POC Reviewed and Accepted 7/5/17 [redacted]

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

PRINTED: 06/30/2017
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555128 | A. BUILDING _____ B. WING _____ | C 06/28/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| DOWNEY COMMUNITY HEALTH CENTER | 8425 IOWA STREET DOWNEY, CA 90241 |

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| F 000 | INITIAL COMMENTS<br><br>The following reflects the findings of The Department of Public Health during an Investigation of an Entity Reported Incident (ERI) during an Abbreviated survey.<br><br>ERI Number: CA00535592- Substantiated with one regulatory violation.<br><br>Representing the Department of Public Health:<br><br>Surveyor ID: 36904 RN, HFEN<br><br>The inspection was limited to the specific ERI and does not represent a full inspection of the facility. | F 000 | | |
| F 226 SS=D | 483.12(b)(1)-(3), 483.95(c)(1)-(3) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES<br><br>483.12<br>(b) The facility must develop and implement written policies and procedures that:<br><br>(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,<br><br>(2) Establish policies and procedures to investigate any such allegations, and<br><br>(3) Include training as required at paragraph §483.95,<br><br>483.95<br>(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum | F 226 | **This Plan of Correction constitutes the facility's written credible allegation of compliance.**<br>**Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the Provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.**<br>***F226***<br>***What corrective action will be accomplished for those residents found to have been affected by the deficient practice;***<br>Resident #1 has had no further reportable incidents.<br>Care plan reviewed and updated to reflect recent nasal fracture from fall. | |

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

[signature] RN BSN DON — 7/3/17

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 226 | Continued From page 1<br>educates staff on-<br><br>(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.<br><br>(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property<br><br>(c)(3) Dementia management and resident abuse prevention.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to report an unusual occurrence to the Department of Health (Licensing and Certification Program) within 24 hours of the observation and knowledge of Resident 1's right maxillary sinus (one of the four paranasal sinuses [are a connected system of hollow cavities in the skull] located near the nose]) fracture (broken bone) as indicated in the facility's policy and procedure.<br><br>Resident 1's right maxillary sinus fracture was reported to the Department of Health on 5/16/17 (4 days after).<br><br>This deficient practice had the potential to cause the reoccurrence of the incident and further jeopardizing Resident 1's safety.<br><br>Findings:<br><br>During an observation on 5/17/17 at 2:04 p.m., Resident 1 was observed with a discoloration to | F 226 | ***How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;***<br>All residents have the potential to be affected by the practice.<br>In service to licensed staff in following regulations for the reporting of unusual occurrences were given on 06/26/17 06/27/17 and 06/29/17 by DON.<br>***What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;***<br>The facility will continue to follow State and Federal regulations in the reporting of an unusual occurrence within 24 hours.<br>All unusual occurrences will be immediately reported to the Director of Nursing (DON) to assure reporting is completed.<br>The DON is now keeping a checklist of all reported incidents that includes the 24-hour reporting of any unusual occurrence documentation.<br>The facility has implemented "The Verification of Investigation and Reporting Requirements of Allegations of Abuse or other State Required Self-Report Checklist" which will be maintained by the DON to assure that 24-hour reporting of unusual occurrences have been reported as per regulation.<br>Any problems will be brought to the attention of the Administrator for immediate correction. | |

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| F 226 | Continued From page 2<br>the left side of her face and underneath the eye.<br><br>During the concurrent observation, Resident 1 could not explain what happened.<br><br>During an interview on 5/17/17 at 2:40 p.m., Licensed Vocational Nurse 1 (LVN 1) stated, Resident 1 had an unwitnessed fall on 5/8/17 and that the resident had a "bump and a little cut on her left eyebrow."<br><br>During an interview on 5/17/17 at 3:10 p.m., Registered Nurse 1 (RN 1) stated, the resident was transferred to the hospital on 5/10/17 (2 days after the unwitnessed fall) because she noticed a change in the resident's mental status.<br><br>A review of Admission Record indicated, the resident was admitted to the facility on 10/27/08, with diagnoses of schizoaffective disorder (a condition in which a person experiences a combination of schizophrenia symptoms such as hallucinations or delusions and mood disorder symptoms, such as mania or depression), and secondary parkinsonism unspecified (movement problems).<br><br>Review of Resident 1's Minimum Data Set (MDS), [an standardized assessment and care-screening tool], dated 11/6/16, indicated Resident 1 was moderately impaired in cognitively skills and was independent for activities of daily living (ADLs) and needed | F 226 | *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.*<br>*The plan of correction is integrated into the quality assurance system.*<br><br>The DON will report finding of reporting of unusual occurrences s to the Quality Assurance and Performance Commitee on a monthly basis.<br><br>*07/22/17* | |

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| F 226 | Continued From page 3<br>supervision for personal hygiene.<br><br>A review of the Resident 1's general acute care hospital (GACH) records titled "History and physical Report," dated 5/10/17, indicated Resident 1 had a fracture in the right maxillary sinus.<br><br>A review of Resident 1's Licensed Personnel Weekly Progress Notes, dated 5/12/17, and timed 7:08p.m., indicated Resident 1 returned from the GACH with a diagnosis of a fracture of the right maxillary sinus.<br><br>During an interview on 5/17/17 at 3:56 p.m., the facility's Director of nursing (DON) stated, she did not know about Resident 1's right maxillary sinus fracture on 5/12/17. According to the DON she was not notified until 5/16/17 (4 days later). The DON stated, that Resident 1's right maxillary sinus fracture was considered an unusual occurrence and that it needed to be reported within 24 hours.<br><br>A review of the facility's policy titled "Unusual Occurrence," dated 4/23/02, indicated that the facility was supposed to report unusual occurrences within 24 hours of their occurrences to the Department of Health Services. | F 226 | | |