

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

PRINTED: 02/06/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/26/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>POWAY HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>15632 POMERADO ROAD POWAY, CA 92064</b>		
(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 a re-certification survey conducted from 1/20/15 to 1/26/15. For the purposes of scope and severity, the resident census at the time of the survey was 93, and the sample size was 19.  Representing the Department were Health Facilities Evaluator Nurses: 27942, 32730, 33923	F 000			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.	F 441	Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 3, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code Section 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute Poway Healthcare Center's credible allegation of compliance.  <b>F441 INFECTION CONTROL, PREVENT SPREAD, LINENS</b>  No other residents were found to be affected by the identified practices.  The License Nurse (LN) immediately changed and dated the nasal cannula for both resident 72 and 90 on 1/20/2015.		

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

TITLE

(X6) DATE

*[Signature]* LNHA ADMINISTRATOR 2/12/15

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.

OK 27942 2-12-15

2-19-15

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F 441	<p>Continued From page 1</p> <p>hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to change and date the oxygen tubing for 2 unsampled residents (72, 90).</p> <p>As a result, there was the potential for the 2 unsampled residents to incur a respiratory infection.</p> <p>Findings:</p> <p>On 1/20/15 at 7:48 A.M., an initial tour of the facility was conducted with Licensed Nurse (LN) 1.</p> <p>Room 301 was entered. Unsampled Resident 72 was lying in Bed A, with a nasal cannula (prongs on tubing delivering oxygen into the nose) hooked around the ears with the prongs inside the openings of the nose.</p> <p>LN 1 could not find the date on the tubing indicating when the tubing was changed. LN 1 stated the tubing "...should be dated". LN 1 also stated the tubing should be changed every week, and PRN (as needed).</p> <p>The initial tour continued. At 9:05 A.M., Room 313 was entered. Unsampled Resident 90 was lying in Bed B, sleeping. Resident 90 did not have</p>	F 441	<p>The Director of Nursing (DON) completed room rounds for all residents who were receiving oxygen and respiratory treatments and all other nasal cannula and respiratory tubing/equipment was found to be labeled and dated per the facility's policy.</p> <p>All LN's were in-serviced on the facility's infection control standards with labeling and dating of nasal cannula and other respiratory tubing every 7 days and more often as needed per our facility policy.</p>		<p>1/20/15</p> <p>??/??/2015</p>

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F 441	Continued From page 2 an oxygen cannula on, but it was on the bedside table in a small plastic bag. LN 1 acknowledged the date could not be found on the tubing that would indicate the date it was changed.  A review of the facility policy and procedure, Departmental (Respiratory) - Prevention of Infection, revised October 2010, was conducted. The policy and procedure indicates, "...5. Change the oxygen cannula and tubing every seven (7) days, or as needed".	F 441	The Infection Control Preventionist/Nurse and/or designee will conduct weekly room checks of residents receiving respiratory treatments/tubing weekly for three (3) months, thereafter the department managers during daily room rounds Monday through Friday will conduct and monitor the proper labeling/dating of residents with respiratory tubing. Any resident found without a properly dated nasal cannula/respiratory tubing will be immediately corrected. Licensed staff who are assigned to these residents will be re- educated to the facility policy by the Infection Control Preventionist/Nurse and/or the Director of Nursing about the importance of adhering to the infection control standards of the facility.  Infection Control Preventionist Nurse and/or DON will monitor and report any patterns or trends to our daily Monday through Friday QA Stand-Up meeting and monthly to the QA&A Committee for review and resolution in order to meet compliance.		2/10/15