

From:

07/24/2017 12:13 9162635841

CDPH L&C SACRAMENTO

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/24/2017
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056098 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 03/09/2017 |
| NAME OF PROVIDER OR SUPPLIER COTTONWOOD POST-ACUTE REHAB | | | STREET ADDRESS, CITY, STATE, ZIP CODE 625 COTTONWOOD STREET WOODLAND, CA 95695 | | |
| (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 complaint #CA00515029. Representing the Department of Public Health: HFEN, 26663 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. | F 000 | The preparation and/or execution of this plan of correction does not constitute admission of 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 the provisions of Federal and State Law require it. | | |
| F 441 SS=E | 483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL, PREVENT SPREAD, LINENS (a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: (1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards (facility assessment implementation is Phase 2); (2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the | F 441 | F 441 483.0(a)(1)(2)(4)(e)(f) INFECTION CONTROL PREVENT SPREAD, LINENS 1. How corrective actions will be accomplished for those residents found to have been affected by the deficient practice. Outbreak was reported to the Health Department ^{LOCAL} AND CDPH 07/13/17 2. 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 All residents were assessed ^{BY CHARGE NURSES AND PEO} and no other residents were affected. 3. What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not recur. | | |

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

TITLE

(X6) 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 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.

From:

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| F 441 | Continued From page 1 facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which 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; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. (4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. (e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (f) Annual review. The facility will conduct an annual review of its IPCP and update their | F 441 | DSD inserviced staff on infection prevention and control program. 1/5, 11/6, 2/1/17 4. How the facility plans to monitor its performance to make sure that solutions are sustained. DSD and/or designee will log and track infections and reeducated staff as needed on infection prevention and control program. Any discrepancies noted will be reported to the QA Committee and will be incorporated into SNFQAPI. Completion date: 3/25/2017 F 465 483.90(i)(5) SAFE/ FUNCTIONAL/SANITARY/ COMFORTABLE ENVIRON. 1. How corrective actions will be accomplished for those residents found to have been affected by the deficient practice. The pilot light was repaired and no other residents were affected. 2. How the facility will identify other residents having the potential to be affected by the same | 1/5, 11/6, 2/1/17 YEARLY, AND... BY MAINTENANCE SUPERVISOR ON 1/3/17 | |

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| F 441 | <p>Continued From page 2 program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and facility record reviews, the facility failed to report an outbreak of upper respiratory symptoms to the Department, when 25 residents exhibited a cough, in a census of 87 and up to 20 staff members were also symptomatic. This failure increased the potential for the respiratory illness to impact additional residents.</p> <p>Findings:</p> <p>During an initial tour of the facility on 1/3/17 starting at 10:10 a.m., 3-4 staff members were observed wearing surgical masks covering their mouths and noses.</p> <p>In an interview with Licensed Nurse 1 (LN 1) on 1/3/17 at 10:15 a.m., LN 1 stated she was wearing the mask, "To protect myself." LN 1 verified several residents had coughs she was trying not to catch.</p> <p>Random Resident 4 was observed on 1/3/17 at 10:16 a.m., to have a deep productive cough. In an interview with Random Resident 4 on 1/3/17 at 10:16 a.m., he stated, "There was something spreading around here."</p> <p>In an interview with Random Resident 5 on 1/3/17 at 10:20 a.m., he stated he had a sore throat and a cough "for 7-8 days."</p> <p>In an interview with Random Resident 6 on 1/3/17 at 10:21 a.m., he stated he had been coughing for one week.</p> | F 441 | <p>deficient practice and what corrective action will be taken</p> <p>All hot water heaters were inspected ^{BY MAINTENANCE} and appropriate temperatures were ^{SUPERVISOR} maintained AND LOGGED.</p> <p>3. What measures will be put into place or what systemic changes will the facility make to ensure the deficient practice does not recur.</p> <p>Maintenance Supervisor and/or designee will do random checks of water heaters and water temps to ensure appropriate temperatures are maintained.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Maintenance Supervisor/Designee will do random checks of water heaters and water temps to ensure appropriate temperatures are maintained.</p> <p>Any discrepancies noted will be reported to the QA Committee and will be incorporated into SNFQAPI.</p> <p>Completion date: 3/25/2017</p> | | |

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| F 441 | Continued From page 3 Review of the facility policy titled "Outbreak of Communicable Diseases," dated as revised 8/2014, directed, "An outbreak of most communicable disease can be defined as one of the following... Occurrence of three (3) or more cases of the same infection over a specified period of time and in a defined area... The Administrator will be responsible for telephoning a report to the health department... Submitting periodic progress reports to the health department..." Review of an "Outbreak Index Case History" report prepared by the facility revealed it contained a list of 26 residents who had developed cough symptoms between 12/10/16 and 1/3/17. Random Resident 4's name was listed with an onset date of 12/22/16 and Random Resident 6 was listed on the report with a date of onset of 12/28/16. Random Resident 5's name was not on the report. In an interview with the Director of Nurses (DON) on 1/3/17 at 11:15 a.m., the DON stated, "We did not report the cough [to the Department or local public health]." The DON acknowledged the facility should have reported the outbreak. | F 441 | | | |
| F 465 SS=D | 483.90(i)(5) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT (i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. (5) Establish policies, in accordance with | F 465 | | | |

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| F 465 | <p>Continued From page 4</p> <p>applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas, and smoking safety that also take into account non-smoking residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and facility document review, the facility failed to ensure the hot water temperature was comfortable for resident showers for 2 of 3 sampled residents (Residents 1 and 2) when the water temperature was observed to be too cool for a shower. This failure deprived the residents of one of their two weekly showers.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in 2012 with diagnoses which included osteoarthritis of the knee and difficulty walking.</p> <p>During an interview with Resident 1 on 1/3/17 at 10:10 a.m., Resident 1 stated, "There was no hot water in the showers over the weekend." The resident stated she missed her shower over the weekend.</p> <p>Review of the "PM Shower Schedule," dated 9/11/15, revealed Resident 1 was scheduled for showers weekly on Wednesdays and Saturdays, on the PM (evening) shift.</p> <p>Resident 2 was admitted to the facility in 2014 with diagnoses which included chronic pain syndrome.</p> <p>During an interview with Resident 2 on 1/3/17 at 10:10 a.m., Resident 2 confirmed she too had not had a shower during the weekend because the</p> | F 465 | | | |

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| F 465 | <p>Continued From page 5</p> <p>water was not hot enough.</p> <p>Review of the "AM Shower Schedule," dated 9/11/15, revealed Resident 2 was scheduled for showers on Wednesdays and Saturdays.</p> <p>In an interview with Certified Nursing Assistant 2 (CNA 2) on 1/3/17 at 10:33 a.m., CNA 2 stated, "Over the weekend the water was not warm."</p> <p>During an observation on 1/3/17 at 11:10 a.m., the hot water temperature in a resident bathroom was tested by the Housekeeping Supervisor (HS). The hot water reached a temperature of 88° Fahrenheit (F) after running for several minutes. The HS verified the water was too cool for a shower. The bathroom observed was across the hall from the bathroom shared by Residents 1 and 2.</p> <p>During an observation on 1/3/17 at 11:14 a.m., the water temperature in the bathroom shared by Resident's 1 and 2 was tested by the HS. The hot water reached a temperature of 100°F.</p> <p>During an observation on 1/3/17 at 11:45 a.m., the boiler for the facility's resident rooms was observed with a temperature reading of 92°F.</p> <p>During an interview with the Administrator on 1/3/17 at 11:46 a.m., the Administrator verified the boiler temperature was 92°F. He stated, the pilot light had been out.</p> | F 465 | | | |