

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

PRINTED: 12/17/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055884	(X2) MULTIPLE C A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/05/2012
NAME OF PROVIDER OR SUPPLIER SAN TOMAS CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3580 PAYNE AVENUE SAN JOSE, CA 95117	
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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during an abbreviated standard survey regarding Complaint CA00333605 conducted on 12/5/12. For Complaint CA00333605 regarding Quality of Life, a Federal deficiency was identified (see F 425). Inspection was limited to the specific complaint and does not represent a full inspection of the facility. Representing the California Department of Public Health were; 22899, Health Facilities Evaluator Nurse and 26295, Health Facilities Evaluator Nurse.	F 000	Preparation and/or execution of this Plan of correction does not constitute Admission or agreement by the provider to truth of the facts alleged or conclusions set forth on this Statement of Deficiencies. This Plan of Correction is prepared/ and or executed solely because of the provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq require it. This Plan of Correction constitutes our credible allegation of compliance.	01/01/2013
F 221 SS=E	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure four of nine sampled residents were free from restraints (4, 5, 6 and 7). For Residents 4, 5 and 6 the facility staff elevated side rails and used walls as a restraint for staff convenience and without physician's orders, to keep residents from getting out of bed. For Resident 4 the facility also failed to provide documented evidence the facility released the lap	F 221	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1. A bedrail re-assessment was completed by the IDT (Interdisciplinary Team) for Resident 4 on 12/14/2012 the outcome was two upper half rails for functional mobility. Bed was positioned according to resident's preference. Bottom bedrails were removed by the Maintenance Supervisor on 12/14/12. A monitoring log was initiated for Resident 4 on 12/14/12 to ensure the release of lap tray every two hours; this log is found in treatment sheet and monitored by the Licensed Nurse.	

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH
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SAN JOSE

(X6) DATE

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correcting providing it is determined that the deficiencies 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 221	<p>Continued From page 1</p> <p>tray restraint every two hours as required by the facility's guidelines and the resident's care plan. For Resident 7 the facility failed to show a medical reason for the use of restraints, or document how they assessed or used a less restrictive restraints before using full restraints. Findings:</p> <p>On 12/7/12 during a review of the facility's undated policy, "Physical Restraints," it indicated a physical restraint should be used only as a last resort and in the least restrictive manner. Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body which the individual cannot remove easily, which restricts freedom of movement. Restraints require a physician's order for use.</p> <p>It also indicated all residents will be assessed on admission, quarterly, annually, and with significant change of status for the use and appropriateness of physical restraints. The interdisciplinary team will develop a care plan that addresses the medical symptom that warrants the use of the restraint.</p> <p>A review on the same date of the facility's undated, "Guideline for Using Restraints," indicated completely remove the restraint every two hours, for a total of 10 minutes.</p> <p>1. Resident 4's clinical record was reviewed on 12/7/12. The Minimum data Set (MDS) dated 11/22/12 indicated the resident was unable to use the toilet without staff assistance and had short term memory deficits.</p>	F 221	<p>2. A bedrail re-assessment was completed by the IDT (Interdisciplinary Team) for Resident 5 on 12/14/12 the outcome was two upper half rails for functional mobility. Bed was positioned according to resident's /Responsible Party's preference. Bottom bedrails were removed by the Maintenance Supervisor on 12/14/12.</p> <p>3. A bedrail re-assessment was completed by the IDT (Interdisciplinary Team) for Resident 6 on 12/14/12 the outcome was two upper half rails for functional mobility. Bottom bedrails were removed by the Maintenance Supervisor on 12/14/12.</p> <p>4. Resident 7 was reassessed by MDS Coordinator on 12/24/12. Least restrictive measures were explained and offered to both resident and Responsible Party by MDS Coordinator.</p> <p>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;</p> <p>The IDT (Interdisciplinary Team) reviewed all residents requiring bedrails beginning 12/14/12. Unnecessary Bottom bed rails were removed by the Maintenance Supervisor beginning 12/14/12. The Director of Nursing and Director of Staff Development inserviced nursing staff beginning 12/11/12.</p>	01/01/2013	

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F 221	<p>Continued From page 2</p> <p>During an observation and interview on 12/7/12 at 7:59 a.m., Resident 4 was in bed. One side of the resident's bed was pushed against the wall, effectively restraining him completely on that side, and both top and bottom side rails were elevated on the other side of the bed. Resident 4 stated staff elevated both side rails and it bothered him.</p> <p>On 12/7/12 a review of Resident 4's Safety assessment dated 6/19/12 indicated the use of two upper halves side rails only.</p> <p>On the same date, a review of Resident 4's activities of daily living care plan had a 11/2012 dated entry to check for lap tray placement every 30 minutes and release the lap tray every two hours.</p> <p>During an observation and interview on 12/7/12 at 8 a.m., certified nurses assistant B (CNA B) stated she cared for Resident 4 about twice a week and noticed the night shift sometimes put up both side rails.</p> <p>During an observation and interview on 12/7/12 at 9:41 a.m., Resident 4 was seen sitting in a wheelchair wearing a helmet. A fixed lap tray was on his wheelchair. During an observation and interview at the same time and place the restorative nurses assistant (RNA) stated Resident 4 was able to remove his lap tray. RNA stated he thought the reason the lap tray was placed on the wheelchair was because the resident had poor balance when he stood up by himself and the tray prevented him doing this.</p> <p>On 12/7/12 a review of Resident 4's physician's orders indicated the 11/27/12 order for the use of</p>	F 221	<p>What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur:</p> <p>The Licensed Nurse will initiate a bed rail assessment upon admission and must be completed within seven (7) days after admission. The Licensed Nurse shall then inform the Maintenance Staff of the required bedrail. Unnecessary bedrail will be remove to prevent usage.</p> <p>The MDS Coordinator together with the IDT (Interdisciplinary Team) will assess each resident for bed rail/ physical restraints and attempt for least the least restrictive measures on the following scheduled assessment: admission, quarterly, annually, significant change in condition and as needed.</p> <p>A Resident profile is placed in the ADL (Activities of daily living) to make staff aware of resident's bedrail or physical restraint appropriateness and usage.</p> <p>A monitor log is placed on all residents with physical restraints to ensure the release every two hours and as needed.</p> <p>The licensed Nurse will review this every week with weekly progress notes.</p> <p>The Medical Records Staff shall review log every week to ensure compliance, a copy of audit shall be given to the DON.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Director of Nursing/ Registered Nurse</p>	01/01/2013	

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F 221	<p>Continued From page 3</p> <p>half upper side rails times two for functional mobility. The 6/24/12 physician's order indicated the resident's lap tray was to be placed on Resident 4's wheelchair because the resident attempted to get up without assistance. There was no evidence in the clinical record including the activities of daily living of facility staff releasing the resident from the lap tray every two hours as stated in his care plan.</p> <p>During an interview and record review on 12/7/12 at 10:50 a.m. the director of nursing, (DON) stated there were no restraint assessments or physician's order for facility staff to elevate the top and bottom side rails.</p> <p>2. Resident 5's clinical record was reviewed on 12/7/12. The 11/12/12 MDS dated 11/12/12 indicated the resident needed extensive assistance from one staff with ambulation and was unable to balance herself without staff assistance.</p> <p>During an observation on 12/7/12 at 7:20 a.m., Resident 5 was in her bed with one side pushed against the wall. The top and bottom half side rails were raised on the other side of the bed, effectively completely restraining the resident on both sides. A bed alarm (device used to alert staff when a resident gets out of bed) was in place near the top of the bed.</p> <p>During an observation and interview on 12/7/12 at 7:25 a.m., certified nurses assistant A (CNA) stated she cared for Resident 5. CNA stated Resident 5's side rails were elevated in the mornings from the night shift. CNA stated she thought the side rails were elevated because</p>	F 221	<p>Supervisor or designee shall conduct daily rounds and review at least 3 (three) residents daily to ensure interventions are carried out as planned, this will be done through observation of care, review of clinical records and interview of resident and staff.</p> <p>Issues of non compliance will be brought to the attention of the Quality Assurance Committee during monthly meetings for tracking, trending and resolution.</p> <p>Dates when corrective action will be completed: January 1, 2013</p>	01/01/2013	

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F 221	<p>Continued From page 4</p> <p>Resident 5 "tried to jump out of the bed."</p> <p>On 12/7/12 a review of Resident 5's physician order dated 10/12/12, indicated for only half upper side rails times two for functional mobility.</p> <p>There were no documentation of side rails assessments for restraints in Resident 5's clinical record indicating the facility staff could use total side restraints on both sides.</p> <p>During an interview and record review on 12/7/12 at 9:05 a.m., the (DON) stated Resident 5 had a personal bed alarm and an order for top side rails only. The DON stated only the top side rail should have been elevated and using the bottom and top side rails, and the wall would be considered a restraint.</p> <p>3. Resident 6's clinical record was reviewed on 12/7/12. The 10/10/12 MDS indicated Resident 6 needed extensive one person assistance with ambulation and total assistance from one person when transferring from bed to wheelchair.</p> <p>During an observation on 12/7/12 at 7:30 a.m., Resident 6 was in bed with four side rails elevated.</p> <p>During an interview on 12/7/12 at 7:33 a.m., certified nurses assistant C (CNA C) stated sometimes all the side rails were up because the residents were at a high fall risk and, "the charge nurses tell us who has the side rails up or not."</p> <p>On 12/7/12 during a review of Resident 6's physician's order dated 10/10/12, it indicated two upper side rails times two were to be used for</p>	F 221			

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F 221	<p>Continued From page 5</p> <p>functional mobility. It had no order for siderails to be used for restraints and no assessment for the use of side rails as restraints.</p> <p>During an interview and record review on 12/7/12 at 1:25 p.m., the minimum data set coordinator stated the order was for two upper side rails only.</p> <p>4. Resident 7's clinical record was reviewed on 12/7/12. Her MDS dated 7/13/12 indicated she required total assist for transfers and activities of daily living. The 10/10/12 physician's order for Resident 7 indicated for use of full side rails while on bed for functional mobility and safety per resident's request. Resident 7's safety assessments dated 7/28/12 had no documentation least restrictive measures were retried and indicated the use of full side rails was for functional mobility.</p> <p>On the same date a review of Resident 7's physical care plan dated 7/28/11, indicated the use of full side rails for functional mobility and safety. The 11/3/12 Licensed Nurse Weekly Summary and the 7/17/12 Resident Care conference indicated the use of restraints was due to the resident getting out of bed unassisted and for safety at the resident's request.</p> <p>During an observation on 12/7/12 at 7:30 a.m., Resident 7 was in the bed with four side rails elevated.</p> <p>During an interview on 12/7/12 at 11:00 a.m., the DON stated she ensured staff released restraints every two hours. She stated the department heads and charge nurses walk around the facility and they make sure "it happened." DON stated</p>	F 221			

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F 221	Continued From page 6 she had no documented evidence facility staff released restraints every two hours for any of the residents who were restrained. During an interview on 12/7/12 at 1:40 p.m., the director of staff development (DSD) stated she was aware the night shift was putting up all four side rails and the day shift continued the same practice. DSD stated she gave an inservice in September about the use of full side rails. DSD stated there was no system to ensure staff released restraints every two hours but she was sure staff did so. During the same interview DSD stated on 9/25/12, she inserviced 35 certified nurses assistants regarding restraints and the facility had 50 CNAs. DSD stated she did not have a make up session for the restraint inservices for the 15 CNAs who missed the class.	F 221			
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide individualized room activities and individualized activity care plans to meet three of nine sampled residents' (1, 2 and 3) needs. Resident 1's activity assessment indicated she liked to paint, however, painting was not identified on her care plan or offered in her in room activities. For Resident 2	F 248	F 248 How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: 1. Resident 1 was re- assessed by the Activity Director on 12/6/12 for interest and care plan was reviewed and updated on 12/6/12. The MDS Coordinator provided a 1:1 inservice to AA1 regarding care planning on 12/18/12 focusing on Resident's interest to be able to planned ahead for his room visits. The MDS Coordinator provided 1:1 inservice to AD (Activity Director) on 12/18/12 regarding care planning process by individualizing resident's interest based on interview during assessment.	01/01/2013	

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F 248	<p>Continued From page 7</p> <p>the facility failed to provide or have his care plan indicate he liked Spanish music and Mexican movies. For Resident 3 the facility failed to offer her any group activities or provide her in room activities. Findings;</p> <p>1. On 12/5/12 Resident 1's clinical record was reviewed. The 12/15/12 MDS indicated the resident liked activities which included music, television and the news.</p> <p>During an observation on 12/5/12 at 1:09 p.m., Resident 1 was in her bed. The resident stated she was bored because there were not many activities for her to do in her room. During another interview the same day at 3:45 p.m., Resident 1 stated she loved to paint and painting was in her "genes". Resident 1 stated she would much rather "do something" like painting instead of having her hands massaged.</p> <p>During record review on 12/5/12, the 3/15/12 "Activities Progress Notes" at 1:12 p.m., indicated the resident stayed in bed "most of the time" and the facility provided one-to-one (1:1) room visits. The "Recreation Services Initial Assessment" dated 10/10/09, indicated the resident enjoyed crafts and arts including painting but listed these as past activities, not current interests.</p> <p>The 3/14/11 care plan "Impaired Activity Participation" indicated the resident had the potential for low activity involvement because the resident preferred to stay in her room. Interventions included 1:1 in room visits. There was no documentation in the care plan the resident liked to paint as the 10/10/09 "Recreation Services Initial Assessment" indicated.</p>	F 248	<p>2. Resident 2 is no longer in the facility since 11/15/12.</p> <p>3. Resident 3 was re-assessed by Activity Director on 12/7/12 for interest and care plan was reviewed and updated on 12/7/12 according to the assessment.</p> <p>The AA1 staff was re-trained by the Activity Director beginning 12/17/12-12/21/12 focusing on assessment and room visits, documentation and understanding individualized plan of care.</p> <p>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:</p> <p>The MDS Coordinator and Activity Director reviewed all residents' activity assessment beginning 12/6/12 to 1/1/13 to ensure individuality focusing on residents likes/preferred activity.</p> <p>The MDS Coordinator conducted inservice to all Activity Personnel regarding individuality of care planning and understanding individual plan of care on 12/18/12.</p> <p>The Activity Director inserviced Activity Assistants regarding documentation of activities ex. in room activity on 12/27/12.</p>	01/01/2013	

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F 248	Continued From page 8 The October, November and December 2012 "Daily Room Visits" indicated Resident 1 was provided with nine in room activities in October 2012, twelve in room activities in November 2012 and by 12/4/12 the resident had two in room activities. There was no evidence in the notes as to how long each in room visit was. Of twenty-three in room activities, 19 activities were recorded as "hand massage." The other in room activities were "short talk, exercise offer, talk about the weather and exercise." During an interview and record review on 12/5/12 at 3:21 p.m., activity assistant 1 (AA1) stated he was the one who provided Resident 1 with in room activities and the resident liked hand massages. AA1 was not able to verbalize what other activities the resident might like or where in the clinical record he could locate the activities the resident would like. AA1 stated he could ask the nurses or the residents what activities the residents would like to participate. AA1 then reviewed Resident 1's activity assessment and stated he could now see Resident 1 had other interests including painting. AA 1 stated he did not know what was a care plan and had not used care plans as part of how he planned his in room activities. 2. During Resident 2's closed clinical record (a record pertaining to a resident who is no longer residing at the facility) on 12/5/12 the 8/2/12 "Activity Evaluation" indicated the resident enjoyed Spanish music and Mexican movies. The 8/28/12 care plan "Impaired Activity Participation" failed to indicate the resident's preference for Spanish music and Mexican movies.	F 248	What measures will be put into place or what systemic changes the facility will make to make sure that the deficient practice does not recur: The MDS Coordinator shall review activity assessment to ensure individuality of care plan; this shall be done on initial assessment, quarterly, annually, with significant change in status and as needed. The Activity log was revised on 12/21/12 and will be utilized beginning 1/1/2013. How the facility plans to monitor its performance to make sure that solutions are sustained: The Administrator or designee shall monitor compliance by reviewing 2 clinical records, interview 2 residents of personal interest and observation of room visits; this shall be done daily Mon- Fri. Issues of non compliance will be brought to the attention of the Quality Assurance Committee during monthly meeting for tracking, trending and resolution. Dates of when corrective action will be completed: January 1, 2013		01/01/2013

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F 248	<p>Continued From page 9</p> <p>During an interview and record review on 12/5/12 at 2:06 p.m., activity director stated Resident 2's activity care plan did not include the resident's preferences for Spanish music and Mexican movies.</p> <p>According to the facility's 11/15/91 policy "Activity Program," activities for bedridden residents includes entertainment that are within their capabilities and meet their needs and interests. "Activities for bedridden residents include arts and crafts projects that can be done on an overbed table."</p> <p>3. Resident 3's clinical record was reviewed on 12/5/12. The 9/3/12 MDS indicated the resident's cognition was intact and she had good short term memory. It also indicated the resident needed total assistance from two staff when transferring from bed to wheelchair and back to bed.</p> <p>During an interview and observation on 12/5/12 at 1:18 p.m., Resident 3 was in her bed. Resident 3 stated the facility did not do in room visits for her the last four years she had been at the facility. Resident 3 stated she did not recall having any hand massages. The resident stated she had poor vision and her family brought books on tape for her to listen. Resident 3 stated her husband kept her company in the mornings but she got bored in the afternoons because he no longer was there. The resident stated she enjoyed bingo but facility staff did not invite her and get her up for the group activities. Resident 3 stated she thought she was not invited because she required assistance from two staff and the use of an electrical lifting device to get her out of bed and</p>	F 248			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055884		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/05/2012	
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F 248	<p>Continued From page 10</p> <p>place her into a wheelchair, and bingo occurred near the change of shift. She stated she felt sad twice a week about not attending group activities.</p> <p>During record review on 12/5/12 the "Daily Room Visit Log (s)" dated October, November and December 2012 indicated Resident 3 had twenty-seven in room visits. Of the twenty-seven in room visits recorded in those months, the in room visits indicated the activity occurred when the resident's husband visited the resident. The remaining six were two in room conversations, one pet therapy, one time lotion was applied to the resident's fingers, non-specific room visit, and one religious services. There was no time and no indication as to Resident 3's response to the in room activities provided.</p> <p>During an interview with activity assistant 1 (AA1) on 12/5/12 at 2:15 pm, he stated room visits are for residents who stay in bed. He would see 22 residents per day for three to five minutes to talk to them and massage their hands. When asked if he would take activity material into the room for the resident, (AA1) stated, "I use my personal ipod to play music to them." AA1 stated he was unaware of the fact he was supposed to offer different activity materials which were available in an activity basket. He stated he was not aware how to find the information about each resident and their activity preferences. He also stated he was unaware each resident had a care plan for problems and needs, with the approaches written so each resident could have an individualized activity.</p>			F 248			
F 249 SS=D	483.15(f)(2) QUALIFICATIONS OF ACTIVITY PROFESSIONAL			F 249	<p>F249 How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p>		01/01/2013

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F 249	<p>Continued From page 11</p> <p>The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the State in which practicing; and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or is a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the activity director provided supervision and direction to the activity assistant (AA1) for twenty-two of 126 residents. This oversight led to residents not offered appropriate in room activities or of having adequate evaluations of their response to activities. Findings:</p> <p>During an interview with activity assistant 1 (AA1) on 12/5/12 at 2:15 p.m., he stated room visits are for residents who stay in bed. He would see 22 residents per day for three to five minutes to talk to them and massage their hands. When asked if he would take activity material into the room for the resident, (AA1) stated, "I use my personal ipod to play music to them." AA1 stated he was unaware of the fact he was supposed to offer different activity materials which were available in</p>	F 249	<p>The Resident 3 Room Visit log was reviewed on 12/7/12, a revised activity log will be utilized beginning 1/1/2013; the log shall include type of activity and resident's response to the activity.</p> <p>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:</p> <p>The Activity Director reviewed all resident's activity log beginning 12/7/12 to ensure accuracy. The Activity Assistant 1 was retrained from 12/17/12 to 12/21/12 by the Activity Director focusing on assessments, room visits, documentation, individuality of resident's plan of care and offering different type of activity the facility provide. The training was documented and filed in employee's personal record. The Activity Director reviewed all room visits log beginning 12/6/12 to ensure accuracy.</p> <p>The Activity Director inserviced activity staff on 12/27/12 regarding proper documentation with resident's activity and the revised in room activity log.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not recur:</p>		01/01/2013

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F 249	<p>Continued From page 12</p> <p>an activity basket. He stated he was not aware how to find the information about each resident and their activity preferences. He also stated he was unaware each resident had a care plan for problems and needs, with the approaches written so each resident could have an individualized activity.</p> <p>On 12/5/12 at 2:30 p.m., during an interview with the activity director (AD), she stated she trained AA1 on how to do one-to-one in-room visits. She showed him how to interact with residents who are unresponsive, and how to do sensory stimulation (an experimental therapy that aims to utilize mechanisms to the nerves to recover nerve functions). AD stated the alert residents should be offered card games and magazines. She also stated in October 2012 she was so busy with assessments and other duties, she failed to follow-up and supervise the work productivity of AA1.</p> <p>The personnel file for AA1 was reviewed on 12/5/12. There was no documentation of training. During an interview on the same date, the AD and the director of nursing confirmed the missing documentation of training in his file.</p> <p>During a review of the "In Room Visits log" on 12/5/12 at 2:30 p.m. with the AD present, she was unable to find documentation in Resident's 3 monthly logs for September, October and November 2012 regarding how Resident 3 was participating and responding to activity interventions. There was documentation which indicated the husband was present and Resident 3 was listening to her own audio tape, but there was no other listed activity or response.</p>	F 249	<p>The Room visit log was revised on 12/21/12 and will start implementing on 1/1/2013.</p> <p>The orientation guide for activity staff was revised on 12/27/12.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>The Medical Record Director or designee shall review activity documentation log on weekly basis. A copy of audit shall be submitted to the Director of Nursing. The Administrator or designee shall review activity staff files upon completion of orientation to ensure compliance. The Administrator or Designee shall review at least 2 (two) activity log daily Mon- Friday to ensure compliance. Issue of non compliance will be brought to the attention of Quality Assurance Committee during monthly meetings for tracking, trending and resolution.</p> <p>Dates when Corrective action will be completed: 1/1/2013</p>	01/01/2013	

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F 249	<p>Continued From page 13</p> <p>On 12/5/12 a review of the facility's undated policy "San Tomas Convalescent Hospital, Activity Program, In Room Visits," reflected the following:</p> <ul style="list-style-type: none"> - Activity staff will meet with residents on that list at least 3 times each week. - Residents who are non responsive or minimally responsive will be provided environmental stimulation through audio tapes, radio, and music. - Resident participation in in-room visit activities is recorded in the daily attendance log. - Resident response to the activity interventions is recorded in the daily attendance log. <p>According to the activity director's job description dated 2/94, responsibilities include coordinating with other facility staff and coordinate the activity schedule with other resident services and implements activities for residents unable to leave their rooms.</p>	F 249			