

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

POC ACCEPTABLE
YES ☒ NO ☐

PRINTED: 03/22/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055249	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING Name: <u>Country Villa Merced</u> Data: <u>4/11/12</u> Facility Notified By: <u>Country Villa Merced</u> Date: <u>4/11/12</u>		(X3) DATE SURVEY COMPLETED 03/15/2012
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLA MERCED NURSING & REHABILITATION CTR			FACILITY ADDRESS, CITY, STATE, ZIP CODE 510 WEST 36TH STREET MERCED, CA 95340		
(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 a RECERTIFICATION survey. Representing the California Department of Public Health - Licensing and Certification: Adams Yussif, HFEN; Kelley Newby, HFEN; and Barbie Henson, HFEN. Capacity: 79 Census: 70 Sample: 15 Random: 1	F 000	AMENDED POC: F-364, F-371, F-431, F-461 Country Villa Merced Nursing submits this response and Plan of Correction as part of the requirements under State and Federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the clinical findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal rules of evidence and California Evidence code section 1151 and should be Inadmissible in any proceedings on that basis.		
F 364 SS=B	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on the Resident Council group interview, staff interview, and administrative document review, the facility failed to ensure seven of seven residents in the group interview received food that was preferred and more palatable when a request for fresh baby carrots was not granted. This failure placed residents at risk for not feeling important enough to have their individual preferences for fresh produce fulfilled. Findings:	F 364			

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.

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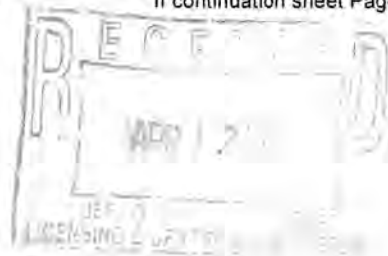
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F 364	Continued From page 1 On 3/13/12 at 9:30 a.m., during a resident group interview, seven of seven residents stated they requested fresh baby carrots in 12/11. They stated this request had not been honored. On 3/14/12 at 11:10 a.m., during an interview in her room, Resident 12 stated, "I'm 96 years old. I've lived healthy all my life. We lived on five acres and grew fresh fruits and vegetables." Resident 12 stated she would like fresh baby carrots, but fresh tomatoes and celery too. Resident 12 stated she got lettuce, coleslaw, and cabbage and this was "not much variety." Review of the 12/20/11 "Resident/Family Council Response Form" indicated the Council identified the issue that residents "Would like to have baby fresh carrots added to the menu if possible." The form documented the issue had not been resolved to the Resident Councils' "reasonable satisfaction." The form was signed by the Dietary Service Manager (DSM) and the Administrator on 12/27/11. On 3/15/12 at 10:10 a.m., during an interview, the DSM stated she was aware of the resident council's request for fresh baby carrots. The DSM stated menu changes had to be made at the corporate level. She stated fresh baby carrots had not been added to the menu yet. On 3/15/12 at 10:30 a.m., during an interview, the Activities Director stated there had been a resident council request for fresh baby carrots for (at least) 2 months.	F 364	F 364: NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP <ul style="list-style-type: none"> Seven residents identified have been informed that baby carrots have been added twice to each five week menu cycle. Interviewable residents will be interviewed by Dietary supervisor by April 13, 2012 to find out food preferences any requests will be addressed immediately. Dietary Supervisor to be in-serviced on April 6, 2012 by the Administrator on the steps to take to make changes to Menu's to accommodate residents requests. Administrator to monitor through Residents Council minutes monthly to ensure that residents requests are being followed through timely. The results will be reported to the Continuous Quality Improvement Committee for the next 3 months or until resolved. 		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371	<ul style="list-style-type: none"> Completion Date 4/13/2012 		



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F 371	<p>Continued From page 2</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and administrative document review, the facility failed to store and prepare food under sanitary conditions when milk was poured into cups and stored in the refrigerator without an air tight cover. There was no label that identified the date the milk was poured and was to be used. This failure placed residents at risk of foodborne illness and of being served milk that had absorbed the odors of other foods.</p> <p>Findings:</p> <p>On 3/12/12 at 9 a.m., during the initial tour of the kitchen, two trays of eight ounce (oz.) cups full of milk were observed in the refrigerator. One tray had 13 uncovered cups of milk. The second tray had 15 cups of milk with a tray turned over to cover them, and the first tray of milk cups stacked on top. There was no label attached to either tray to identify what was in the cups, when they were poured, or when they needed to be used by.</p> <p>On 3/12/12 at 9:05 a.m., the Dietary Service</p>	F 371	<p>F 371 Food procure, store/Prepare/Serve- Sanitary</p> <ul style="list-style-type: none"> Identified milk was covered and dated immediately on 3/12/12 Drinks are checked daily at every meal to ensure that all drinks are covered and dated any findings to be corrected immediately. Dietary staff will be in-serviced by the Dietary supervisor on April 10, 2012 about the proper storing of milk to include covering, dating and any findings to be corrected immediately. Dietary Supervisor or designee will monitor through daily rounds in the kitchen to ensure that drinks are covered and dated daily. The results of these rounds will be reported to the Continuous Quality Improvement Committee monthly for the next 3 months or until resolved. Completion Date April 13, 2012 	



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F 371	Continued From page 3 Manager (DSM) stated the milk was "not covered, not labelled, not dated, and not covered air tight. There should be." The facility's policy and procedure titled, "Infection Control - Food Handling," dated 10/1/94, indicated, "...Food is to be tightly wrapped or sealed and covered in clean containers. Opened foods shall be labeled and dated...Milk...should be covered tightly to prevent absorbing food odors."	F 371			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of	F 431			



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F 431	<p>Continued From page 4</p> <p>controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, administrative document review, and the California Code of Regulations, the facility failed to maintain and monitor temperature control for medication storage when the thermometer in the medication room and the thermometer in the medication refrigerator were not functional. These failures placed residents at risk of receiving medications that had become unstable or lost their potency due to being stored above room temperature.</p> <p>Findings:</p> <p>On 3/13/12 at 2:30 p.m., during an observation of the medication storage area behind Nursing Station 2, the room thermometer and the thermometer in the medication refrigerator were examined. The room thermometer was designed to measure temperatures up to 80 degrees (°) Fahrenheit (F). The temperature in the room was above 80 °F, but could not be adequately measured because the thermometer only measured to 80°. The thermometer inside the medication refrigerator indicated the temperature was 50 °F. That thermometer still measured 50°</p>	F 431	<p>F 431: Drug Records, Label/Store Drugs and Biologicals</p> <ul style="list-style-type: none"> New thermometer was purchased on 3/14/12 Other medication room was checked 3/14/12 to ensure that thermometers were in working condition. Nursing staff will be in-serviced on April 10, 2012 by nursing consultant/designee on monitoring, and recording temperature for medication storage. And proper way to report malfunctioning equipment. Director of Nursing or Designee will monitor through daily rounds to ensure that medications are kept at appropriate temperatures and thermometer is in working condition. Any findings will be corrected immediately and staff in serviced. The results will be reported to the Continuous Quality Improvement Committee for the next 3 months or until resolved. Completion Date 4/15/2012 		



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F 431	<p>Continued From page 5 after being out in room air for several minutes.</p> <p>On 3/13/12 at 2:30 p.m., Licensed Nurse (LN) 1 confirmed these observations. LN 1 stated the temperatures could not be adequately monitored with the thermometers being used. She confirmed it was too hot to stay in the medication room longer than five minutes with the door closed.</p> <p>On 3/13/12 at 3:15 p.m., the Director of Nursing confirmed the room thermometer was not appropriate to measure temperatures above 80 ° F. The DON stated both the thermometers needed to be replaced. The DON stated, "Medications become unstable and lose their potency when proper temperatures are not maintained."</p> <p>On 3/15/12 at 8:40 a.m., the medication refrigerator temperature log, from 3/1 to 3/15/12, was reviewed with the DON. All of the documented temperatures were between 38 °F and 41 °F. The DON stated, "This does not appear to be accurate."</p> <p>The facility's policy and procedure titled, "Medication Storage in the Facility," dated 4/08, indicated medications that required storage at "room temperature" were kept at temperatures ranging from 59 °F to 86 °F... Medications requiring "refrigeration" or "temperatures between ... 36 °F and ...46 °F" were kept in a refrigerator with a thermometer to allow temperature monitoring.</p> <p>The California Code of Regulations, Title 22, Regulation 72357(f) indicated, "Drugs shall be</p>	F 431			



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F 431	Continued From page 6 stored in appropriate temperatures. Drugs required to be stored at room temperature between...59 ° and...86 °F. Drugs requiring refrigeration shall be stored in a refrigerator between...36 °F and...46 °F."	F 431			
F 461 SS=D	483.70(d)(1)(vi)-(vii), (d)(2) BEDROOMS - WINDOW/FLOOR, BED/FURNITURE/CLOSET Bedrooms must have at least one window to the outside; and have a floor at or above grade level. The facility must provide each resident with-- (i) A separate bed of proper size and height for the convenience of the resident; (ii) A clean, comfortable mattress; (iii) Bedding, appropriate to the weather and climate; and (iv) Functional furniture appropriate to the resident ' s needs, and individual closet space in the resident ' s bedroom with clothes racks and shelves accessible to the resident. CMS, or in the case of a nursing facility the survey agency, may permit variations in requirements specified in paragraphs (d)(1)(i) and (ii) of this section relating to rooms in individual cases when the facility demonstrates in writing that the variations-- (i) Are in accordance with the special needs of the residents; and (ii) Will not adversely affect residents' health and safety. This REQUIREMENT is not met as evidenced by:	F 461			



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F 461	<p>Continued From page 7</p> <p>Based on observation and resident and staff interview, the facility failed to ensure 3 of 28 (rooms 15, 16, and 17) resident rooms in the facility had at least one window to the outside. This failure left residents with the inability to view their outside environment, or to know the time of day, the current season, or the weather changes in the world outside.</p> <p>Findings:</p> <p>1. On 3/14/12 at 12:05 p.m., during the environmental tour, Room 15's sliding glass door was covered with a curtain. Upon opening the curtain, on the other side of glass door, was an enclosed area that stored various equipment and supplies: Oxygen concentrators, walkers, wheelchairs, maintenance carts, paint supplies, pieces of wood, and other miscellaneous items. The sliding glass door was nailed shut and did not provide residents in the room with an outside view.</p> <p>On 3/14/12 at 12:10 p.m., during an interview in room 15, Resident 20 stated, "I always keep the curtain closed because of all of that stuff out there...it has been there since I came here 3 1/2 years ago...I would like to see outside. I like to look out and see the animals [squirrels]."</p> <p>On 3/14/12 at 12:15 p.m., during an interview, the Maintenance Supervisor (MS) stated that the sliding glass doors for rooms 15, 16, and 17 had all been nailed shut. The MS confirmed equipment was stored immediately outside of the sliding glass doors in front of rooms 15, 16, and 17 blocked each resident's view to the outside world.</p>	F 461	<p>F 461 BEDROOMS- WINDOW/FLOOR, BED/FURNITURE/CLOSET</p> <ul style="list-style-type: none"> Sliding glass doors for resident rooms 15, 16, & 17 will have items blocking doors removed and doors were unlocked by April 13, 2012. Plants and items placed outside of sliding glass door for residents to have a nice view as they look outside of the sliding glass doors. Administrator will make rounds with maintenance supervisor by April 6, 2012 to ensure that no other residents' rooms have blocked views. Maintenance and Housekeeping staff will be in-serviced by Administrator by April 13, 2012 about ensuring not to block resident's view out sliding glass doors and windows. Maintenance Supervisor will monitor by making weekly rounds around the perimeter of the building to ensure that doors and windows are not blocked any obstructions. If any obstructions are found they will be corrected immediately. The results of these rounds will be reported to the Continuous Quality Improvement Committee monthly for the next 3 months or until resolved. Completion Date April 13, 2012 		



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