

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

POC ACCEPTABLE
YES ☒ NO ☐

PRINTED: 10/22/2013
FORM APPROVED
CMS-2567-02-99

Reviewed By: *Julie Williams*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055869	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/22/2013
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NAME OF PROVIDER OR SUPPLIER

AVALON CARE CENTER - MODESTO

STREET ADDRESS, CITY, STATE, ZIP CODE

515 ~~Northridge~~ *Northridge* AVENUE
MODESTO, CA 95350 *Name*

(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 - Licensing and Certification during an abbreviated survey for Entity Reported Incident CA00368150. Representing the Department of Public Health - Licensing and Certification: Federal ID #26618 RN HFEN The abbreviated survey was limited to the specific Entity Reported Incident and does not represent the findings of a full inspection of the facility. One deficiency was issued for Entity Reported Incident: CA00368150.	F 000	Amended: November 6, 2013 F241 by: <i>Navdeep Singh</i> <i>N-Sp</i> DISCLAIMER STATEMENT This facility objects to the allegations of non-compliance in this statement of deficiency and disagrees with both the findings of non-compliance and the level of deficiency cited. Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the corrections of any conclusions set forth in the allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under State and Federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in the Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admission by the facility. This Plan of Correction is submitted as the facility's credible allegation of compliance.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on resident/staff interview, clinical record, and administrative document review, the facility failed to promote care in a manner and environment that maintains or enhances each Residents dignity in full recognition of her individuality for one sampled resident, (Resident 1) when Resident 1 was yelled and screamed at by the dietary staff. For Resident 1 this failure resulted in emotional distress and disrespect of individuality.	F 241		

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

TITLE

(X8) DATE

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 14 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.

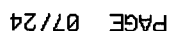
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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 012411

Facility ID: CA030000026

2 If continuation/sheet Page 2 of 4



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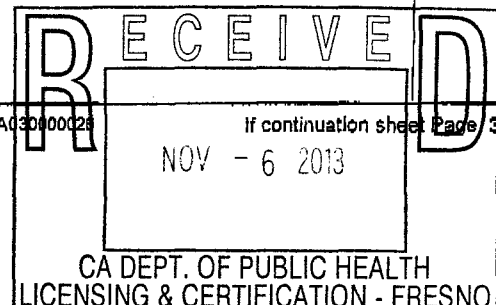
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NAME OF PROVIDER OR SUPPLIER AVALON CARE CENTER - MODESTO			STREET ADDRESS, CITY, STATE, ZIP CODE 515 EAST ORANGEBURG AVENUE MODESTO, CA 95350		
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F 241	<p>Continued From page 2</p> <p>The facility provided written declaration statements from witnesses related to the incident which revealed the following:</p> <p>Registered Nurse (RN) 1's written declaration dated 8/20/13, indicated [Certified Nursing Assistant] (CNA) 1 called her "because of a loud commotion going on in the hallway. I saw [DS 1] standing in the hallway pointing finger, yelling and screaming to [Resident 1] telling her on top of her voice that throwing dirty cup on the floor is not acceptable. [Resident 1] was trying to tell her [DS 1] in a soft voice that she wants some attention from them in the kitchen but [DS 1] continue to scream and yell on her. I immediately pushed [Resident 1] who was in her wheelchair to her room and try to calm her down ..."</p> <p>DS 1's written declaration dated 8/30/13, indicated "We were all standing in the kitchen when all of the sudden a white glass mug off of social cart comes flying into the kitchen smashes on the ground and shards of glass fly and hit [DS 2] and I. I went to the door to see where it came from and it was [Resident 1] ... I told her ... what she did was unnecessary and not ok ... I do not believe I was out of line. I was not rude but I was stern with her [Resident 1] and proceeded to tell her that was not ok. She then began to get upset... I was already walking away."</p> <p>CNA 2's written declaration dated 9/4/13, indicated "...[DS 1] spoke to me in regards to the incident that occurred with [Resident 1] ... [DS 1] told me that [Resident 1] threw a cup inside the kitchen and she [DS 1] stated, Whoa and then came out of the kitchen and told the resident that was inappropriate and throwing that cup is not</p>	F 241	<p>the investigation. Dignity in service was done by the Social Services Director on 9/25/13 for staff.</p> <p>The facility will continue to ensure all residents rights are posted in the facility for viewing. The facility will ensure all new hires have received reference checks, background checks. The facility will ensure all new hires will receive orientation which includes training on customer service/residents rights by the DSD/Designee. Staff will also receive retraining each year regarding customer service/resident rights per in-service schedule by DSD/Designee. Residents/families will be interviewed through the abaqis process by the department head/designee quarterly for satisfaction and followed through the QAA process ongoing monthly.</p>		9/25/13

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Event ID: C12411

Facility ID: CA03000028

If continuation sheet Page 3 of 4



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F 241	<p>Continued From page 3</p> <p>okay. but while she was telling me, I explained to her that if her tone of voice was the same as she was explaining her story to me. I explained to her that she seemed very hostile and yelling and if she was speaking to the resident in that tone as she was telling me then this was inappropriate ... there will be some investigating because the resident was upset and crying"</p> <p>DS 2's written declaration dated 9/4/13, indicated "[DS 1] told [Resident 1] why did you do that (meaning throw the cup in the kitchen) It was not acceptable. [Resident 1] was upset because she spoke with the supervisor multiple times about getting something ... [DS 1] said she was going to report it to the charge nurse ..."</p> <p>A facility policy procedure titled "Prevention of Abuse" dated 1/10, indicated "Policy The facility must use all practicable means to prevent resident abuse ... c. supervision of staff to identify inappropriate behaviors, such as inappropriate language ..."</p>	F 241			

