

POC accepted 6/30/11

Called

PRINTED: 06/16/2011
FORM APPROVED

California Department of Public Health

9/1/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/06/2011
NAME OF PROVIDER OR SUPPLIER SAN TOMAS CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3580 PAYNE AVENUE SAN JOSE, CA 95117		
(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) COMPLETE DATE	
A 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of an entity reported incident conducted on 5/6/11. For Entity Reported Incident CA00268286 regarding Quality of Care/Treatment, the Department was not able to substantiate a violation of State or Federal regulation. However, an unrelated State deficiency was identified (see California Code of Regulations, Title 22, Section 72533(a)(1)(I)). Inspection was limited to the specific entity reported incident and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 29766, Health Facilities Evaluator Nurse.	A 000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider to the 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.		
A 944	T22 DIV5 CH3 ART5-72533(a)(1) Employee Personnel Records (a) Each facility shall maintain current complete and accurate personnel records for all employees. (1) The record shall include: This Statute is not met as evidenced by:	A 944	A. What Corrective Action will be accomplished for the patient identified to have been affected by the deficient practice: - The Licensed Nurse and Director of Staff Development evaluated performance for C.N.A A and C.N.A B on May 12, 2011.		
A 953	T22 DIV5 CH3 ART5-72533(a)(1)(I) Employee Personnel Records (a) Each facility shall maintain current complete and accurate personnel records for all employees.	A 953			

LA [REDACTED] REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Adrian Santos

06/21/11

California Department of Public Health

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A 953	<p>Continued From page 1</p> <p>(1) The record shall include:</p> <p>(i) Performance evaluations.</p> <p>This Statute is not met as evidenced by: Based on interview and record review, the facility failed to maintain current annual performance evaluations in the personnel file for two of two sampled staff (A and B). Findings:</p> <p>During record review on 5/6/11, certified nurse assistant A's (CNA A) date of hire was 11/9/08. The last annual performance evaluation in the personnel record was dated 11/2002.</p> <p>During record review on 5/6/11, CNA B's date of hire was 10/08/09. No performance evaluation was provided in the personnel file since the hire date.</p> <p>During an interview on 5/6/11 at 3:15 p.m., the director of staff development (DSD) stated a performance evaluation was done annually for all nursing staff. Upon review of the two sampled personnel files, the DSD stated there was no annual performance evaluation for CNA A since 2002 and no performance evaluation for CNA B since her hire date.</p> <p>During an interview on 5/6/11 at 4:10 p.m., the assistant director of nursing (ADON) stated performance evaluations of all employees were done annually and kept in the personnel file.</p> <p>A review of the DSD's job description dated 10/15/08, listed essential functions including observation and evaluation of CNAs while on the job to judge efficiency of procedures and to train employees to improve skills.</p>	A 953	<p>B. How other patients having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken:</p> <p>The Administrator in- serviced department heads on 5/9/11 regarding facility policy and procedure for performance evaluations to their respective staff.</p> <p>The Department heads reviewed their respective staff and completed performance evaluation starting 5/9/2011 and on going.</p> <p>C. What immediate measures and systemic changes will be put into place to ensure that the deficient practice does not recur:</p> <p>The Director of Development established a "tickler file" for all employees to track annual performance evaluations and will alert respective department head on a monthly basis. This also includes new hire, the Director of Staff Development will alert department heads for new hire requiring 90 day performance evaluation.</p>	

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A 953	Continued From page 2 During an interview on 5/6/11 at 4:10 p.m., the administrator stated employees are evaluated annually. The facility's Personnel Policy Manual (undated) was reviewed on 5/6/11 at 4:10 p.m. with the administrator and an annual evaluation was not addressed in the policy. On 5/6/11 a review of the facility's undated policy "performance evaluation" it indicated evaluations for employees were done annually, on or around the anniversary of the date of hire.	A 953	D. Description of the monitoring process and persons responsible for monitoring: The Administrator/Designee is responsible for monitoring by doing a random employee's file check at least 10 files a month. Issues of non compliance will be brought to the attention of the QA committee during quarterly meetings for tracking, trending and resolution. E. Dates when corrective action will be completed: 6/30/2011	6/30/11

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH
JUN 23 2011
- & C DIVISION
SAN JOSE