of decubitus ulcers. The facility shall notify the physician, when a decubitus ulcer first occurs, as well as when treatment is not effective, and shall document such notification as required in Section 72311(b).<br><br>This Statute is not met as evidenced by:<br>Based on interview and records review, the facility failed to update a resident's care plan with treatments prescribed by the physician and did not monitor the progress with healing and effectiveness of treatment for one of two sampled residents (Resident 1), when Resident 1 | C1040 | | |

Licensing and Certification Division

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

Ronald Williams — Administrator — 10-5-2022



Accepted the POC 10/5/22 3:41 PM – spoke w/ Dan Skillman, Adm of SLV

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| C1040 | Continued From page 1<br>developed an unstageable pressure injury on the coccyx (or tailbone - the very bottom portion of the spine) after admission. This failure had the potential to result in disability or death.<br><br>Findings:<br><br>On 11/30/21 at 3:59 p.m., the Department received a report of Resident 1 developing a stage 3 pressure ulcer (full-thickness skin loss potentially extending into the soft tissues surrounding the bones and joints) on the coccyx after admission to the facility.<br><br>A review of records, indicated Resident 1 was admitted to the facility on 10/1/21 after surgery for fracture of the left hip bones, atherosclerotic heart disease (hardening of the arteries of the heart), anemia (lower-than-normal amount of healthy red blood cells in the blood), and unspecified dementia (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities) among others.<br><br>During an interview on 12/8/21 at 1:29 p.m., the Director of Nursing (DON) stated Resident 1 was originally admitted on 10/1/21, was transferred to the hospital on 10/29/21 and came back to the facility on 11/1/21 with an unstageable injury on the coccyx.<br><br>During a review of a fax message sent by Nurse A on 10/23/21 to the facility physician, a report and treatment request indicated Resident 1 was found with unstageable pressure injury on the coccyx and excoriations to the right buttock. The treatment request to apply Allevyn dressing (absorbent foam dressing to cover wounds at risk of infection) every 3 days and as needed when | C1040 | **How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**<br><br>The resident identified as being affected by the alleged deficient practice no longer resides at the facility.<br><br>**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;**<br><br>All residents with treatment orders have the potential to be affected by the same alleged deficient practice. Resident care plans will be audited by Medical Records or designee to identify those residents who do not have treatments specified in their care plans. Those potential residents will have updates to their care plans by Licensed Nurses to include their treatment orders by October 14, 2022. | |

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| C1040 | Continued From page 2<br>dressing was soiled or dislodged was approved as indicated by a check mark on the box beside the Yes option.<br><br>During an interview on 12/8/21 at 2:53 p.m., Nurse A stated Resident 1's coccyx had intact skin during her skin assessment on 10/23/21. Nurse A stated she was not sure if the skin on the coccyx was blanchable (turns white when pressed) had redness or not. Nurse A stated this was reported in a fax message to the physician with a treatment request on 10/23/21.<br><br>A review of Resident 1's care plan dated 10/23/21, indicated the interventions for unstageable pressure injury to the coccyx was to notify the physician, monitor daily, and notify the physician of changes. The treatment order for Allevyn dressing to coccyx every 3 days and as needed when dislodged was not added to the care plan although reflected in the treatment administrator record. The DON and Medical Records staff when notified of this on 4/25/22 via electronic mail was not able to provide an updated care plan.<br><br>A review of the weekly evaluation report of Resident 1 dated 11/1/22, the day Resident 1 returned to the facility from the hospital indicated the unstageable injury to the coccyx measured 1.5 cm. (centimeters - a unit of measurement that is 1/100th of a meter or approximately 4/10ths of an inch or 0.39 inch) in length and 2 cm in width.<br><br>A review of the weekly evaluation reports of Resident 1 dated 11/6/21, 11/13/21, and 11/18/21, indicated the unstageable ulcer on the coccyx was not measured and described to indicate progress to healing or worsening. On 4/25/22 the DON and Medical Records staff was notified by | C1040 | **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;**<br><br>Licensed Nurses were educated regarding the Policy and Procedure titled "Skin Integrity & Management." Medical Records will conduct weekly audits to ensure treatment orders are included in resident care plans.<br><br>**How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system;**<br><br>Medical Records or designee with audit weekly for compliance with Policy and Procedure. Finding will be submitted to the QAPI | |

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| C1040 | Continued From page 3<br>electronic mail of the missing measurement to indicate progress or decline. The Medical records staff responded via electronic mail on 4/27/22 and indicated the daily wound monitor was in the Treatment Administration Record (TAR), as the nurse performs the dressing change and monitors the pressure area, then documents it in the TAR. A review of the 11/2021 TAR did not indicate measurements of the unstageable ulcer on the coccyx.<br><br>A review of Resident 1's weekly evaluation dated 11/22/21, at 7:35 p.m., indicated Nursing staff saw the injury on the coccyx when the soiled dressing was changed after the resident's bowel movement. Nursing staff noted the worsened unstageable pressure injury measured 3.5 x 3.0 x 2.1 cm. with necrotic (dead tissue) wound bed covered with pus, thick, opaque, tan or yellow exudate (fluid leaking out), red border, saturating 26 to 75% of the dressing. Nursing staff notified the facility physician who ordered wound clinic evaluation, calcium alginate dressing covered with Allevyn, and a wound culture for MRSA. The orders were carried out and confirmed transcribed in the TAR.<br><br>A review of Resident 1's care plans dated 10/11/21, indicated Interventions included: "weekly treatment documentation to include measurement of area of skin breakdown's width, length, depth, type of tissue and exudate". Another care plan was written on 10/23/21 after Resident 1 developed an unstageable pressure injury on the coccyx. Both care plans did not include treatments ordered for the unstageable ulcer except to notify the physician of adverse changes. The missing documentation was already made known to both DON and Medical Records staff but no updated care plans were | C1040 | committee monthly for review and recommendations. Monitoring will continue until three consecutive months of compliance is achieved.<br><br>**Dates when corrective action will be completed. The corrective action completion date must be acceptable to the Department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.**<br><br>The Director of Staff Development or designee will provide Licensed Nurse education to facility Policy & Procedure titled "Skin Integrity & Management" began on 09/22/2022 and will continue to reach additional Licensed Nurses who may not be currently available. | |

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| C1040 | Continued From page 4<br>provided.<br><br>A review of the policy titled Skin Integrity and Management, revised 6/2020, indicated, "care plan interventions for treatment of open skin, whether pressure or non-pressure skin discoloration and /or breakdown should include the treatment prescribed by the physician ...will be monitored at least weekly and with any treatment or dressing change. Assessments should include a description of the pressure ulcer in measurable terms: size, depth, exudates, odor, color, stage and necrosis. Comments should include nursing assessment of the resident's response to treatment and progress with healing." | C1040 | | |