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

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A205	A. BUILDING _____ B. WING _____	C 05/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELMA CONVALESCENT HOSPITAL	2108 STILLMAN SELMA, CA 93662

(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 Jamero, Luzviminda The following reflects the findings of the Department of Public Health - Licensing and Certification during an abbreviated standard survey for Entity Reported Incident # CA00308143. Representing the California Department of Public Health - Licensing and Certification: Luz Jamero, RN, HFEN. The inspection was limited to the specific complaint investigated and does not reflect the findings of a full inspection of the facility. One deficiency was issued for Entity Reported Incident: CA00308143.	F 000	THIS PLAN OF CORRECTION CONSTTUTES OUR WRITTEN CREDIBLE ALLEGATION OF COMPLIANCE FOR DEFICIENCES NOTED The preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth and facts alleged and conclusions set forth in the Statement of Deficiencies. This Plan is prepared and executed solely because it is required by the provisions of Federal and State Law.	
F 241 SS=G	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 observation, resident and staff interview, clinical record and administrative document review, the facility failed to ensure Resident 1 was treated with respect and dignity when Certified Nurse Assistant (CNA) 1 refused to attend to the resident's needs and rough handled the resident. This failure had the potential to cause physical, psychological and	F 241	F 241 483.15(a) DIGNITY and RESPECT OF INDIVIDUALITY 1. The resident #1 presenting the allegation was immediately assessed for any signs of physical injury by the charge nurse as a result of the resident allegation on 04/22/2012. The C.N.A. was immediately suspended and an investigation was initiated by the charge nurse and the Director of Nursing on 04/22/2012. The MD providing care for resident	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carolyn Noonan | TITLE: Administrator | (X6) DATE: 6-14-12

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.

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

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A205	A. BUILDING _____ B. WING _____	C 05/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELMA CONVALESCENT HOSPITAL	2108 STILLMAN SELMA, CA 93662

(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 241	Continued From page 1 psychosocial harm to Resident 1. Findings: On 5/8/12 at 8:15 a.m., during an interview, CNA 2 stated Resident 1 had episodes of confusion, was blind and mostly spoke Spanish. On 5/8/12 at 8:25 a.m., during a concurrent observation and interview with CNA 2 [present as translator], Resident 1 stated a staff hit him on the head with a closed fist then pointed to left upper side of head. Resident 1 stated he asked to be changed when he was wet and the staff refused. Resident 1 stated he was "not hurt." Resident 1 stated "It is not right... injustice..." and felt he was taken advantage of. There were no observed marks on the resident's head. On 5/8/12 at 8:37 a.m., during an interview, CNA 3 stated Resident 1 reported in English, "Someone hit me" then proceeded to speak in Spanish. CNA 3 stated she requested assistance from Housekeeper 1 (HK 1) who was present at that time to translate the resident's statements. CNA 3 stated Resident 1 said "Someone hit me last night... was wet and wanted to be changed and the CNA yelled at him, banged him against the wall." On 5/8/12 at 9:25 a.m., during an interview, the Director of Nursing (DON) stated the recorded video in the hallway was reviewed and identified CNA 1 as the only staff who went in the resident's room at the reported time. On 5/8/12 at 9:37 a.m., during an interview, Licensed Nurse (LN 2) stated Resident 1 was	F 241	#1 was notified of the allegation that day by the charge nurse. 2. The practice potentially affected all residents cared for by this C.N.A. so the DON interviewed the residents in her team over period of 04/22/2012 thru 04/25/2012. No other residents indicated poor care or handling. Had the DON received additional complaints she would have filed additional reports SOC341 with CDPH and the Ombudsman as well as assess the residents physically and notify the MD. We were proud the nurse heard the resident allegation and acted on it to protect him immediately. 3. The C.N.A. denied the allegation; upon the completion of the investigation she was terminated based on the statements of the resident. The video surveillance camera only showed this C.N.A. entering his room on	

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

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A205	A. BUILDING _____ B. WING _____	C 05/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELMA CONVALESCENT HOSPITAL	2108 STILLMAN SELMA, CA 93662

(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 241	Continued From page 2 Interviewed and reported a "Young, female CNA" was rough during care and refused to assist him when he asked to be changed. On 5/8/12 at 10:15 a.m., during an interview, the Social Services Director (SSD) stated Resident 1 was interviewed and stated "A night nurse held his shoulder and pushed him against the wall... refused to help because he really did not need help..." The SSD stated Resident 1 denied being changed by the CNA after the incident. On 5/8/12 at 3:24 p.m., during a phone interview, HK 1 stated Resident 1 said "Girl at night slapped him in the face... got hold of [his] shoulder and threw him against the wall." When HK asked what happened, Resident 1 said "He was wet... asked her [CNA] to stop [hitting]... You don't have to change me if you don't want to..." HK 1 stated Resident 1 said he did not get changed. HK 1 stated Resident 1 demonstrated what happened by slapping the right side of his face. On 5/8/12 at 3:42 p.m., during a phone interview, CNA 1 denied hitting Resident 1. CNA 1 stated she did not change the resident because "He's on dialysis... he doesn't go [referring to urination]." Resident 1's care plan titled ADL (Activities of Daily Living) dated 1/15/12 indicated the resident had ADL deficits related to blindness and confusion. The same care plan indicated Resident 1 required assistance with toileting and personal hygiene. A care plan titled Urinary Incontinence dated 1/14/12 indicated Resident 1 was incontinent of urine, used briefs and required peri-care after each incontinent episode.	F 241	the shift he reported the event happened. The Fresno-Madera County Director of Ombudsman – presented an in-service for the facility staff on Dignity and Respect on June 7, 2012. The allegations and actions taken were reviewed with the Medical Director on May 23, 2012 by the DON and ADM. The C.N.A. was reported to the C.N.A. licensing board for the misconduct. The social worker will go room to room and resident by resident on her resident council meeting days monthly to question residents on their care and treatment by the staff. Any concerns raised will be immediately provided to the department head for correction. Additional C.N.A. staff are being interviewed and hired to provide additional relief for staff request-off shifts to address possible burn-out. 4. The DON will hold in-	

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

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A205	A. BUILDING _____ B. WING _____	C 05/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELMA CONVALESCENT HOSPITAL	2108 STILLMAN SELMA, CA 93662

(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 241	Continued From page 3 Resident 1's Resident Care Flow (ADL) Record for April 2012 indicated the resident was incontinent and required total assist with toilet use and personal hygiene. Resident 1's Nurse's Notes dated 4/22/12 at 9:20 a.m., indicated, "At 7:30 a.m., res [resident] complained to CNA and housekeeper in dining about being hit on head by a young CNA at night time yesterday... Res. is predominantly Spanish speaking, housekeeper translated res statements to this writer. Res stated that a young female CNA became agitated and started to yell at res for asking to be changed D/T (due to) res being 'wet.' Res then stated that the young female CNA pulled res hands down and began to slap res on head... writer asked res 'What time do you think this happened?' Res stated 'It was late, late last night... writer ask res... for a third time, what happened last night, Res stated... last night he asked to be changed because he was wet. A young female CNA started to yell at him for asking to be changed, res stated that this CNA was being rough with him, grabbing res by shoulder and pushing res towards wall. Res stated that this same CNA pulled res hands down and began slapping re on head multiple times. Res made statement to CNA in Spanish, 'If you don't want to change me then don't change me, But don't hit me'... Res is legally blind and is confused @ (at) times... This writer did a complete body audit to res, no bruising, no redness, no s/s (signs/symptoms) of trauma to body..." Resident 1's Social Service Progress Notes dated 4/23/12 indicated "resident made a statement that on Saturday he was struck in the face by a	F 241	service meetings with licensed staff monthly for the next 6 months to continue to encourage them to report any resident allegations of treatment that is less than dignified or respectful, just as the nurse did in this event; and to be observant and report any possible burned-out employees to the DON and DSD so the DSD can grant them a day off as needed. The resident council meeting notes by the social worker will be the monitoring tool for those residents who might not speak up as freely as resident #1 did. The resident council meeting findings will be immediately copied to any department head where a concern regarding care with dignity and respect is raised. Then the Resident Council report and corrections of any resident allegations or incidents will be presented by the SSD at the monthly	

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

PRINTED: 05/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A205	A. BUILDING _____ B. WING _____	C 05/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SELMA CONVALESCENT HOSPITAL	2108 STILLMAN SELMA, CA 93662

(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 241	Continued From page 4 CNA...Resident said CNA came in and did not want to change him was upset telling him why was he wet... He also said she grabbed his shoulders and pushed his head against the wall..." Resident 1's Minimum Data Set (MDS) - (resident assessment tool) dated 2/21/12 indicated resident had a BIMS (Brief Interview of Mental Status - a structured cognitive test with a perfect score of 15 indicated a person is cognitive) of 2/15, required one person total assist with toileting and personal hygiene. The administrative document titled "Staff Code of Conduct" acknowledged and signed by CNA 1 on 11/11/10 indicated, "... The following is a list of prohibited conduct...31. Violation of a patient's rights..." The facility's policy and procedure titled, "Resident Rights" revised April 2007 indicated, "... Employees shall treat all residents with kindness, respect, and dignity... 2. Residents are entitled to exercise their rights and privileges to the fullest extent possible. 3. Our facility will make every effort to assist each resident exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity..."	F 241	Quality Assessment and Assurance Committee meeting for review and recommendations. 5. Completion date	06-08-12