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

PRINTED: 10/15/2021
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
	555153	A. BUILDING _____ B. WING _____	C 10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ESKATON CARE CENTER FAIR OAKS	11300 FAIR OAKS BLVD. FAIR OAKS, CA 95628

(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 survey for the investigation of facility reported incident #CA00753126. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 40019 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000		BFC 11-5-21 POC & EOC accepted QB mailed 11-10-21
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect one resident (Resident 1) from abuse, for a census of 123. This failure had the potential to cause physical	F 600		

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

Executive Director 10/25/21

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 600	Continued From page 1 harm and emotional distress to Resident 1. Findings: Resident 1 was admitted to the facility in late 2017 with diagnoses including multiple sclerosis (a chronic disease that can affect the brain and spinal cord). Resident 2 was admitted to the facility in mid 2011 with diagnoses including Alzheimer's disease (a disease that affects memory, thinking, and behavior) and schizophrenia (a disorder that affects the ability to think, feel, and behave clearly). Review of Resident 2's Progress Notes, dated 9/16/21 at 1:55 p.m., indicated, "Res [resident] seen down hallway in front of another resident's room, was asked by the other resident to move out of the way so she could enter her room, when this resident reach out [sic] and started hitting the other resident on right arm ..." Review of Resident 1's Progress Notes dated 9/16/21 at 5:16 p.m., indicated, " ... Resident stated, "She was in front of the door blocking it, I asked her to move and she started hitting my left arm, no not left, right arm ..." Review of Resident 2's care plan, revised 9/12/21, indicated, "Resident has hx of mood and/or behavior issues m/b [manifested by] aggression/abuse behaviors towards another resident ... long term goal target date: 12/12/21 ... will not injure self or others ... approach ... Keep resident distanced with other residents when agitated. Distract/Redirect as needed ..."	F 600		

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F 600	Continued From page 2 In an interview with the Licensed 1 (LN 1) on 9/30/21 at 9:31 a.m., the LN 1 stated Resident 2 was in Resident 1's doorway in the hallway and Resident 1 asked Resident 2 if she can move out of the way. LN 1 stated Resident 2 just looked at Resident 1 and Resident 2 stated she will do what she wanted and hit Resident 1 in the upper right arm. LN 1 further stated she witnessed Resident 2 hit Resident 1. Review of the facility policy titled, "Elder and Dependent Adult Suspected Abuse and Reporting," revised 1/17/19, indicated, "Residents have the right to be free from abuse ... Abuse ... The willful infliction of injury ... with resulting physical harm, pain, or mental anguish ... that are necessary to attain or maintain physical, mental and psychosocial well-being."	F 600		

ESKATON
Transforming the Aging Experience

Eskaton Care Center Fair Oaks, without admitting fault submits the following plan of correction in accordance with the regulatory requirements found in Title 42, Code of Federal Regulations (CFR):

F 600

A. Resident 1 was struck on the arm by Resident 2 as Resident 2 stood in the doorway of Resident 1's room. Although staff witnessed the event on the unit, staff was not close enough in proximity to the two residents to physically intervene and prevent the "physical altercation" from occurring. Unfortunately, the aggressor in this event did not exhibit signs of escalation and/or an indication of agitation prior to the occurrence of this event. This was an isolated event involving these two residents only.
B. All residents are given the liberty to ambulate or move about the common areas of the unit and/or facility. Staff have been trained to monitor activities on the unit. In the event that an altercation occurs staff are trained to intervene, separate the residents and provide a safe environment. Then staff follow all regulatory reporting requirements related to the event.
C. Annually, all staff are required to attend mandatory inservice training in compliance with the Elder Justice Act (EJA) with a focused on the recognition of suspected dependent adult/elder abuse in addition to the reporting requirements. The four staff members that worked on September 19, 2021 will be retrained on the topic of Suspected Dependent Adult/Elder Abuse.
D. The basis for which the facility may ascertain that "correction" has been achieved will be reliant on the number of resident to resident altercations between residents in which the aggressor has a diagnosis of dementia or other disease impairing cognitive function and the "victim" is alert and oriented. The facility will report all suspected occurrences of dependent adult/elder abuse using the form provided by the California Department of Social Services. Each occurrence will be logged and discussed in the daily "Stand-Up" meeting convened each business day. The facility interdisciplinary team, led by the "Abuse Coordinator", will then initiate an investigation and complete an internal quality assurance performance improvement form (Eskaton Care Center of Fair Oaks Allegation of Abuse Investigation Form). All reports will be presented and discussed the following monthly facility Quality Assurance and Performance Improvement Meeting in November, December and January. A summary report will also be submitted at the Quarterly Quality Assurance and Performance Meeting in January, 2022.
E. The facility will ensure substantial compliance by November 5, 2021.