

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

PRINTED: 04/05/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555892	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/18/2018
NAME OF PROVIDER OR SUPPLIER SELMA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>INITIAL COMMENTS</p> <p>AMENDED on 2/14/19 to reflect scope and severity of "C" for F tag 912. AMENDED on 9/24/18 to reflect:</p> <ol style="list-style-type: none"> 1. Immediate Jeopardy removed on 9/18/18 at 3:35 p.m. after onsite visit validated implementation of interventions listed on the acceptable Action Plan. 2. Exit date to the recertification survey changed to 9/18/18. <p>AMENDED on 9/11/18 to reflect:</p> <ol style="list-style-type: none"> 1. change scope and severity to "L" (from "I") for F584 and F908 2. Add F684 with scope and severity of "L" 3. Edited Based On statements for F584 and F908 to reflect chronological order of Resident identifiers 4. For F584 edited Resident 4 to include EMT assessment 5. edited CA00596479: Substantiated with one identified deficiency - refer to F584 to state "FRI CA00596479: Substantiated with three identified deficiencies - refer to F584, F684 and F908. 6. The Centers for Medicare & Medicaid Services Regional Office (CMS RO) reviewed the facility deficient practices and determined the identified potential serious harm to all residents and the serious actual harm to Resident 4, Resident 6, Resident 12, Resident 15, Resident 24, Resident 27, and Resident 78 warranted an Immediate Jeopardy (IJ) situation. An IJ was called by the District Office (DO) on 9/11/18 at 11:10 a.m., via telephone conference with the facility administrator. The DO explained to the facility administrator an amended 2567/Statement of Deficiencies would be submitted to the facility to 	F 000			

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

TITLE

(X6) DATE

Electronically Signed

10/24/2018

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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F 000	Continued From page 1 reflect the IJ with scope and severity of L called at F 584 and F 908; and an additional deficient practice at F 684 with scope and severity of L would be added. A written Action Plan to address the IJ situation was requested to be submitted. 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 by federal ID: 36477 RN, HFEN, 39795 RN, HFEN, 35737 RN, HFEN. Capacity: 34 Census: 25 Sample: 29 One complaint and five Entity Reported Incident's were investigated during the RECERTIFICATION survey: FRI CA00594869: Unsubstantiated. FRI'S CA00592451, CA00592856, CA00576373: Substantiated with no deficiency identified. FRI CA00596479: Substantiated with three identified deficiencies - refer to F584, F684 and F908. COMPLAINT CA00582767: Substantiated with no Deficiency identified.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)	F 550		8/26/18	

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F 550	<p>Continued From page 2</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this</p>	F 550			

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F 550	<p>Continued From page 3 subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to treat two of 25 residents (Resident 10 and Resident 24) with dignity and respect when their room had plaster peeling from the walls and plaster fell and laid on Resident 10's bed.</p> <p>This failure promoted an environment in which the residents could not exercise their right to a dignified existence.</p> <p>Findings:</p> <p>On 7/23/18 at 9:35 a.m., during an observation in room 10, Resident 24 laid asleep in [REDACTED]. The right side of Resident 24's upper body laid directly across from a shallow hand sized hole in the plastered wall.</p> <p>On 7/23/18 at 9:35 a.m., during an observation in room 10, Resident 10 laid asleep in [REDACTED]. Resident 10 laid on his left side facing a shallow hand sized hole in the plastered wall.</p> <p>On 7/23/18 at 9:45 a.m., during an observation and concurrent interview in room 10, the Director of Nurses (DON) stated she was aware of plaster peeling from the walls. The DON stated, "It had been there for some time, I think... maintenance knows."</p> <p>On 7/23/18 at 9:50 a.m., during an interview and concurrent record review, the Director of Plant Operations (DPO) stated he was aware of peeling paint and plaster in the facility. The DPO</p>	F 550	<p>F 550 <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. Maintenance Director repaired the wall in room #10 immediately on 7/23/18. 2. Maintenance Director inspected all other rooms in the facility on 7/23/18 and there were no additional findings. 3. Department Heads will inspect their assigned resident rooms daily during their room rounds. Department managers will log any needed repairs into the maintenance log, notify maintenance director and discuss the findings in the daily stand up meeting. On 8/17/18, all available staff was in-serviced on Quality of life-Home Like Environment and Communication via the Maintenance Log to notify maintenance director about any maintenance issues immediately and enter in maintenance log available at nurses station. 4. Dept. Heads will visually inspect the rooms daily during room rounds, Maintenance Director will do monthly room inspections and present any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary. 		

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F 550	<p>Continued From page 4</p> <p>reviewed a document titled, "Maintenance Log" and stated rooms which had peeled plaster and required repair were listed. The DPO stated workload was prioritized by issues which affected residents directly. The DPO stated, "Absolutely it [peeling plaster] affects residents in that room... should have been fixed."</p> <p>Review of document titled, "Selma Maintenance log" dated 6/2/18 through 6/24 18, indicated "6/7/18 Patch holes in rooms... #13, #11, #2, #17." Resident 10 and Resident 24's room was omitted from the log.</p> <p>On 7/23/18 at 11:25 a.m., during an observation and concurrent interview in room 10, Resident 24 was awake and laid in bed. Resident 24 grimaced and stated, "everything is dirty... even the walls are falling" and pointed using his chin to the hole in the west wall next to his bed.</p> <p>Resident 24's MDS Assessment, dated 6/25/18, indicated Resident 24's BIMS score was 5 of 15 which indicated the resident had severe impairment regard to memory and ability to make reasonable judgements.</p> <p>On 7/23/18 at 11:25 a.m., during an observation, Resident 10 was awake and laid on his back perpendicular to the bed. Resident 10's head rested on the east wall. Resident 10 reached over and used his left index finger to pick at the shallow hole in the plastered wall. Plastered dust and shavings fell on Resident 10's bed.</p> <p>Resident 10's MDS Assessment, dated 5/2/18, indicated Resident 10's BIMS score was 4 of 15 which indicated the resident had severe impairment regard to memory and ability to make</p>	F 550	5. 18/26/2018		

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F 550	Continued From page 5 reasonable judgements. The facility's policy and procedure titled, "Quality of Life- Homelike Environment" dated 5/17, indicated, "Residents are provided with a safe, clean, comfortable, and homelike environment... 2. (a) Clean, sanitary and orderly environment."	F 550			
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must-- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public. (iv) The facility shall not make available identifying	F 577		8/26/18	

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F 577	<p>Continued From page 6</p> <p>information about complainants or residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to post in a place readily accessible to residents and family members of residents complaint investigations when no complaints investigations were posted in the facility.</p> <p>This failure deprived residents and visitors the opportunity and the right to view complaints for the facility.</p> <p>Findings:</p> <p>On 7/23/18 at 4:36 PM, during an observation of the facility postings in the main entrance hallway, there were no posted complaint investigations.</p> <p>On 7/25/18 at 4:50 PM, during an interview in the conference room, the Executive Director (ED) stated, "We didn't have any complaints or investigations with deficiencies, there was nothing to post. I checked on a site in the computer and we had no deficiencies. This is a small facility and [we] had no complaints or investigations."</p> <p>On 7/26/18 Review of Facility Information for Selma Convalescent Hospital for the period of 1/4/16 through 7/12/18 indicated nine entity reported incidents with no deficiencies, two closed entity reported incidents with deficiencies and nine closed complaints with no deficiencies.</p> <p>The facility did not provide a policy and procedure upon request for Postings.</p>	F 577	<p>F 577 <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. Facility administrator printed out all entity reported incidents and complaints from the EPOC site and placed the 2567 <input type="checkbox"/>s into the survey results binder located in the main entrance hallway immediately on 7/25/18, no residents were affected by this finding. 2. Administrator inspected the survey results binder and there were no additional findings. 3. Administrator will update the survey binder with latest survey/ complaint investigation results at ongoing basis as received. 4. Administrator will review the survey result binder monthly and present any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary. 5. 18/26/2018 		
F 584	Safe/Clean/Comfortable/Homelike Environment	F 584		9/20/18	

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F 584 SS=L	<p>Continued From page 7</p> <p>CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide-</p> <p>§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>(i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p>	F 584			

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F 584	<p>Continued From page 8</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain a safe, clean, comfortable and homelike environment for 29 of 29 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, Resident 24, Resident 25, Resident 26, Resident 27, Resident 77, Resident 78, Resident 79, Resident 80) when the Air Conditioning system failed to work and residents were evacuated to the church across the street by the local Fire Department after prolonged exposure to ambient temperatures above 81 degrees Fahrenheit [Cross reference F684 and F908].</p> <p>The failure to maintain a safe and comfortable ambient temperature in the facility led to symptoms of heat exposure in 29 residents and heat related illnesses in seven of the 29 residents (Resident 4, Resident 6, Resident 12, Resident 15, Resident 24, Resident 27, and Resident 78) and required transfer to an acute care hospital. The local fire department and emergency services were called to assess the environment and determined the health and safety of the residents were at risk due to climbing facility temperatures and directed the facility staff to evacuate the residents to a nearby church; the residents were displaced for several hours.</p> <p>The Centers for Medicare & Medicaid Services</p>	F 584	<p>F 584 <input type="checkbox"/></p> <p>1. Well motor was replaced on 7/21/18 which supplied water to facility Chiller and the facility was in compliance with safe, comfortable temperatures by 7pm.</p> <p>Transfer agreement with 4 SNFs were executed on 7/27/18.</p> <p>2. On 9/11/18 project to connect City water supply to the Chiller as a backup in case of well pump failure was completed by the contracted vendor [REDACTED].</p> <p>Facility has purchased hand 2 water coolers and multiple fans on 7/21/18 as back up if temperatures become out of range.</p> <p>3. Maintenance Director or designee will inspect well pump function visually daily and document Monday through Friday, Charge Nurse will inspect and document on weekends.</p> <p>On 9/11/18 project to connect City water supply to the Chiller as a backup in case of well pump failure was completed by the contracted vendor [REDACTED].</p> <p>All staff has been in-serviced on how to switch over to city water supply in case on</p>		

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F 584	<p>Continued From page 9</p> <p>Regional Office (CMS RO) reviewed the facility deficient practices and determined the identified potential serious harm to all residents and the serious actual harm to Resident 4, Resident 6, Resident 12, Resident 15, Resident 24, Resident 27, and Resident 78 warranted an Immediate Jeopardy (IJ) situation. An IJ was called by the District Office (DO) on 9/11/18 at 11:10 a.m., via telephone conference with the facility administrator. The DO explained to the facility administrator an amended 2567/Statement of Deficiencies would be submitted to the facility to reflect the IJ with scope and severity of L called at F 584 and F 908; and an additional deficient practice at F 684 with scope and severity of L would be added. A written Action Plan to address the IJ situation was requested to be submitted.</p> <p>An acceptable Action Plan was received on 9/14/18 and communicated to the facility Administrator. An onsite visit was conducted on 9/18/18 and validated implementation of interventions meant to address the IJ. The IJ was removed on 9/18/18 at 3:35 p.m. and communicated to the facility Administrator.</p> <p>Findings:</p> <p>On 7/26/18 at 9:54 a.m., during an interview, the Executive Director (ED - the facility Administrator) stated he received a text from the Director of Nurses (DON) on 7/21/18 at 7:40 a.m., which indicated the cooling unit for the facility had stopped working. The ED stated the water pump for the chiller (cooling unit) broke which caused the cooling unit to fail. The ED stated, "We knew it was hot, taking temps [temperatures] were not that important ... we were focused on repairs ... we knew it [pump] was going to take a couple of</p>	F 584	<p>well failure on 08/20/18 by DSD & Maintenance Director. Staff was able return demonstrate on how to inspect if chiller and well motor are functioning properly by visual flow of water, audible operation noise from chiller and noting safe temperatures from temperature gauges in the halls.</p> <p>New DON started on 10/22/18 and went through facility orientation that includes facility EOP, Incident Command System, changing over to water supply back-up, inspecting well and chiller function etc.</p> <p>All staff has been in-serviced on following topics by DSD - Emergency Operations Plan, Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures and location of Disaster Binder (nurses station); Started 8/2/18 and completed on 8/22/18.</p> <p>On 8/14/18 Administrator in-serviced maintenance director on maintaining equipment in working order, preventive maintenance, maintaining outside vendor repairs and inspection records and inspecting well motor function visually daily and keeping logs; to inspect Chiller and Well pump for function daily and perform necessary preventive maintenance.</p> <p>On 8/14/18, all available staff was in-serviced to notify maintenance about</p>		

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F 584	<p>Continued From page 10</p> <p>hours to fix." The ED stated portable floor fans and two large coolers purchased by the facility had not kept the facility cool and the [name of city] Fire Department (FD) Chief ordered the evacuation of the residents on 7/21/18. The ED stated maintenance staff had requested the FD come and evaluate the facility's water supply when it was determined water was not being pumped through the cooling unit, which caused it to fail. The ED stated, "I was not there... the FD took over and coordinated the transfer of residents to the hospital ... 20 [residents] went to the [name] church across the street, seven went to the hospital, one to dialysis, and one went with family." The ED stated all residents were evacuated by 5:45 p.m. from the facility. The ED stated he did not know why the FD came back to the facility the afternoon of 7/21/18.</p> <p>On 7/26/18 at 11:25 a.m., during an interview, the Director of Staff Development (DSD) stated she was notified by the DON of the broken air conditioner and was called in to work on 7/21/18. The DSD stated, "We [meaning the DON and ED and herself] all arrived around the same time ... 4:30 p.m." The DSD also stated EMS (Emergency Medical Service) was at the facility evaluating residents for heat exhaustion (a heat related illness) when she arrived.</p> <p>On 7/26/18 at 3:55 p.m., during an interview, the Maintenance Supervisor (MS) stated he was called into the facility the morning of 7/21/18. The MS stated he arrived at 10:00 a.m. The MS stated the Director of Plant Operations (DPO) had contacted a heating, ventilation, and air conditioning (HVAC) company and had the air conditioning unit evaluated. The MS stated it was determined water was not being supplied to the</p>	F 584	<p>any equipment failure immediately and enter in maintenance log available at nurses station.</p> <p>Facility created an action plan to address Air Conditioning Failure which is now part of facility's Emergency Operations Plan and included in Disaster Binder.</p> <p>Responding to Air Cooling System Failure Action Plan ---</p> <p>The Charge Nurse will initially act as the Incident Commander and will immediately notify Facility Administrator, DON, Medical Director and Maintenance Director upon any failure of the air-cooling system.</p> <p>Facility Administrator, Maintenance Director and DON or Designee will report to the building after notification to assist with plan within 1 hour. Upon arrival, the DON or designee will take over as the Incident Commander.</p> <p>Incident Commander will immediately put the following measures in place.</p> <p>Charge nurse will immediately begin to triage residents for any changes from their base line. Triage will consist of assessing respiratory status, comfort level, vital signs, delirium, lethargy and hydration status. Charge nurse will begin with residents at highest risk such as residents with respiratory problems, renal failure, on high-risk medications such as diuretics, psychotropic medications, those who are</p>		

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F 584	<p>Continued From page 11</p> <p>unit which caused it to fail. The MS stated, "We thought it was a problem with the water supply so we called the fire department to see ... later we found out it was the pump ... around 12:00 [p.m.]" The MS stated they were unsure of how long it would take to fix. The MS stated, "It was a Saturday ... we're lucky we could get it fixed." The MS stated maintenance communicated with the ED [Administrator] throughout the day to keep him informed of what was happening.</p> <p>On 7/26/18 at 6:55 p.m., during an interview, the DSD stated the ED or the DON should have determined earlier that day [7/21/18] if the evacuation of residents from the facility was necessary. The DSD stated the facility temperature felt warm when she arrived at the facility on 7/21/18 at around 4:30 p.m. The DSD stated, "From what I saw, the residents were hot." The DSD also stated she had not taken a temperature of the facility environment nor had she asked residents if they were hot. The DSD stated her role on 7/21/18 was to assist with the evacuation only.</p> <p>On 7/27/18 at 1:50 p.m., during an interview, Certified Nursing Assistant (CNA) 12 stated she arrived to work at 6:10 a.m. on 7/21/18. CNA 12 stated the facility environment felt hot and muggy and mentioned it to the charge nurse. CNA 12 stated the charge nurse had spoken to the maintenance staff. CNA 12 stated, "I was sweating just walking ... the residents started feeling uncomfortable after lunch time." CNA 12 stated the Fire Department (FD) was at the facility at 11:30 a.m. and gave direction to the nurse to call the FD back at 2:00 p.m. if the temperatures did not get better.</p>	F 584	<p>total dependent, non-verbal, etc. Resident's status will be documented in their medical record following the triage.</p> <p>Charge nurse will notify Medical Director of the status of each resident. The Charge Nurse, with the Physician's input, will identify individuals with signs and symptoms that might reflect fluid and electrolyte imbalance or heat related illness and determine further interventions that may be needed at that time. Direct CNA's to dress their assigned residents in lightweight, loose fitting clothing.</p> <p>Direct CNA's to pass fresh water to each of their assigned residents. CNA's will check water every hour and refresh as needed. CNA's should encourage 2 glasses (16 ounces) of water every hour.</p> <p>Direct Dietary Staff to set up hydration stations at the nurse's station and in the activity room for residents, family and staff.</p> <p>Direct CNA's to provide assigned residents with cool, moist towels.</p> <p>Direct CNA's to provide and encourage residents to eat popsicles between meals.</p> <p>Instruct CNA's to monitor their assigned residents' vital signs every hour and if verbal ask resident if they are comfortable, then report results back to charge nurse.</p> <p>o Instruct CNA's to monitor their assigned residents hourly for any adverse</p>		

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F 584	<p>Continued From page 12</p> <p>On 7/27/18 at 2:20 p.m., during an interview, CNA 6 stated, "It started to get hot at 9:00 a.m. and after lunch at 12:00 p.m. it was really hot... I am not sure how hot it got... we started passing ice water after breakfast and wet cold towels were passed at 10:00 a.m...the residents verbalized feeling uncomfortable and hot." CNA 6 also stated she witnessed the FD at the facility twice. CNA 6 stated the maintenance manager brought fans and residents sat in the hallways.</p> <p>On 7/27/18 at 2:50 p.m., during an interview, CNA 5 stated she arrived to work at 2:15 p.m. on 7/21/18. CNA 5 stated, "It [the facility] felt hotter inside than outside ... they told me the AC [Air Conditioner] was broke." CNA 5 stated she had not checked the thermostats. CNA 5 stated, "[Resident 3] looked dehydrated ... he looked drowsy with eyes half opened and shut and he complained that it was really hot ... the nurse told me to give him ice and sit him in front of a fan." CNA 5 also stated, "the FD showed up ... they said the facility was too hot ... the fireman approached me and two other CNAs and asked us if we thought residents were safe here. We all responded no...as soon as we told them we started evacuation procedures." CNA 5 stated the ED, the DON, and the DSD arrived during the evacuation.</p> <p>On 7/27/18 at 3:20 p.m., during an interview, LN 3 stated on 7/21/18 she was the PM shift charge nurse for the facility. LN 3 stated the AM shift charge nurse (LN 5) reported (to the nursing staff) the facility's air conditioner was broken and cooling measures for the residents had been provided during the day. LN 3 also stated LN 5 reported the FD had been called to the facility twice and had given instructions to evacuate the</p>	F 584	<p>changes in resident condition that can be heat related and immediately report back to the charge nurse changes such as:</p> <ul style="list-style-type: none"> ¿ Unconsciousness ¿ Dizziness, Nausea and confusion ¿ Red, hot and dry skin ¿ Rapid, strong pulse ¿ Headache ¿ Muscle cramps, weakness ¿ Paleness, tiredness <p>Instruct Maintenance Staff or Designee to immediately start monitoring facility temperatures every hour. Temperatures will be placed in log for reference and relayed to the Charge Nurse, DON and Administrator.</p> <p>Instruct Maintenance Staff or Designee to set up Activity Room as the designated cooling area. The designated cooling area is equipped with window AC unit and has capacity to hold 34 residents. Additional 2 Portable Water Coolers will be placed in cooling room to maintain safe temperatures.</p> <p>Evacuation/Transfer <input type="checkbox"/>--</p> <p>If facility temperatures continue to rise to an unsafe level for residents as determined by consultation with the Medical Director, DON, Administrator and Charge Nurse the facility will proceed to implement facility evacuation procedures.</p> <p>The DON as the Incident Commander will ensure transfers are made appropriately</p>		

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F 584	<p>Continued From page 13</p> <p>residents if ambient (surrounding environment) temperatures in the facility rose throughout the day. LN 3 stated the FD Chief returned to the facility at 4:00 p.m. and ordered the evacuation of the residents when the maintenance staff had not purchased and delivered portable air conditioning units to the facility. LN 3 stated she was unable to reach church staff to open the church and initiate evacuation of the residents. LN 3 stated someone from the FD walked across the street to the church and had the church opened. LN 3 stated Resident 80 and Resident 2 were not included in the evacuation. LN 3 stated Resident 80 left for the scheduled 5:00 p.m. hemodialysis (mechanical procedure in which waste, salts, and fluid are filtered from blood) appointment. LN 3 stated Resident 2 was with family until 9:30 p.m.</p> <p>Review of receipt from the local hardware store provided by the facility staff dated and time stamped 7/21/18 at 1635 (military time for 4:35 p.m.), indicated two portable evaporator coolers were purchased after the facility evacuation was initiated by the FD.</p> <p>On 7/26/18 at 3:45 p.m., during an interview, the ED stated, "I didn't think it was necessary to evacuate residents because repairs were close to being completed ... I base my decision on not wanting to transfer residents ... [name of DON], [name of DSD], [name of MS], and [name of Director Plant Operations-Maintenance] said no one was in any distress." The ED also stated the facility did not have an agreement with the church and the Pastor of the church. The ED stated, "We don't have any transfer agreements with any facility for evacuation."</p> <p>On 7/30/18 at 10:20 a.m., during a telephone</p>	F 584	<p>according to acuity as determined by triaging residents. Residents with a higher risk status as determined by the Charge Nurse assessment, will be evacuated as first priority then lower risk, lower acuity residents will follow.</p> <p>Residents requiring a higher level of care as determined by the Charge Nurse assessment and consultation with DON and Medical Director, will be transferred by ambulance to the nearest acute care hospital.</p> <p>Residents that are stable as determined by the Charge Nurse assessment and consultation with DON and Medical Director will be transferred via facility van (3 available with seating capacity of 14, 1 & 1).</p> <p>On 7/27/18 facility executed transfer agreements for emergencies with 4 skilled nursing facilities and is also participating in Fresno Mutual Aid Compact MOU among 25 skilled nursing facilities in Fresno area as part of CAHF Disaster Preparedness initiative.</p> <p>Incident Commander will first contact the following 4 skilled nursing facilities in which a transfer agreement for emergencies is in place to coordinate how many beds are available and how many residents they can accommodate.</p> <p>If contracted facilities can not accommodate all residents, the Incident</p>		

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F 584	<p>Continued From page 14</p> <p>interview, the DON stated the AM shift charge nurse notified her of the broken air conditioning unit on 7/21/18 at approximately 8:00 a.m. The DON stated she instructed the charge nurse to contact maintenance staff and distribute ice water, cool wash rags, and fans to the residents. The DON also stated she instructed the charge nurse to monitor the residents for signs and symptoms of heat exhaustion. The DON stated, "I told her to monitor for nausea and vomiting, excessive sweating, increased fatigue, [and] decreased level of consciousness." The DON stated the charge nurse told her maintenance staff had contacted a service technician and repairs to the air conditioner were being done. The DON stated the maintenance staff recorded facility temperatures and reported the temperature readings directly to the ED. The DON stated she did not know what the facility's ambient temperature was on 7/21/18. The DON stated she did not know what the facility temperature should have been in order to minimize the risk to resident's but considered 89 degrees Fahrenheit (F) a safe temperature. The DON stated she was notified by the PM nurse the FD mandated the evacuation. The DON stated nurses should have evacuated when residents were in distress or unsafe.</p> <p>Review of facility document titled, "Daily Inspection Records" dated 7/21/18, indicated an hourly log of temperature readings for 20 facility resident rooms including the dining room, the east hall, the west hall, and the north/south hall. The log indicated temperature readings were to be recorded hourly from 8:00 a.m. through 7:00 p.m. The log indicated omissions of recorded temperatures from 8:00 a.m. to 11:00 a.m. The first recorded temperature readings were at 12:00</p>	F 584	<p>Commander will reach out to Fresno County Emergency Services Agency Coordinator/Medical Health Operational Area Coordinator to facilitate transfer of residents to Fresno SNF's Mutual Aid Compact participating facilities (25 total facilities) to coordinate available beds. (Contact information for these facilities is also in the facility disaster binder)</p> <p>Charge Nurse or Designee will contact responsible party prior to transfer to inform them of the plan.</p> <p>Maintenance/ Upgrade of Air Conditioning System <input type="checkbox"/>--</p> <p>On 9/11/18 project to connect City water supply to the Chiller as a backup in case of well pump failure was completed by the contracted vendor [REDACTED].</p> <p>Maintenance Supervisor and/or Designee will complete daily inspections of the well and chiller system to ensure it is functioning properly by checking for water flow and checking blowing cool air.</p> <p>On 9/12/18 facility received CapEx project approval to replace current chiller system with a new HVAC system, OSHPD approval requested, IOR has been retained - 9/12/18.</p> <p>OSHPD official conducted site visit on 09/13/18.</p> <p>In Service Training <input type="checkbox"/>--</p>		

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F 584	<p>Continued From page 15</p> <p>p.m. for room one through room 20, including the dining room, the east hall, the west hall, and the north/south hall with temperatures ranging from 77 degrees F. up to 79 degrees F. Temperature readings at 1:00 p.m. in the areas listed ranged from 83 degrees F. to 84 degrees F. Temperature readings at 2:00 p.m. in the areas listed ranged from 85 degrees F. to 88 degrees F. Temperature readings at 3:00 p.m. in the areas listed ranged from 87 degrees F. to 88 degrees F. Temperature readings at 4:00 p.m. in the areas listed ranged from 86 degrees F. to 89 degrees F. Temperature readings at 5:00 p.m. in the areas listed ranged from 84 degrees F to 89 degrees F.</p> <p>Resident 1's progress noted dated 7/21/16 at 6:05 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to church across the street from facility ..."</p> <p>Resident 3's progress notes dated 7/21/18 at 6:27 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 5's progress notes dated 7/21/18 at 6:17 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 9's progress notes dated 7/21/18 at 7:21 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 10's progress notes dated 7/21/18 at 6:15 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident</p>	F 584	<p>DSD has provided the following In-Service Training to all staff</p> <ul style="list-style-type: none"> o A. Emergency Operations Plan, Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures. Started 8/2/18 and completed on 8/22/18. <p>Maintenance Director provided the following In-Service Training to all staff <input type="checkbox"/></p> <ul style="list-style-type: none"> o How to access and turn on back up city water supply to Chiller in case of well motor failure with return demonstration. All staff In-service started on 9/12/18 and completed on 9/20/18. <p>On 8/14/18 Administrator in-serviced maintenance director on maintaining equipment in working order, preventive maintenance, maintaining outside vendor repairs and inspection records and inspecting well motor function and keeping logs of those inspections, maintenance and repairs.</p> <ul style="list-style-type: none"> o Maintenance Director will immediately report any problems to the Administrator and schedule any repair, corrections or vendor visit necessary. <p>Facility Wide Exercise was completed with Focus on Activation of EOP, Nursing Home Incident Command System and Evacuation Procedures on 8/30/18 with Supervision and feedback provided by [REDACTED] Fire Department. Areas</p>		

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F 584	<p>Continued From page 16 evacuated to church across the street."</p> <p>Resident 11's progress notes dated 7/21/18 at 6:27 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 13's progress notes dated 7/21/18 at 5:55 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 14's progress notes dated 7/21/18 at 6:28 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 16's progress notes dated 7/21/18 at 5:48 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 17's progress notes dated 7/21/18 at 6:13 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 18's progress notes dated 7/21/18 at 6:11 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 19's progress notes dated 7/21/18 at 6:08 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 20's progress notes dated 7/21/18 at 7:15 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p>	F 584	<p>addressed included Emergency Operations Plan, Nursing Home Incident Command System and Communication Plan.</p> <p>Director of Staff Development will provide facility staff with quarterly Disaster Preparedness training refreshers and updates. Quarterly/Ongoing</p> <p>DSD will audit In-Service Training records weekly until all staff has completed the In-Service Training.</p> <p>Evidence of the In-Service Training will be documented and submitted to CDPH.</p> <p>All new employees of the facility will be provided with In Service training by the DSD upon facility orientation for the following:</p> <ul style="list-style-type: none"> o A. Emergency Operations Plan, Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures. o How to access and turn on back up city water supply to Chiller in case of well motor failure with return demonstration <p>Monitoring <input type="checkbox"/>--</p> <p>Director of Staff Development will do monthly random checks of facility staffs <input type="checkbox"/> knowledge about Disaster Procedures, EOP and INC. Knowledge will be based</p>		

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F 584	Continued From page 17 Resident 21 and Resident's 1's progress notes dated 7/21/18 at 6:05 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street." Resident 22's progress notes dated 7/21/18 at 5:45 p.m., indicated, "Resident evacuated from facility due to heat." Resident 23's progress notes dated 7/21/18 at 6:29 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street." Resident 25's progress notes dated 7/21/18 at 5:58 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street." Resident 26's progress notes dated 7/21/18 at 5:48 p.m., indicated, "Resident evacuated from facility due to heat." Resident 77's progress notes dated 7/21/18 at 5:46 p.m., indicated, "Resident evacuated from facility due to heat." Resident 79's progress notes dated 7/21/18 at 6:14 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street." Resident 80's progress notes dated 7/21/18 at 6:24 p.m., indicated, "Resident went to dialysis (a process used to remove toxins from the body) as scheduled. Resident will be at dialysis center during facility evacuation due to heat exposure for safety ..."	F 584	on ability to answer random questions and return demonstration, which include: 1. What are safe temperatures? 2. What area of the facility is a designated cooling space? 3. How do we keep the residents hydrated? 4. How often are facility temperatures monitored? 5. Show me how switch the chiller system from well to city water? 6. Show me how to tell if the chiller is working? 7. Where can you find out what to do during a cooling failure if you forgot? Additional random questions for nurses may also include 1. What do you monitor for hydration status and heat exposure? 2. What type of residents are at a high risk for heat related illness? 3. When should the DON and Administrator be notified during a cooling system failure? 4. When should assessments be completed? On the spot refreshers will be provided to staff as necessary. Director of Staff Development will provide in-services, training refreshers and updates to facility all-staff with quarterly on topics of Disaster Preparedness, EOP Action Plan and INC. The Administrator will present progress of action plan to the monthly QAPI committee for further review and until the		

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F 584	<p>Continued From page 18</p> <p>On 7/30/18 at 3:05 p.m., during an interview, CNA 8 stated she worked on 7/21/18 during the morning shift. CNA 8 stated, "It seemed like the ac [air conditioner] was not working when I came in at 6:15 a.m... the nurse told me it doesn't work ... it felt stuffy, no ventilation." CNA 8 also stated alert residents had complained it was hot. CNA 8 stated, "[Resident 19] looked dehydrated ... seemed weaker than usual." CNA 8 stated Resident 19's room and room 20 were very hot. CNA 8 stated, "We offered water and tried to open windows, but it was too hot ... we brought up old fans from downstairs."</p> <p>On 7/30/18 at 3:10 p.m., during an interview, LN 5 stated she was the AM charge nurse on 7/21/18 who reported the broken air conditioning unit at 7:40 a.m. to the DON. LN 5 stated the night nurse from the previous shift told her in shift report she (night nurse) thought the air conditioner was not working properly. LN 5 stated the facility's temperature felt warmer than usual so she contacted the DON. LN stated, "She [DON] told me to pass ice water to drink and cold towels." LN 5 stated they pulled fans from different areas for the residents as the day progressed. LN 5 stated the maintenance staff arrived later with additional fans. LN 5 stated Resident 78 complained of the heat and felt hot. LN 5 stated the FD came to the facility twice. LN 5 stated she was instructed to contact them [FD] if temperatures rose greater than 80 degrees F. LN 5 stated maintenance staff had contacted the FD the first time and was not sure who contacted the FD the second time. LN 5 stated, "I didn't consider the situation an emergency because they were working on the AC [air conditioning]."</p>	F 584	<p>QAPI determines further review is no longer necessary.</p> <p>The Director of Staff Development will present progress on staff education & responses to the QAPI monthly until the QAPI determines that further review is no longer necessary.</p> <p>---End of Action Plan ---</p> <p>4. Maintenance Director will keep logs & documentation for inspections or works performed on the Chiller and Well pump and present any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary.</p> <p>5. 9/20/2018</p>		

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F 584	<p>Continued From page 19</p> <p>On 7/31/18 at 6:40 a.m., during concurrent interviews, CNA 9 stated they (CNA 9, CNA 10, and LN 4) worked on 7/21/18 during the night shift. CNA 9 stated the night shift started at 10:00 p.m. and the temperature in the facility still felt hot. CNA 9 stated fans were kept on through the night to cool down the facility. LN 4 stated she was told during shift report to monitor residents for heat exhaustion. LN 4 also stated residents that had transferred to the hospital during the evacuation returned to the facility that night (7/21/18) except for Resident 78, Resident 27, and Resident 80.</p> <p>On 7/31/18 at 4:00 p.m., during an interview, the local city FD Fire Chief stated, "I was the contact on the scene because the nurse was having trouble reaching any of her supervisors... I told her I would assist in giving her direction as to evacuation." The FD Chief stated the evacuation of residents was initiated based on the facility's environmental temperature and potential risk to the residents. The FD Chief stated temperatures in the facility were well above 81 degrees F. and cooling measures initiated by the facility were ineffective. The FD Chief stated, "One resident was bobbing his head like he was going to pass out ... bedridden residents with multiple issues were transferred out." The FD Chief stated he had not spoken to the ED [Administrator] prior to 4:00 p.m.</p> <p>Review of the Fire Department Incident Report dated 7/21/18, indicated the FD was dispatched at 4:09 p.m. to the facility to assist in the removal of 29 convalescent residents after the mechanical breakdown of an HVAC unit. The report also indicated, "Temperature inside the facility exceeded 80 plus degrees with multiple patients</p>	F 584			

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F 584	<p>Continued From page 20</p> <p>[residents] suffering from heat related illnesses ... seven patients required transport to hospital via [by way of] ambulance."</p> <p>Resident 4's progress notes dated 7/21/18 at 6:18 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 4's local fire department patient care record dated 7/21/18 at 4:47 p.m., indicated, "EMS [emergency medical services] arrived to find patient sitting upright on the bed at SNF [skilled nursing facility]. Pt [patient] is [complaining of] nausea secondary to heat exhaustion. Pt has been at SNF with no air conditioning since this afternoon ...Pt reassessed in route and Pt is no longer nauseated ..."</p> <p>Resident 4's acute care hospital record titled, "After Visit Summary Report" dated 7/22/18 at 1:41 a.m., indicated, "Diagnosis: Urinary Tract infection without hematuria."</p> <p>Resident 4's progress notes dated 7/22/18 at 2:54 a.m., indicated, "Resident arrived back to the facility from ER [Emergency Room]."</p> <p>Resident 6's progress notes dated 7/21/18 at 6:07 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 6's acute care hospital records titled, "Emergency Department Reports" dated 7/21/18 at 5:59 p.m., indicated, "Discharge Diagnosis: Heat exhaustion; Hypertension (high blood pressure)."</p>	F 584			

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F 584	<p>Continued From page 21</p> <p>Resident 6's progress notes dated 7/21/18 at 11:10 p.m., indicated, "Resident returned to facility at approximately 10:15 PM from [name of hospital]."</p> <p>Resident 12's progress notes dated 7/21/18 at 6:29 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Review of Resident 12's record titled, "Emergency Services Discharge Instructions" dated 7/21/18 at 5:57 p.m., indicated, "Discharge Diagnosis: Heat exhaustion."</p> <p>Review of Resident 12's progress notes dated 7/21/18 at 11:14 p.m., indicated, "Resident returned to facility at approximately 10:55 PM from [name of hospital] in stable condition."</p> <p>Resident 15's progress notes dated 7/21/18 at 4:32 p.m., indicated, "Resident transferred to the ER [Emergency Room] due to facility evacuation. MD ordered."</p> <p>Resident 15's "(name of hospital) Visit Summary Report" dated 7/21/18 at 9:38 p.m., indicated, "Diagnosis: Heat exposure."</p> <p>Resident 15's progress notes dated 7/22/18 at 1:03 a.m., indicated, "Resident returned from hospital."</p> <p>Review of Resident 24's progress notes dated 7/21/18 at 6:12 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p>	F 584			

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F 584	<p>Continued From page 22</p> <p>Review of Resident 24's record, titled, "(name of hospital) Visit Summary Report" dated 7/21/18 at 10:47 p.m., indicated, "Diagnosis: Heat exposure."</p> <p>Review of Resident 24's progress notes dated 7/22/18 at 1:08 a.m., indicated, "Resident returned from hospital."</p> <p>Resident 27's progress notes dated 7/21/18 at 7:25 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 27's progress notes dated 7/22/18 at 1:24 a.m., indicated, "Resident admitted to [name of hospital]. [name of hospital] nurse stated that this resident would be transferred to ICU [Intensive care unit]. Admitting Dix [diagnosis] Sepsis [infection], PENA [Pneumonia], and HERD [End stage renal disease; kidney disease]."</p> <p>Resident 27's [name of hospital] Order requisition dated 7/25/18 at 10:24 a.m., indicated, "Discharge Diagnosis Sepsis, Pneumonia, End stage renal disease."</p> <p>Resident 78's progress notes dated 7/21/18 at 5:56 p.m., indicated, "Residents transferred to [name of hospital] d/T heat exposure... transferred via ambulance."</p> <p>Resident 78's progress notes dated 7/21/18 at 9:53 p.m., indicated, "Nurse from [name of hospital] called and stated that resident was being admitted to acute care for COPED [Chronic Obstructive Pulmonary Disease; lung disease] and PENA [Pneumonia; lung infection caused by germs]."</p>	F 584			

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F 584	<p>Continued From page 23</p> <p>Resident 78 had not returned to the facility after repopulation on 7/21/18. On 7/30/18 at 3:10 p.m., during an interview, LN 5 stated Resident 78 was admitted to another Skilled Nursing facility from the hospital.</p> <p>On 7/30/18 at 2:23 p.m., during an interview, Resident 3 stated, "It was very hot on Saturday [7/21/18]... I felt fatigued. It got very hot by mid-morning and I was given oxygen because I could not breathe." Resident 3 also stated the Director of Social Services (DSS) sat him in front of a floor fan to cool off. Resident 3 stated, "A nurse checked my blood pressure and it was too high ... I felt sick until Monday ... I had difficulty breathing ... I was using oxygen off and on until today ... they offered ice water, towels wet with ice, but they didn't really work, I just felt bad."</p> <p>Resident 3's Minimum Data Set (MDS) Assessment, dated 7/23/18, indicated Resident 3's Brief Interview for Mental Status (BIMS) score was 13 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>Resident 3's Admission Record, dated 12/19/17, indicated Resident 3 had a history of Secondary Hypertension (high blood pressure) and Intracranial Hemorrhage (bleeding in the brain-which can be caused by high blood pressure).</p> <p>On 7/30/18 at 2:31 p.m., during an interview in regards to 7/21/18, Resident 14 stated, "It was very hot by 11 o'clock in the morning ... the Fire Department came and moved us."</p> <p>Resident 14's MDS Assessment, dated 5/21/18,</p>	F 584			

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F 584	<p>Continued From page 24</p> <p>indicated Resident 14's BIMS score was 15 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/30/18 at 2:35 p.m., during an interview in regards to 7/21/18, Resident 11 stated, "It started getting really hot mid-afternoon ... really hot, sticky, muggy, and uncomfortable."</p> <p>Resident 11's MDS Assessment, dated 7/23/18, BIMS score was 12 of 15 which indicated the resident was moderately cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/30/18 at 3:52 p.m., during an interview and concurrent review of the resident's journal, Resident 1 stated, "It was hot, it gave me a headache ... I drank ice water. I was sweating, my shirt was all wet." Resident 1 pointed to his journal which he stated he kept for personal use. Resident 1 stated he made an entry in his journal on Saturday, dated 7/21/18, which read, "Hot... I told them [staff], wet clothes and pillow."</p> <p>Resident 1's MDS Assessment, with ARD (Assessment reference date) of 6/25/18, indicated Resident 1's BIMS score was 13 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/31/18 at 5:11 p.m., during an interview, Resident 20 stated, "My room was very hot ... the air conditioner was running but it was very hot ... I didn't see anyone taking temperatures ...it started getting hot about 10:30 a.m. I had a fan, but I didn't think about using it."</p>	F 584			

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F 584	<p>Continued From page 25</p> <p>Resident 20's MDS Assessment, dated 6/18/18, indicated Resident 20's BIMS score was 15 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/31/ at 5:00 p.m., during an interview regarding 7/21/18, Resident 25 stated, "We went to the church. The air conditioner wasn't working here. I have a fan, they turned it on for me when I came back ... I was sweating to death, I never sweat. I was a little light headed, I didn't complain. It started getting hot about 12 noon. It was [name of staff] checking the temperatures ... he didn't tell me how hot it was."</p> <p>Resident 25's MDS Assessment, dated 6/29/18, indicated Resident 25's BIMS score was 14 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>Review of All Facilities Letter (AFL 18-28) sent to healthcare facilities from the California Department of Public Health Licensing and Certification dated 7/5/18, indicated, "Facilities must implement recommended precautionary measures to keep individuals safe and comfortable during extreme hot temperatures and must have a contingency plans in place to deal with the loss of air conditioning, or in the case when no air conditioning is available, take measures to ensure patients and residents are free from adverse conditions that may cause heat-related health complications... It is important that facility administrators monitor weather conditions for fluctuations in extreme temperatures and take extra precautions to</p>	F 584			

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F 584	Continued From page 26 ensure appropriate air conditioning equipment is well maintained and operating effectively."	F 584			
F 636 SS=D	<p>Review of the facility policy and procedure titled, "Quality of Life- Homelike Environment" dated 5/17, indicated, "Residents are provided with a safe, clean, comfortable, and homelike environment ...2. (h) Comfortable and safe temperatures (71 degrees F through 81 degrees F)."</p> <p>Review of [name of weather service] forecast for 7/20/18 and 7/21/18 indicated outside temperatures in [area of the facility] reached a high of 105 degrees F. on 7/20/18 and a high of 100 degrees F. on 7/21/18.</p> <p>Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii)</p> <p>§483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>§483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision.</p>	F 636		8/26/18	

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F 636	<p>Continued From page 27</p> <p>(vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)</p> <p>(iii) Not less than once every 12 months.</p>	F 636			

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F 636	<p>Continued From page 28</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to complete an admission assessment Minimum Data Set (MDS - an evaluation to determine level of care and functional abilities) for one of 29 sampled residents (Resident 77) when Resident 77 was admitted from an acute care hospital on 7/5/18 and did not have an MDS comprehensive assessment completed within the required 14 days.</p> <p>This failure resulted in the risk of not providing needed services for the care of Resident 77.</p> <p>Findings:</p> <p>On 7/30/18 at 10:23 a.m., during an interview and record review, the Director of Nursing (DON) stated Resident 77's MDS was not complete when resident was admitted on 7/5/18. The DON stated, "I do the MDS's (the Admission Assessment). MDS is to be completed within 14 days of his admission. The assessment is not completed."</p> <p>On 7/31/18 at 10:03 a.m., during an interview and concurrent record review, the social services Director (SSD) stated Admission Assessment was not completed following his admission from acute care hospital. The SSD stated the assessment was supposed to be completed within 14 days following his admission from the acute care hospital.</p> <p>The facility policy and procedure titled, "Facility Comprehensive Assessments and the Care Delivery Process" dated 2001, indicated "... (2)</p>	F 636	<p>F 636 <input type="checkbox"/></p> <ol style="list-style-type: none"> The Director of Nursing completed the MDS assessment for Resident 77 on 7/30/18. All residents of the facility have the potential of being affected, however, after further review of MDS records by the Director of Nursing on 8/21/18, no further residents have been identified as being affected. The Director of Nursing and IDT was provided with In Service Training for MDS Requirements and Timeliness on 08/26/18 by the VP of Clinical Operations. The Director of Nursing will complete a Monthly audit of MDS assessments to ensure all have been completed timely as required. The Director of Nursing or Designee will share in QA the number of assessments completed in past month and number of assessments due in upcoming month and present any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary. 18/26/2018 		

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F 636	Continued From page 29	F 636			
F 657	Complete the Minimum Data Set within 14 days after admission."				
SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)	F 657		9/27/18	
	<p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to revise the care plans for two of 25 sampled residents (Resident 9 and Resident 22) when Residents' care plans were</p>		<p>F 657 <input type="checkbox"/></p> <p>1. The care plans for Resident 9 and Resident 22 were updated on 7/30/18.</p>		

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F 657	<p>Continued From page 30</p> <p>not revised by the Inter Disciplinary Team (IDT) on a quarterly basis to show the care needed for the residents.</p> <p>These failures resulted in the risk of residents' needs not being met.</p> <p>Findings:</p> <p>Review of the care plans for Resident 9 and Resident 22 indicated the care plans were not updated on a quarterly basis. Resident 9's care plan was last revised on 4/20/18 and should have been updated on 7/20/18 and was not. Resident 22's care plan was last revised on 3/26/18 and should have been updated on 6/26/18 and was not.</p> <p>On 7/30/18 at 10:24 AM, during a concurrent interview and record review, the Director of Nurses (DON) stated Resident 9's care plan should have been updated on 7/20/18 and it was not. The DON stated Resident 22's care plan should have been updated on 6/26/18 and was not.</p> <p>No Policy and Procedure was provided for care plans which indicated how often care plans were to be updated.</p>	F 657	<p>2. The Director of Nursing and IDT reviewed all residents care plans on 7/30/18 and there were no additional residents found to be affected.</p> <p>3. VP of Clinical Operations provided the Director of Nursing and IDT with In Service training for Comprehensive Care Plan Requirements, Revisions and Updates on 08/22/18.</p> <p>The Director of Nursing or Designee will complete a monthly audit of comprehensive care plans to ensure all have been completed, revised and updated as required. Any resident care plans found to need revisions will immediately be completed by the IDT.</p> <p>4. The Director of Nursing or Designee will present number of Care plan meetings and updated conducted in past month and number of care plan due in upcoming month and present any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary.</p> <p>5. 8/26/2018</p>		
F 684 SS=L	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to</p>	F 684		9/20/18	

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F 684	<p>Continued From page 31</p> <p>facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that each resident received care and treatment (a fundamental principle) to enable residents to maintain their highest practicable level of physical, mental, and psychosocial wellbeing for 29 of 29 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, Resident 24, Resident 25, Resident 26, Resident 27, Resident 77, Resident 78, Resident 79, Resident 80) when the facility delayed in effectively addressing the needs of residents once the facility was aware of the non-functioning chiller unit for the heating ventilation air conditioning (HVAC) system which caused environmental temperatures to climb above 81 degrees Fahrenheit (F). (Cross reference F684 and F908)</p> <p>The failure to effectively address residents' needs when the environmental temperatures climbed above 81 degrees F led to symptoms of heat exposure in 29 residents and heat related illnesses in seven of the 29 residents (Resident 4, Resident 6, Resident 12, Resident 15, Resident 24, Resident 27, and Resident 78) and required transfer to an acute care hospital. The local fire department and emergency services were called</p>	F 684	<p>F 684 <input type="checkbox"/></p> <p>1. All residents of the facility were assessed for any injuries or complications from exposure to high temperatures upon return to the facility on 7/21/18 and no injuries were noted.</p> <p>Facility created an action plan to address Air Conditioning Failure which is now part of facility's Emergency Operations Plan and included in Disaster Binder.</p> <p>2. On 9/11/18 project to connect City water supply to the Chiller as a backup in case of well pump failure was completed by the contracted vendor [REDACTED]</p> <p>Facility has purchased hand 2 water coolers and multiple fans on 7/21/18 as back up if temperatures become out of range.</p> <p>3. Maintenance Director or designee will inspect well pump function visually daily and document Monday through Friday (Attached).</p> <p>On 9/11/18 project to connect City water supply to the Chiller as a backup in case of well pump failure was completed by the</p>		

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F 684	<p>Continued From page 32</p> <p>to assess the environment and determined the health and safety of the residents were at risk due to climbing facility temperatures and directed the facility staff to evacuate the residents to a nearby church; the residents were displaced for several hours.</p> <p>The Centers for Medicare & Medicaid Services Regional Office (CMS RO) reviewed the facility deficient practices and determined the identified potential serious harm to all residents and the serious actual harm to Resident 4, Resident 6, Resident 12, Resident 15, Resident 24, Resident 27, and Resident 78 warranted an Immediate Jeopardy (IJ) situation. An IJ was called by the District Office (DO) on 9/11/18 at 11:10 a.m., via telephone conference with the facility administrator. The DO explained to the facility administrator an amended 2567/Statement of Deficiencies would be submitted to the facility to reflect the IJ with scope and severity of L called at F 584 and F 908; and an additional deficient practice at F 684 with scope and severity of L would be added. A written Action Plan to address the IJ situation was requested to be submitted.</p> <p>An acceptable Action Plan was received on 9/14/18 and communicated to the facility Administrator. An onsite visit was conducted on 9/18/18 and validated implementation of interventions meant to address the IJ. The IJ was removed on 9/18/18 at 3:35 p.m. and communicated to the facility Administrator.</p> <p>Findings:</p> <p>On 7/26/18 at 9:54 a.m., during an interview, the Executive Director (ED - the facility Administrator) stated he received a text from the Director of</p>	F 684	<p>contracted vendor [REDACTED] .</p> <p>All staff has been in-serviced on how to switch over to city water supply in case on well failure on 08/20/18 by DSD & Maintenance Director. Staff was able return demonstrate on how to inspect if chiller and well motor are functioning properly by visual flow of water, audible operation noise from chiller and noting safe temperatures from temperature gauges in the halls.</p> <p>All staff has been in-serviced on following topics by DSD - Emergency Operations Plan, Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures and location of Disaster Binder (nurses station); Started 8/2/18 and completed on 8/22/18.</p> <p>On 8/14/18 Administrator in-serviced maintenance director on maintaining equipment in working order, preventive maintenance, maintaining outside vendor repairs and inspection records and inspecting well motor function visually daily and keeping logs; to inspect Chiller and Well pump for function daily and perform necessary preventive maintenance.</p> <p>On 8/14/18, all available staff was in-serviced to notify maintenance about any equipment failure immediately and enter in maintenance log available at</p>		

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F 684	<p>Continued From page 33</p> <p>Nurses (DON) on 7/21/18 at 7:40 a.m., which indicated the cooling unit for the facility had stopped working. The ED stated the water pump for the chiller (cooling unit) broke which caused the cooling unit to fail. The ED stated, "We knew it was hot, taking temps [temperatures] were not that important ... we were focused on repairs ... we knew it [pump] was going to take a couple of hours to fix." The ED stated portable floor fans and two large coolers purchased by the facility had not kept the facility cool and the [name of city] Fire Department (FD) Chief ordered the evacuation of the residents on 7/21/18. The ED stated maintenance staff had requested the FD come and evaluate the facility's water supply when it was determined water was not being pumped through the cooling unit, which caused it to fail. The ED stated, "I was not there... the FD took over and coordinated the transfer of residents to the hospital ... 20 [residents] went to the [name] church across the street, seven went to the hospital, one to dialysis, and one went with family." The ED stated all residents were evacuated by 5:45 p.m. from the facility. The ED stated he did not know why the FD came back to the facility the afternoon of 7/21/18.</p> <p>On 7/26/18 at 11:25 a.m., during an interview, the Director of Staff Development (DSD) stated she was notified by the DON of the broken air conditioner and was called in to work on 7/21/18. The DSD stated, "We [meaning the DON and ED and herself] all arrived around the same time ... 4:30 p.m." The DSD also stated EMS (Emergency Medical Service) was at the facility evaluating residents for heat exhaustion (a heat related illness) when she arrived.</p> <p>On 7/26/18 at 3:55 p.m., during an interview, the</p>	F 684	<p>nursesstation.</p> <p>Facility created an action plan to address Air Conditioning Failure which is now part of facility's Emergency Operations Plan and included in Disaster Binder.</p> <p>Responding to Air Cooling System Failure Action Plan ---</p> <p>The Charge Nurse will initially act as the Incident Commander and will immediately notify Facility Administrator, DON, Medical Director and Maintenance Director upon any failure of the air-cooling system.</p> <p>Facility Administrator, Maintenance Director and DON or Designee will report to the building after notification to assist with plan within 1 hour. Upon arrival, the DON or designee will take over as the Incident Commander.</p> <p>Incident Commander will immediately put the following measures in place.</p> <p>Charge nurse will immediately begin to triage residents for any changes from their base line. Triage will consist of assessing respiratory status, comfort level, vital signs, delirium, lethargy and hydration status. Charge nurse will begin with residents at highest risk such as residents with respiratory problems, renal failure, on high-risk medications such as diuretics, psychotropic medications, those who are total dependent, non-verbal, etc. Residents status will be documented in</p>		

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F 684	<p>Continued From page 34</p> <p>Maintenance Supervisor (MS) stated he was called into the facility the morning of 7/21/18. The MS stated he arrived at 10:00 a.m. The MS stated the Director of Plant Operations (DPO) had contacted a heating, ventilation, and air conditioning (HVAC) company and had the air conditioning unit evaluated. The MS stated it was determined water was not being supplied to the unit which caused it to fail. The MS stated, "We thought it was a problem with the water supply so we called the fire department to see ... later we found out it was the pump ... around 12:00 [p.m.]" The MS stated they were unsure of how long it would take to fix. The MS stated, "It was a Saturday ... we're lucky we could get it fixed." The MS stated maintenance communicated with the ED [Administrator] throughout the day to keep him informed of what was happening.</p> <p>On 7/26/18 at 6:55 p.m., during an interview, the DSD stated the ED or the DON should have determined earlier that day [7/21/18] if the evacuation of residents from the facility was necessary. The DSD stated the facility temperature felt warm when she arrived at the facility on 7/21/18 at around 4:30 p.m. The DSD stated, "From what I saw, the residents were hot." The DSD also stated she had not taken a temperature of the facility environment nor had she asked residents if they were hot. The DSD stated her role on 7/21/18 was to assist with the evacuation only.</p> <p>On 7/27/18 at 1:50 p.m., during an interview, Certified Nursing Assistant (CNA) 12 stated she arrived to work at 6:10 a.m. on 7/21/18. CNA 12 stated the facility environment felt hot and muggy and mentioned it to the charge nurse. CNA 12 stated the charge nurse had spoken to the</p>	F 684	<p>their medical record following the triage.</p> <p>Charge nurse will notify Medical Director of the status of each resident. The Charge Nurse, with the Physicians input, will identify individuals with signs and symptoms that might reflect fluid and electrolyte imbalance or heat related illness and determine further interventions that may be needed at that time. Direct CNAs to dress their assigned residents in lightweight, loose fitting clothing.</p> <p>Direct CNAs to pass fresh water to each of their assigned residents. CNAs will check water every hour and refresh as needed. CNAs should encourage 2 glasses (16 ounces) of water every hour.</p> <p>Direct Dietary Staff to set up hydration stations at the nurses station and in the activity room for residents, family and staff.</p> <p>Direct CNAs to provide assigned residents with cool, moist towels. Direct CNAs to provide and encourage residents to eat popsicles between meals.</p> <p>Instruct CNAs to monitor their assigned residents vital signs every hour and if verbal ask resident if they are comfortable, then report results back to charge nurse.</p> <p>o Instruct CNAs to monitor their assigned residents hourly for any adverse changes in resident condition that can be heat related and immediately report back</p>		

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F 684	<p>Continued From page 35</p> <p>maintenance staff. CNA 12 stated, "I was sweating just walking ... the residents started feeling uncomfortable after lunch time." CNA 12 stated the Fire Department (FD) was at the facility at 11:30 a.m. and gave direction to the nurse to call the FD back at 2:00 p.m. if the temperatures did not get better.</p> <p>On 7/27/18 at 2:20 p.m., during an interview, CNA 6 stated, "It started to get hot at 9:00 a.m. and after lunch at 12:00 p.m. it was really hot... I am not sure how hot it got... we started passing ice water after breakfast and wet cold towels were passed at 10:00 a.m...the residents verbalized feeling uncomfortable and hot." CNA 6 also stated she witnessed the FD at the facility twice. CNA 6 stated the maintenance manager brought fans and residents sat in the hallways.</p> <p>On 7/27/18 at 2:50 p.m., during an interview, CNA 5 stated she arrived to work at 2:15 p.m. on 7/21/18. CNA 5 stated, "It [the facility] felt hotter inside than outside ... they told me the AC [Air Conditioner] was broke." CNA 5 stated she had not checked the thermostats. CNA 5 stated, "[Resident 3] looked dehydrated ... he looked drowsy with eyes half opened and shut and he complained that it was really hot ... the nurse told me to give him ice and sit him in front of a fan." CNA 5 also stated, "the FD showed up ... they said the facility was too hot ... the fireman approached me and two other CNAs and asked us if we thought residents were safe here. We all responded no...as soon as we told them we started evacuation procedures." CNA 5 stated the ED, the DON, and the DSD arrived during the evacuation.</p> <p>On 7/27/18 at 3:20 p.m., during an interview, LN</p>	F 684	<p>to the charge nurse changes such as:</p> <ul style="list-style-type: none"> ¿ Unconsciousness ¿ Dizziness, Nausea and confusion ¿ Red, hot and dry skin ¿ Rapid, strong pulse ¿ Headache ¿ Muscle cramps, weakness ¿ Paleness, tiredness <p>Instruct Maintenance Staff or Designee to immediately start monitoring facility temperatures every hour. Temperatures will be placed in log for reference and relayed to the Charge Nurse, DON and Administrator.</p> <p>Instruct Maintenance Staff or Designee to set up Activity Room as the designated cooling area. The designated cooling area is equipped with window AC unit and has capacity to hold 34 residents. Additional 2 Portable Water Coolers will be placed in cooling room to maintain safe temperatures.</p> <p>Evacuation/Transfer --</p> <p>If facility temperatures continue to rise to an unsafe level for residents as determined by consultation with the Medical Director, DON, Administrator and Charge Nurse the facility will proceed to implement facility evacuation procedures.</p> <p>The DON as the Incident Commander will ensure transfers are made appropriately according to acuity as determined by triaging residents. Residents with a</p>		

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F 684	<p>Continued From page 36</p> <p>3 stated on 7/21/18 she was the PM shift charge nurse for the facility. LN 3 stated the AM shift charge nurse (LN 5) reported (to the nursing staff) the facility's air conditioner was broken and cooling measures for the residents had been provided during the day. LN 3 also stated LN 5 reported the FD had been called to the facility twice and had given instructions to evacuate the residents if ambient (surrounding environment) temperatures in the facility rose throughout the day. LN 3 stated the FD Chief returned to the facility at 4:00 p.m. and ordered the evacuation of the residents when the maintenance staff had not purchased and delivered portable air conditioning units to the facility. LN 3 stated she was unable to reach church staff to open the church and initiate evacuation of the residents. LN 3 stated someone from the FD walked across the street to the church and had the church opened. LN 3 stated Resident 80 and Resident 2 were not included in the evacuation. LN 3 stated Resident 80 left for the scheduled 5:00 p.m. hemodialysis (mechanical procedure in which waste, salts, and fluid are filtered from blood) appointment. LN 3 stated Resident 2 was with family until 9:30 p.m.</p> <p>Review of receipt from the local hardware store provided by the facility staff dated and time stamped 7/21/18 at 1635 (military time for 4:35 p.m.), indicated two portable evaporator coolers were purchased after the facility evacuation was initiated by the FD.</p> <p>On 7/26/18 at 3:45 p.m., during an interview, the ED stated, "I didn't think it was necessary to evacuate residents because repairs were close to being completed ... I base my decision on not wanting to transfer residents ... [name of DON], [name of DSD], [name of MS], and [name of</p>	F 684	<p>higher risk status as determined by the Charge Nurse assessment, will be evacuated as first priority then lower risk, lower acuity residents will follow.</p> <p>Residents requiring a higher level of care as determined by the Charge Nurse assessment and consultation with DON and Medical Director, will be transferred by ambulance to the nearest acute care hospital.</p> <p>Residents that are stable as determined by the Charge Nurse assessment and consultation with DON and Medical Director will be transferred via facility van (3 available with seating capacity of 14, 1 & 1).</p> <p>On 7/27/18 facility executed transfer agreements for emergencies with 4 skilled nursing facilities and is also participating in Fresno Mutual Aid Compact MOU among 25 skilled nursing facilities in Fresno area as part of CAHF Disaster Preparedness initiative.</p> <p>Incident Commander will first contact the following 4 skilled nursing facilities in which a transfer agreement for emergencies is in place to coordinate how many beds are available and how many residents they can accommodate.</p> <p>If contracted facilities can not accommodate all residents, the Incident Commander will reach out to Fresno County Emergency Services Agency</p>		

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F 684	<p>Continued From page 37</p> <p>Director Plant Operations-Maintenance] said no one was in any distress." The ED also stated the facility did not have an agreement with the church and the Pastor of the church. The ED stated, "We don't have any transfer agreements with any facility for evacuation."</p> <p>On 7/30/18 at 10:20 a.m., during a telephone interview, the DON stated the AM shift charge nurse notified her of the broken air conditioning unit on 7/21/18 at approximately 8:00 a.m. The DON stated she instructed the charge nurse to contact maintenance staff and distribute ice water, cool wash rags, and fans to the residents. The DON also stated she instructed the charge nurse to monitor the residents for signs and symptoms of heat exhaustion. The DON stated, "I told her to monitor for nausea and vomiting, excessive sweating, increased fatigue, [and] decreased level of consciousness." The DON stated the charge nurse told her maintenance staff had contacted a service technician and repairs to the air conditioner were being done. The DON stated the maintenance staff recorded facility temperatures and reported the temperature readings directly to the ED. The DON stated she did not know what the facility's ambient temperature was on 7/21/18. The DON stated she did not know what the facility temperature should have been in order to minimize the risk to resident's but considered 89 degrees Fahrenheit (F) a safe temperature. The DON stated she was notified by the PM nurse the FD mandated the evacuation. The DON stated nurses should have evacuated when residents were in distress or unsafe.</p> <p>Review of facility document titled, "Daily Inspection Records" dated 7/21/18, indicated an</p>	F 684	<p>Coordinator/Medical Health Operational Area Coordinator to facilitate transfer of residents to Fresno SNFs Mutual Aid Compact participating facilities (25 total facilities) to coordinate available beds. (Contact information for these facilities is also in the facility disaster binder)</p> <p>Charge Nurse or Designee will contact responsible party prior to transfer to inform them of the plan.</p> <p>Maintenance/ Upgrade of Air Conditioning System --</p> <p>On 9/11/18 project to connect City water supply to the Chiller as a backup in case of well pump failure was completed by the contracted vendor [REDACTED].</p> <p>Maintenance Supervisor and/or Designee will complete daily inspections of the well and chiller system to ensure it is functioning properly by checking for water flow and checking blowing cool air.</p> <p>On 9/12/18 facility received CapEx project approval to replace current chiller system with a new HVAC system, OSHPD approval requested, IOR has been retained - 9/12/18.</p> <p>OSHPD official conducted site visit on 09/13/18.</p> <p>In Service Training --</p> <p>DSD has provided the following In-Service Training to all staff</p>		

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F 684	<p>Continued From page 38</p> <p>hourly log of temperature readings for 20 facility resident rooms including the dining room, the east hall, the west hall, and the north/south hall. The log indicated temperature readings were to be recorded hourly from 8:00 a.m. through 7:00 p.m. The log indicated omissions of recorded temperatures from 8:00 a.m. to 11:00 a.m. The first recorded temperature readings were at 12:00 p.m. for room one through room 20, including the dining room, the east hall, the west hall, and the north/south hall with temperatures ranging from 77 degrees F. up to 79 degrees F. Temperature readings at 1:00 p.m. in the areas listed ranged from 83 degrees F. to 84 degrees F. Temperature readings at 2:00 p.m. in the areas listed ranged from 85 degrees F. to 88 degrees F. Temperature readings at 3:00 p.m. in the areas listed ranged from 87 degrees F. to 88 degrees F. Temperature readings at 4:00 p.m. in the areas listed ranged from 86 degrees F. to 89 degrees F. Temperature readings at 5:00 p.m. in the areas listed ranged from 84 degrees F to 89 degrees F.</p> <p>Resident 1's progress noted dated 7/21/16 at 6:05 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to church across the street from facility ..."</p> <p>Resident 3's progress notes dated 7/21/18 at 6:27 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 5's progress notes dated 7/21/18 at 6:17 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p>	F 684	<p>o A. Emergency Operations Plan, Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures. Started 8/2/18 and completed on 8/22/18.</p> <p>Maintenance Director provided the following In-Service Training to all staff</p> <p>o How to access and turn on back up city water supply to Chiller in case of well motor failure with return demonstration. All staff In-service started on 9/12/18 and completed on 9/20/18.</p> <p>On 8/14/18 Administrator in-serviced maintenance director on maintaining equipment in working order, preventive maintenance, maintaining outside vendor repairs and inspection records and inspecting well motor function and keeping logs of those inspections, maintenance and repairs.</p> <p>o Maintenance Director will immediately report any problems to the Administrator and schedule any repair, corrections or vendor visit necessary.</p> <p>Facility Wide Exercise was completed with Focus on Activation of EOP, Nursing Home Incident Command System and Evacuation Procedures on 8/30/18 with Supervision and feedback provided by [REDACTED] Fire Department. Areas addressed included Emergency Operations Plan, Nursing Home Incident</p>		

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F 684	<p>Continued From page 39</p> <p>Resident 9's progress notes dated 7/21/18 at 7:21 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 10's progress notes dated 7/21/18 at 6:15 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 11's progress notes dated 7/21/18 at 6:27 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 13's progress notes dated 7/21/18 at 5:55 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 14's progress notes dated 7/21/18 at 6:28 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 16's progress notes dated 7/21/18 at 5:48 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 17's progress notes dated 7/21/18 at 6:13 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 18's progress notes dated 7/21/18 at 6:11 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 19's progress notes dated 7/21/18 at</p>	F 684	<p>Command System and Communication Plan.</p> <p>Director of Staff Development will provide facility staff with quarterly Disaster Preparedness training refreshers and updates. Quarterly/Ongoing</p> <p>DSD will audit In-Service Training records weekly until all staff has completed the In-Service Training.</p> <p>Evidence of the In-Service Training will be documented and submitted to CDPH.</p> <p>All new employees of the facility will be provided with In Service training by the DSD upon facility orientation for the following:</p> <ul style="list-style-type: none"> o A. Emergency Operations Plan, Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures. o How to access and turn on back up city water supply to Chiller in case of well motor failure with return demonstration <p>Monitoring --</p> <p>Director of Staff Development will do 5 monthly random checks of facility staffs knowledge about Disaster Procedures, EOP and INC. Knowledge will be based on ability to answer random questions and return demonstration,</p>		

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F 684	<p>Continued From page 40</p> <p>6:08 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 20's progress notes dated 7/21/18 at 7:15 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 21 and Resident's 1's progress notes dated 7/21/18 at 6:05 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 22's progress notes dated 7/21/18 at 5:45 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 23's progress notes dated 7/21/18 at 6:29 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 25's progress notes dated 7/21/18 at 5:58 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 26's progress notes dated 7/21/18 at 5:48 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 77's progress notes dated 7/21/18 at 5:46 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 79's progress notes dated 7/21/18 at 6:14 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident</p>	F 684	<p>which include:</p> <ol style="list-style-type: none"> 1. What are safe temperatures? 2. What area of the facility is a designated cooling space? 3. How do we keep the residents hydrated? 4. How often are facility temperatures monitored? 5. Show me how switch the chiller system from well to city water? 6. Show me how to tell if the chiller is working? 7. Where can you find out what to do during a cooling failure if you forgot? <p>Additional random questions for nurses may also include</p> <ol style="list-style-type: none"> 1. What do you monitor for hydration status and heat exposure? 2. What type of residents are at a high risk for heat related illness? 3. When should the DON and Administrator be notified during a cooling system failure? 4. When should assessments be completed? <p>On the spot refreshers will be provided to staff as necessary. Director of Staff Development will provide in-services, training refreshers and updates to facility all-staff with quarterly on topics of Disaster Preparedness, EOP Action Plan and INC.</p> <p>The Administrator will present progress of action plan to the monthly QAPI committee for further review and until the QAPI determines further review is no</p>		

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F 684	<p>Continued From page 41 evacuated to church across the street."</p> <p>Resident 80's progress notes dated 7/21/18 at 6:24 p.m., indicated, "Resident went to dialysis (a process used to remove toxins from the body) as scheduled. Resident will be at dialysis center during facility evacuation due to heat exposure for safety ..."</p> <p>On 7/30/18 at 3:05 p.m., during an interview, CNA 8 stated she worked on 7/21/18 during the morning shift. CNA 8 stated, "It seemed like the ac [air conditioner] was not working when I came in at 6:15 a.m... the nurse told me it doesn't work ... it felt stuffy, no ventilation." CNA 8 also stated alert residents had complained it was hot. CNA 8 stated, "[Resident 19] looked dehydrated ... seemed weaker than usual." CNA 8 stated Resident 19's room and room 20 were very hot. CNA 8 stated, "We offered water and tried to open windows, but it was too hot ... we brought up old fans from downstairs."</p> <p>On 7/30/18 at 3:10 p.m., during an interview, LN 5 stated she was the AM charge nurse on 7/21/18 who reported the broken air conditioning unit at 7:40 a.m. to the DON. LN 5 stated the night nurse from the previous shift told her in shift report she (night nurse) thought the air conditioner was not working properly. LN 5 stated the facility's temperature felt warmer than usual so she contacted the DON. LN stated, "She [DON] told me to pass ice water to drink and cold towels." LN 5 stated they pulled fans from different areas for the residents as the day progressed. LN 5 stated the maintenance staff arrived later with additional fans. LN 5 stated Resident 78 complained of the heat and felt hot. LN 5 stated the FD came to the facility twice. LN 5 stated she</p>	F 684	<p>longer necessary.</p> <p>The Director of Staff Development will present progress on staff education & responses to the QAPI monthly until the QAPI determines that further review is no longer necessary.</p> <p>---End of Action Plan ---</p> <p>4. Maintenance Director will keep logs & documentation for inspections or works performed on the Chiller and Well pump and present any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary. The Director of Staff Development will present progress of 5 random checks, staff participation and response to the monthly QA meeting. QA committee will review the trends of staff performance until the QA committee determines that further review is no longer necessary.</p> <p>5. 9/20/2018</p>		

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F 684	<p>Continued From page 42</p> <p>was instructed to contact them [FD] if temperatures rose greater than 80 degrees F. LN 5 stated maintenance staff had contacted the FD the first time and was not sure who contacted the FD the second time. LN 5 stated, "I didn't consider the situation an emergency because they were working on the AC [air conditioning]."</p> <p>On 7/31/18 at 6:40 a.m., during concurrent interviews, CNA 9 stated they (CNA 9, CNA 10, and LN 4) worked on 7/21/18 during the night shift. CNA 9 stated the night shift started at 10:00 p.m. and the temperature in the facility still felt hot. CNA 9 stated fans were kept on through the night to cool down the facility. LN 4 stated she was told during shift report to monitor residents for heat exhaustion. LN 4 also stated residents that had transferred to the hospital during the evacuation returned to the facility that night (7/21/18) except for Resident 78, Resident 27, and Resident 80.</p> <p>On 7/31/18 at 4:00 p.m., during an interview, the local city FD Fire Chief stated, "I was the contact on the scene because the nurse was having trouble reaching any of her supervisors... I told her I would assist in giving her direction as to evacuation." The FD Chief stated the evacuation of residents was initiated based on the facility's environmental temperature and potential risk to the residents. The FD Chief stated temperatures in the facility were well above 81 degrees F. and cooling measures initiated by the facility were ineffective. The FD Chief stated, "One resident was bobbing his head like he was going to pass out ... bedridden residents with multiple issues were transferred out." The FD Chief stated he had not spoken to the ED [Administrator] prior to 4:00 p.m.</p>	F 684			

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F 684	<p>Continued From page 43</p> <p>Review of the Fire Department Incident Report dated 7/21/18, indicated the FD was dispatched at 4:09 p.m. to the facility to assist in the removal of 29 convalescent residents after the mechanical breakdown of an HVAC unit. The report also indicated, "Temperature inside the facility exceeded 80 plus degrees with multiple patients [residents] suffering from heat related illnesses ... seven patients required transport to hospital via [by way of] ambulance."</p> <p>Resident 4's progress notes dated 7/21/18 at 6:18 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 4's local fire department patient care record dated 7/21/18 at 4:47 p.m., indicated, "EMS [emergency medical services] arrived to find patient sitting upright on the bed at SNF [skilled nursing facility]. Pt [patient] is [complaining of] nausea secondary to heat exhaustion. Pt has been at SNF with no air conditioning since this afternoon ...Pt reassessed in route and Pt is no longer nauseated ..."</p> <p>Resident 4's acute care hospital record titled, "After Visit Summary Report" dated 7/22/18 at 1:41 a.m., indicated, "Diagnosis: Urinary Tract infection without hematuria."</p> <p>Resident 4's progress notes dated 7/22/18 at 2:54 a.m., indicated, "Resident arrived back to the facility from ER [Emergency Room]."</p> <p>Resident 6's progress notes dated 7/21/18 at 6:07 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident</p>	F 684			

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F 684	<p>Continued From page 44 evacuated to Hospital; [name of hospital]."</p> <p>Resident 6's acute care hospital records titled, "Emergency Department Reports" dated 7/21/18 at 5:59 p.m., indicated, "Discharge Diagnosis: Heat exhaustion; Hypertension (high blood pressure)."</p> <p>Resident 6's progress notes dated 7/21/18 at 11:10 p.m., indicated, "Resident returned to facility at approximately 10:15 PM from [name of hospital]."</p> <p>Resident 12's progress notes dated 7/21/18 at 6:29 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Review of Resident 12's record titled, "Emergency Services Discharge Instructions" dated 7/21/18 at 5:57 p.m., indicated, "Discharge Diagnosis: Heat exhaustion."</p> <p>Review of Resident 12's progress notes dated 7/21/18 at 11:14 p.m., indicated, "Resident returned to facility at approximately 10:55 PM from [name of hospital] in stable condition."</p> <p>Resident 15's progress notes dated 7/21/18 at 4:32 p.m., indicated, "Resident transferred to the ER [Emergency Room] due to facility evacuation. MD ordered."</p> <p>Resident 15's "(name of hospital) Visit Summary Report" dated 7/21/18 at 9:38 p.m., indicated, "Diagnosis: Heat exposure."</p> <p>Resident 15's progress notes dated 7/22/18 at 1:03 a.m., indicated, "Resident returned from</p>	F 684			

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F 684	<p>Continued From page 45 hospital."</p> <p>Review of Resident 24's progress notes dated 7/21/18 at 6:12 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Review of Resident 24's record, titled, "(name of hospital) Visit Summary Report" dated 7/21/18 at 10:47 p.m., indicated, "Diagnosis: Heat exposure."</p> <p>Review of Resident 24's progress notes dated 7/22/18 at 1:08 a.m., indicated, "Resident returned from hospital."</p> <p>Resident 27's progress notes dated 7/21/18 at 7:25 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 27's progress notes dated 7/22/18 at 1:24 a.m., indicated, "Resident admitted to [name of hospital]. [name of hospital] nurse stated that this resident would be transferred to ICU [Intensive care unit]. Admitting Dix [diagnosis] Sepsis [infection], PENA [Pneumonia], and HERD [End stage renal disease; kidney disease]."</p> <p>Resident 27's [name of hospital] Order requisition dated 7/25/18 at 10:24 a.m., indicated, "Discharge Diagnosis Sepsis, Pneumonia, End stage renal disease."</p> <p>Resident 78's progress notes dated 7/21/18 at 5:56 p.m., indicated, "Residents transferred to [name of hospital] d/T heat exposure... transferred via ambulance."</p>	F 684			

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F 684	<p>Continued From page 46</p> <p>Resident 78's progress notes dated 7/21/18 at 9:53 p.m., indicated, "Nurse from [name of hospital] called and stated that resident was being admitted to acute care for COPED [Chronic Obstructive Pulmonary Disease; lung disease] and PENA [Pneumonia; lung infection caused by germs]."</p> <p>Resident 78 had not returned to the facility after repopulation on 7/21/18. On 7/30/18 at 3:10 p.m., during an interview, LN 5 stated Resident 78 was admitted to another Skilled Nursing facility from the hospital.</p> <p>On 7/30/18 at 2:23 p.m., during an interview, Resident 3 stated, "It was very hot on Saturday [7/21/18]... I felt fatigued. It got very hot by mid-morning and I was given oxygen because I could not breathe." Resident 3 also stated the Director of Social Services (DSS) sat him in front of a floor fan to cool off. Resident 3 stated, "A nurse checked my blood pressure and it was too high ... I felt sick until Monday ... I had difficulty breathing ... I was using oxygen off and on until today ... they offered ice water, towels wet with ice, but they didn't really work, I just felt bad."</p> <p>Resident 3's Minimum Data Set (MDS) Assessment, dated 7/23/18, indicated Resident 3's Brief Interview for Mental Status (BIMS) score was 13 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>Resident 3's Admission Record, dated 12/19/17, indicated Resident 3 had a history of Secondary Hypertension (high blood pressure) and Intracranial Hemorrhage (bleeding in the brain-</p>	F 684			

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F 684	<p>Continued From page 47 which can be caused by high blood pressure).</p> <p>On 7/30/18 at 2:31 p.m., during an interview in regards to 7/21/18, Resident 14 stated, "It was very hot by 11 o'clock in the morning ... the Fire Department came and moved us."</p> <p>Resident 14's MDS Assessment, dated 5/21/18, indicated Resident 14's BIMS score was 15 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/30/18 at 2:35 p.m., during an interview in regards to 7/21/18, Resident 11 stated, "It started getting really hot mid-afternoon ... really hot, sticky, muggy, and uncomfortable."</p> <p>Resident 11's MDS Assessment, dated 7/23/18, BIMS score was 12 of 15 which indicated the resident was moderately cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/30/18 at 3:52 p.m., during an interview and concurrent review of the resident's journal, Resident 1 stated, "It was hot, it gave me a headache ... I drank ice water. I was sweating, my shirt was all wet." Resident 1 pointed to his journal which he stated he kept for personal use. Resident 1 stated he made an entry in his journal on Saturday, dated 7/21/18, which read, "Hot... I told them [staff], wet clothes and pillow."</p> <p>Resident 1's MDS Assessment, with ARD (Assessment reference date) of 6/25/18, indicated Resident 1's BIMS score was 13 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make</p>	F 684			

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F 684	<p>Continued From page 48 reasonable judgements.</p> <p>On 7/31/18 at 5:11 p.m., during an interview, Resident 20 stated, "My room was very hot ... the air conditioner was running but it was very hot ... I didn't see anyone taking temperatures ...it started getting hot about 10:30 a.m. I had a fan, but I didn't think about using it."</p> <p>Resident 20's MDS Assessment, dated 6/18/18, indicated Resident 20's BIMS score was 15 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/31/ at 5:00 p.m., during an interview regarding 7/21/18, Resident 25 stated, "We went to the church. The air conditioner wasn't working here. I have a fan, they turned it on for me when I came back ... I was sweating to death, I never sweat. I was a little light headed, I didn't complain. It started getting hot about 12 noon. It was [name of staff] checking the temperatures ... he didn't tell me how hot it was."</p> <p>Resident 25's MDS Assessment, dated 6/29/18, indicated Resident 25's BIMS score was 14 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>Review of All Facilities Letter (AFL 18-28) sent to healthcare facilities from the California Department of Public Health Licensing and Certification dated 7/5/18, indicated, "Facilities must implement recommended precautionary measures to keep individuals safe and comfortable during extreme hot temperatures and must have a contingency plans in place to deal</p>	F 684			

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F 684	Continued From page 49 with the loss of air conditioning, or in the case when no air conditioning is available, take measures to ensure patients and residents are free from adverse conditions that may cause heat-related health complications... It is important that facility administrators monitor weather conditions for fluctuations in extreme temperatures and take extra precautions to ensure appropriate air conditioning equipment is well maintained and operating effectively."	F 684			
F 741 SS=E	Review of the facility policy and procedure titled, "Quality of Life- Homelike Environment" dated 5/17, indicated, "Residents are provided with a safe, clean, comfortable, and homelike environment ...2. (h) Comfortable and safe temperatures (71 degrees F through 81 degrees F)." Review of [name of weather service] forecast for 7/20/18 and 7/21/18 indicated outside temperatures in [area of the facility] reached a high of 105 degrees F. on 7/20/18 and a high of 100 degrees F. on 7/21/18. Sufficient/Competent Staff-Behav Health Needs CFR(s): 483.40(a)(1)(2) §483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These	F 741		9/27/18	

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F 741	<p>Continued From page 50</p> <p>competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:</p> <p>§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)].</p> <p>§483.40(a)(2) Implementing non-pharmacological interventions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure the safety of 29 of 29 sampled residents (Resident 15, Resident 14, Resident 78, Resident 27, Resident 4, Resident 16, Resident 79, Resident 21, Resident 1, Resident 9, Resident 77, Resident 6, Resident 18, Resident 5, Resident 11, Resident 19, Resident 23, Resident 13, Resident 3, Resident 26, Resident 2, Resident 10, Resident 20, Resident 17, Resident 22, Resident 12, Resident 24, Resident 25, Resident 80) when employees lacked the knowledge and appropriate training on how and when to initiate Disaster Preparedness evacuation procedure.</p> <p>This failure placed all 29 residents in an unsafe environment and had the potential to cause injury to residents when employees did not initiate Disaster Preparedness evacuation procedures on 7/21/18.</p>	F 741	<p>F 741 –</p> <p>1. All residents of the facility were assessed for any injuries or complications from exposure to high temperatures upon return to the facility on 7/21/18 and no injuries were noted.</p> <p>2. Disaster Preparedness training with focus on multiple types of disasters (Fire, Earthquake, Extreme Weather Conditions, etc..), Emergency Operations Plan, Incident Command Center & Commander and Safe temperatures was provided to staff on 08/02/18 by the Administrator and Director of Staff Development and completion of all employees was accomplished on 8/30/18. Staff unable to attend were taken off schedule until able to come in for</p>		

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F 741	<p>Continued From page 51</p> <p>Findings:</p> <p>On 7/26/18 at 9:54 a.m., during an interview, the Executive Director (ED - the facility Administrator) stated the air conditioning unit for the facility failed on 7/21/18 which resulted in the evacuation of all 29 (Resident 15, Resident 14, Resident 78, Resident 27, Resident 4, Resident 16, Resident 79, Resident 21, Resident 1, Resident 9, Resident 77, Resident 6, Resident 18, Resident 5, Resident 11, Resident 19, Resident 23, Resident 13, Resident 3, Resident 26, Resident 2, Resident 10, Resident 20, Resident 17, Resident 22, Resident 12, Resident 24, Resident 25, Resident 80) residents; seven residents were transferred to local hospitals. The ED stated, "The [local] Fire Department (FD) took over and coordinated the transfer of residents..."</p> <p>On 7/27/18 at 1:50 p.m., during an interview regarding evacuation procedures conducted on 7/21/18, Certified Nursing Assistant (CNA) 12 stated she was in-serviced by the Director of Staff Development (DSD) on how to respond to a fire emergency only.</p> <p>On 7/30/18 at 11:40 a.m., during an interview, Housekeeper (HSK) 1 stated, "I'm unsure of how often in-services are supposed to be... I don't know which ones are mandatory... I can't remember emergency evacuation training."</p> <p>On 7/30/18 at 1:35 pm, during an interview, Licensed Nurse (LN) 1 stated an emergency evacuation drill was not done at the facility. LN 1 stated he watched an emergency training video during his new hire orientation in 2017. LN 1 stated he was told during orientation to use the</p>	F 741	<p>in-service and training.</p> <p>All new employees of the facility will be provided with In Service training for Disaster Preparedness by the DSD upon facility orientation.</p> <p>3. Director of Staff Development will do 5 monthly random checks of facility staffs knowledge about Disaster Procedures, EOP and INC. Staff will be required to answer all questions correctly on the questionnaires and perform return demonstrations, on the spot refreshers will be provided to staff as necessary.</p> <p>Director of Staff Development will provide facility staff with quarterly Disaster Preparedness, EOP and INC training refreshers and updates.</p> <p>4. The Director of Staff Development will present progress of random checks, staff participation and response to the monthly QA meeting. QA committee will review the trends of staff performance until the QA committee determines that further review is no longer necessary.</p> <p>5. 8/30/2018</p>		

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F 741	<p>Continued From page 52</p> <p>church across the street from the facility as an evacuation site in the event of an emergency. LN 1 stated, "I don't know where the [phone] number is located for the Church."</p> <p>On 7/30/18 at 2:35 p.m., during an interview, CNA 4 stated, "I've had very little training... the Director of Staff Development (DSD) hardly does any training... we might talk about it [Emergency Preparedness] but we don't practice."</p> <p>On 7/27/18 at 2:50 p.m., during an interview, CNA 5 stated she did not receive training on extreme weather conditions (such as hot weather alerts).</p> <p>On 7/31/18 at 6:40 a.m., during an interview, CNA 9 stated, "We don't know who to notify... I'm guessing we call 911... I think the emergency book is in the nurse's station."</p> <p>On 7/31/18 at 6:40 a.m., during an interview, LN 4 stated, "Past emergency preparedness in-services were for fire... we did it on orientation only... we did not practice evacuation."</p> <p>On 7/27/18 at 6:55 p.m., during an interview, the DSD stated no Disaster Preparedness In-service had been given to the facility's employees. The DSD stated, "I had not discussed Disaster Preparedness training with the new Administration."</p> <p>On 7/30/18 at 10:20 a.m., during an interview, the DON stated, "Disaster drills should have been performed [with all employees] on hire and at least once per year." The DON stated nurses should have evacuated when residents were in distress or unsafe.</p>	F 741			

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F 741	Continued From page 53 The facility's policy and procedure titled, "Staff Development Program" dated 12/09, indicated, "...10. The following in-service training classes are mandatory... g. Fire Safety and Disaster Preparedness."	F 741			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based an observation interview and record review, the facility failed to ensure its medication error rate was 5% or less when: During the medication pass at 8:07 a.m. on 7/24/18 two of 27 opportunities observed did not follow the physician orders for the administration of the medication. These errors represented a rate of 7.41%. This failure resulted in Resident 77 being administered the wrong medication and/or the wrong dose and the potential for adverse effects of the wrong medication. Findings: On 7/24/18 at 8:07 AM, during a medication pass and observation, LN 3 after review of physicians orders poured Pantoprazole one tablet 40 mg (milligrams) (unit of measurement) in a paper cup. The order indicated, Pantoprazole tablet 40 mg. give one tablet by mouth A.D. (before meals)	F 759	F 759 – 1. Resident 77 Physician was notified on 7/25/18 and no new orders were given. 2. All residents of the facility receiving medications have the potential of being affected, however, no other residents have been identified as being affected at this time. 3. The Director of Nursing and/or designee has completed a Medication Administration competency assessment for current licensed nurses on 08/24/18 and will complete a Medication Administration competency assessment for all newly hired licensed nurses during the orientation process and will update Medication Administration competency assessments annually. The Director of Nursing and/or designee	9/27/18	

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F 759	<p>Continued From page 54 breakfast for indigestion.</p> <p>On 7/24/18 at 8:06 AM, during a medication pass and observation LN 3 poured multiple vitamin one tablet from the bottle, the Medication Administration Record (MAR) indicated Multiple Vitamin with minerals P.O. (by mouth) 1 tablet daily into the paper cup along with the Pantoprazole and the eight other medication due at 8 a.m. LN 3 administered the medications to Resident 77.</p> <p>On 7/24/18 at 8:10 AM, LN 3, during an interview, was asked what the A.D. indicated on the Pantoprazole order. LN 3 then asked Resident 77 if he had breakfast. Resident stated "I already had breakfast in the dinning room." LN 3 also checked the vitamin bottle and order. LN 3 stated, "It's fine to give the Pantoprazole; there is an hour range from when the medication is ordered or an hour after the resident could have their medication's. She stated the vitamins were ok because they were both vitamins.</p> <p>On 7:25/18 at 2:40 PM, during an interview, the Director of staff Development (DSD) stated the last Inservice we had was on pharmacy policy and procedures. We (DON, DSD) Inservice the nurses on checking medication on medication pass for check for the 5 rights, right dose, right patient, right medication, right route and the right time before administering it to the resident.</p> <p>On 7/25/18 at 3:20 PM, during an interview in the conference room, the Director of Nursing (DON) stated the nurses are expected to follow the five rights when passing medication, right resident, wright medication, right dose, right route and the right time. The vitamin with minerals should not</p>	F 759	<p>will do 1 random monthly medication administration observation on 1 licensed nurse per month to ensure medications are administered as ordered and provide updated counseling/training as needed.</p> <p>The Director of Nursing and/or designee will complete a weekly audit of the eMAR to ensure that medications are given at ordered times, such as before meals and provide updated counseling/training as needed.</p> <p>4. The Director of Nursing will present progress, or any trends identified to the QA meeting monthly until the QA committee determines that further review is no longer necessary.</p> <p>5. 8/26/18</p>		

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F 759	Continued From page 55 have been given; it is not the same order. One has minerals the other doesn't; it should be given as the order says. The facility Policy and Procedure titled,"Administering Medications" dated 2001 indicated "...3. Medications must be administered in accordance with the orders, including any required time frame. 4. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders)...7. The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication right dosage, right time and right method (route) of administration before giving the medication..."	F 759			
F 803 SS=E	Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7) §483.60(c) Menus and nutritional adequacy. Menus must- §483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.; §483.60(c)(2) Be prepared in advance; §483.60(c)(3) Be followed; §483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups; §483.60(c)(5) Be updated periodically;	F 803			9/27/18

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F 803	<p>Continued From page 56</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to follow the recipe for cornbread prepared and served to 24 of 25 residents (Resident 15, Resident 14, Resident 16, Resident 79, Resident 21, Resident 9, Resident 77, Resident 6, Resident 18, Resident 5, Resident 11, Resident 19, Resident 23, Resident 13, Resident 3, Resident 26, Resident 2, Resident 10, Resident 20, Resident 17, Resident 22, Resident 12, Resident 24, Resident 25) when the serving size of the cornbread did not match the serving size on the menu.</p> <p>This failure had the potential to negatively affect the nutritional value of food served to residents.</p> <p>Findings:</p> <p>On 7/25/18 at 12:15 p.m., during an observation, concurrent interview, and record review in the Dining room, cornbread squares of various sizes were wrapped in plastic wrap and were served during the lunch meal service. The cornbread squared portions were not cut the same size. Cook 1 stated, "I cut regular pieces, [for] small portions they are cut in half... I don't measure squares... I eyeball it... the menu is for 48-98 servings... I don't follow that... I don't have that many residents." The Dietary Supervisor (DS)</p>	F 803	<p>F 803 <input type="checkbox"/></p> <ol style="list-style-type: none"> Dietary staff on duty was provided with immediate in-servicing for portion sizes on 7/25/18 by the Dietary Supervisor. All residents of the facility with oral diets have the potential to be affected. However, after a random meal observation by the DON and Dietary Supervisor on 8/22/18 and 8/24/18 no other residents have been identified as being affected. In Service training was provided to the dietary staff by the Dietary Supervisor for Following Menus and Portion Sizes for all meals on 08/22/18. <p>Dietary Supervisor will do weekly random observations of food preparation to ensure menus and portions are being followed.</p> <ol style="list-style-type: none"> The Dietary Supervisor will present progress and any trends identified to the monthly QA meeting until the QA 		

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F 803	<p>Continued From page 57</p> <p>stated, "Serving sizes on menus and recipes should be followed to make sure residents get what they need." The DS stated measuring equipment was not used to prepare the cornbread.</p> <p>On 7/31/18 at 2:00 p.m., during an interview, the RD stated cooks should be following recipes and portion sizes. The RD stated, "When portions are not followed, it may be robbing residents of nutrition... I do my calculations [calorie counts for residents] based on portions... they [menus] should be followed."</p> <p>On 8/1/18 at 9:45 a.m., during an interview, the RD stated she reviewed the menus and portion sizes and was unable to determine what sizes the cornbread squares were to be cut for the amount of residents to be served. The RD stated she contacted the [name] menu service and requested clarification.</p> <p>The facility policy and procedure titled, "Food Service Management Portion Control policy No. 565", dated 2014, indicated, "The menus specify the size portions... Standard portion control... pan size 12 X 20 X 2... servings [each serving total] 36 (one each) ... [cut measurement] 2 X 3 inches."</p> <p>The facility policy and procedure titled, "Food Service Management Portion Control policy No. 570", dated 2014, indicated, "Best practice is to use a production sheet for each meal stating the amounts of each item to prepare. Dietary staff will only prepare quantities listed on the production sheets."</p> <p>The facility document titled, "Week 3</p>	F 803	<p>committee determines that further review is no longer necessary.</p> <p>5. 8/26/18</p>		

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F 803	Continued From page 58 Wednesday... (01-05) Cycle 2 2018 (4WK)... Therapeutic Spreadsheet" dated 7/25/18, indicated, "2281 Cornbread... one each."	F 803			
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to store, prepare, and distribute food in accordance with professional food service safety when: 1. One pie was stored in a damaged plastic container in the freezer and was visibly freezer-burned. 2. One 2-quart plastic container filled with dry cereal was stored on a shelf and not dated.	F 812	F 812 <input type="checkbox"/> 1. Dietary Supervisor discarded the pie stored in damaged container immediately on 7/23/18. Dietary Supervisor discarded the dry cereal immediately on 7/23/18. Dietary aide re-washed and air dried the 4 metal pans the pans in question were on 7/23/18.	9/27/18	

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F 812	<p>Continued From page 59</p> <p>3. Two half-gallon metal pans and two quarter-gallon metal pans were stored wet, upside down and stacked instead of air-dried.</p> <p>4. The temperature of a dry food storage room registered 84 degrees Fahrenheit (F) (a scale of temperature) instead of maintaining the room temperature between 50 and 70 degrees (F).</p> <p>5. A food service dumbwaiter (a small elevator used to carry items such as food and dishes between floors) was visibly dirty while in use.</p> <p>6. Cook 2 did not perform hand hygiene during food preparation.</p> <p>7. A Certified Nursing Assistant (CNA) blew on Resident 24's meal to cool the food.</p> <p>These failures placed residents at risk for foodborne illness and food contamination.</p> <p>Findings:</p> <p>1. On 7/23/18 at 7:35 a.m., during an observation and concurrent interview in the kitchen, one lemon meringue pie, dated 7/19/18, was stored in a crushed plastic container on the second shelf of Freezer 2. The pie was white, dry and cracked. The Dietary Supervisor (DS) stated the pie had freezer burn (when air dries the food product) and should be thrown away.</p> <p>On 7/30/18 at 9:20 a.m., during an interview, the Director of Staff Development (DSD) stated freezer burn would cause foods to taste bad. The DSD stated, "Foods with freezer burn would not be very palatable (tasty or appetizing) for the</p>	F 812	<p>Portable Air cooler was placed in dry storage area to used during hot temperatures exceeding 81 degrees on 7/23/18.</p> <p>Maintenance Director cleaned the Food Service Dumbwaiter immediately on 7/23/18.</p> <p>Counseling and education for hand hygiene was immediately provided to Cook 2 by the Dietary Supervisor on 7/23/18.</p> <p>Director of Staff Development immediately provided counseling and education to all CNA staff on Assisting Residents with Meals on 08/02/18.</p> <p>2. All residents of the facility with oral diets have the potential to be affected.</p> <p>3. Dietary Staff was provided with in service training by the Dietary Supervisor for Food Storage, Temperature Monitors and Labeling/Dating Foods on 08/22/18.</p> <p>Dietary Staff was provided with in service training by the Dietary Supervisor for Cleaning and Storage of Equipment and Utensils on 07/27/18.</p> <p>Dietary Staff was provided with in service training by the Dietary Supervisor for</p>		

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F 812	<p>Continued From page 60 residents."</p> <p>On 7/31/18 at 9:08 a.m., during an interview, the Registered Dietician (RD) stated, "Food with freezer burn tastes bad and is less appealing... and should be tossed." The RD stated freezer burn altered the taste and texture of foods which could have affected the food intake and overall nutrition of the residents. The RD stated food items stored in damaged containers decreased the quality and safety of food.</p> <p>The facility's policy and procedure titled, "Food Receiving and Storage" dated 7/14, indicated, "4. When food is delivered to the facility it will be inspected for safe transport and quality before being accepted."</p> <p>2. On 7/23/18 at 7:40 a.m., during an observation and concurrent interview in the kitchen, one two-quart plastic container filled with dry cereal was not dated and stored on a shelf. The DS stated the container should have been dated. The DS stated the purpose of dated containers was to make sure stored foods were safe to eat and not old. The DS stated, "Everything should be dated... if it's not dated, it should be thrown away."</p> <p>On 7/31/18 at 9:08 a.m., during an interview, the RD stated it was important to date all food items and follow food storage guidelines. The RD stated, "When you take foods out of the original container to store, you lose the original expiration date... the purpose of labeling food with dates was to ensure food was not stored too long." The RD stated foods stored on a shelf for long periods of time would stale (no longer fresh or pleasant to eat) or grow bacteria (germs).</p>	F 812	<p>Hand Hygiene on 07/27/18.</p> <p>Director of Staff Development provided in service training to the CNA's for Assisting Residents with Meals on 08/02/18.</p> <p>Dietary Supervisor and/or Designee will complete daily inspections to ensure all items are cleaned, stored, dated and labeled according to policy and that the dumbwaiter is clean.</p> <p>Dietary Supervisor and/or Designee will do daily temperature checks of the dry storage room, log the results and immediately notify maintenance staff of temperatures that are out of range and deploy portable air conditioner as intervention.</p> <p>Dietary Supervisor will maintain a log of daily dumbwaiter inspections and cleanings.</p> <p>The Director of Staff Development will do random weekly observations of breakfast, lunch and dinner to ensure residents are properly assessed with meals and provide re-education to staff as needed.</p> <p>4. The Dietary Super will present progress and any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary.</p>		

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F 812	<p>Continued From page 61</p> <p>The facility policy and procedure titled, "Food Receiving and Storage" dated 7/14, indicated, "6. Dry foods that are stored in bins will be removed from original packing, labeled and dated ("use by" date)."</p> <p>3. On 7/23/18 at 7:45 a.m., during an observation and concurrent interview in the kitchen, two half-gallon metal pans and two quarter-gallon metal pans were stored upside down stacked and wet on a metal storage shelf. The DS stated, "It should not be like this, the moisture can cause bacteria [germs] to grow."</p> <p>On 7/30/18 at 9:25 a.m., during an interview, the DSD stated containers in the kitchen should not be stored upside down wet. The DSD stated, "The kitchen is hot and humid... there is a potential for waterborne bacteria (germs that grow in water and cause infection) when containers are stored wet... it increases the chances for disease and sickness." The DSD stated residents had a higher risk of getting sick due to their weak immune systems (cells that protect the body from infection).</p> <p>On 7/31/18 at 9:40 a.m., during an interview, the RD stated, "Pans should not be stored wet." The RD stated pans can grow bacteria and food can be contaminated. The RD stated contaminated food can make residents sick.</p> <p>The Food and Drug Administration 2017 Food Code Manual indicated, "Storing... 4-903.11 Equipment, Utensils... (A)... Cleaned equipment and utensils... shall be stored: (1) In a clean, dry location; (2) Where they are not exposed to splash, dust, or other contamination... (B) Cleaned equipment and utensils shall be stored</p>	F 812	5. 8/26/18		

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F 812	<p>Continued From page 62</p> <p>as specified in paragraph (A) and shall be stored: (1) In a self storing position that allows air drying; and (2) Covered or inverted."</p> <p>4. On 7/23/18 at 8:11 a.m., during an observation and concurrent interview in the dry storage room, the room temperature registered 84 degrees F on a thermometer (instrument used to measure temperature) located on the dry storage shelf. The DS stated, "The room should be kept below 81 degrees (F)."</p> <p>On 7/24/18 at 7:50 a.m., during an observation and concurrent interviews in the dry storage room, the room temperature registered 84 degrees F. Cook 2 confirmed the temperature. Cook 2 stated temperature in the dry storage room was not checked regularly. Cook 1 stated the temperature in the dry storage room should be kept below 80 degrees F. Cook 1 stated, "Temps (temperatures) over 80 (degrees F) can cause the growth of bacteria in some dry foods. Cook 1 also stated, "We put fans on the floor to circulate air so we don't get weevils [pest which can develop in stored food] or maggots [a very small worm] in the food."</p> <p>On 7/30/18 at 9:30 a.m., during an interview, the DSD stated temperatures over 80 degrees (F) were too hot for the dry food storage room. The DSD stated the storage room should have been maintained at a temperature level to prevent bacteria growth and pests (insects). The DSD stated food product spoiled when stored at high temperatures for long periods of time.</p> <p>On 7/31/18 at 9:40 a.m., during an interview, the RD stated warm temperatures in the food storage room can grow bacteria and bring pests or flies</p>	F 812			

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F 812	<p>Continued From page 63</p> <p>which can contaminate the food. The RD stated the facility should had followed Dry Food Storage Guidelines posted in the kitchen.</p> <p>A facility document titled, "Food receiving and Storage" dated 7/14, indicated, "Procedure... Storage areas will be well ventilated with an ideal temperature... 50 degrees through 70 degrees Fahrenheit."</p> <p>5. On 7/23/18 at 8:25 a.m., during an observation and concurrent interview in the kitchen, a thick sticky residue was on the bottom shelf of the food service dumbwaiter. The DS confirmed the thick sticky residue on the shelf and stated the shelf was missed when it was cleaned. The DS stated cooks and dietary aides were responsible for cleaning and sanitizing the dumbwaiter's shelves after each meal service. A thick black residue was on the dumbwaiter's metal pulley (a wheel with a rope used to lift objects). Used gloves, one packet of crackers, and food particles were seen on the floor beneath the dumbwaiter. The DS stated Maintenance was responsible for deep cleaning the dumbwaiter every month according to the cleaning schedule.</p> <p>On 7/24/18 at 8:50 a.m., during an observation and concurrent interview near the food service dumbwaiter, the Maintenance Supervisor (MS) stated, "I can see it's [dumbwaiter] not clean." The MS stated the dietary staff requested maintenance to clean the food service dumbwaiter but it [cleaning] was not done. The MS stated there was no communication log for maintenance requests in the kitchen. The MS stated, "They just tell me what's wrong during my daily rounds... and I fix it."</p>	F 812			

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F 812	<p>Continued From page 64</p> <p>On 7/31/18 at 9:18 a.m., during an interview, the RD stated the dumbwaiter was identified as unclean during a past kitchen inspection. The RD stated she had notified the DS of her findings and requested the dumbwaiter to be cleaned. The RD stated, "I told her [DS] it [dumbwaiter] shouldn't be like that ... it [dumbwaiter] can cause bacterial growth, bring insects or bring rodents [rats]." The RD stated the food service through a dirty dumbwaiter was not sanitary (clean).</p> <p>The facility log for dumbwaiter cleaning was requested but not provided.</p> <p>The facility policy and procedure on dumbwaiter cleaning was requested but not provided.</p> <p>6. On 7/25/18 at 11:20 a.m., during an observation and concurrent interview in the kitchen, Cook 2 touched the oven handrail twice with gloved hands during food preparation. Hand hygiene was not performed by Cook 2 after touching the oven and prior to going back to prepare food. Cook 2 stated, "I forgot to change my gloves and wash my hands... I should have because of germs." The DS stated, "She [Cook 2] should have washed hands and changed gloves in between tasks, there is a risk for transferring germs from the oven to the food... food contamination."</p> <p>On 7/31/18 at 9:10 a.m., during an interview, the RD stated appropriate hand washing in the kitchen was especially important. The RD stated the risk for cross contamination was high and it was an infection control issue. The RD stated hand hygiene should be performed frequently in between tasks.</p>	F 812			

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F 812	Continued From page 65 7. On 7/23/18 at 12:18 p.m., during an observation and concurrent interview in room 10, CNA 1 fed Resident 24 his pureed (a paste made with ground cooked food) meal. Resident 24 stated the temperature of the pureed food was too hot. CNA 1 held a spoonful of pureed food up to her mouth and blew on it. CNA 1 fed Resident 24 the food. CNA 1 stated, "I blew on it to cool it down for the resident... so he can eat." On 7/24/18 at 2:15 p.m., during an interview, the DSD stated meals should be stirred to disperse heat and cool foods. The DSD stated, "definitely not by blowing on it [resident food]... it [blowing] would spread germs, it [blowing] is an infection control issue." On 7/25/18 at 3:25 p.m., during an interview, the DON stated, "No one should ever blow or fan foods as a cooling measure for foods that were too hot... food should be stirred and left to cool down." The DON stated blowing on food was an infection control issue and could spread germs. On 7/31/18 at 9:13 a.m., during an interview, the RD stated, "Blowing on food is definitely not acceptable." The RD stated spit (saliva droplets) could have got on the food and germs spread. The RD stated it was an infection control issue.	F 812			
F 844 SS=C	Disclosure of Ownership Requirements CFR(s): 483.70(k)(1)-(3) §483.70(k) Disclosure of ownership. §483.70(k)(1) The facility must comply with the disclosure requirements of §420.206 and 455.104 of this chapter. §483.70(k)(2) The facility must provide written	F 844		9/27/18	

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F 844	<p>Continued From page 66</p> <p>notice to the State agency responsible for licensing the facility at the time of change, if a change occurs in-</p> <p>(i) Persons with an ownership or control interest, as defined in §§420.201 and 455.101 of this chapter;</p> <p>(ii) The officers, directors, agents, or managing employees;</p> <p>(iii) The corporation, association, or other company responsible for the management of the facility; or</p> <p>(iv) The facility's administrator or director of nursing.</p> <p>§483.70(k)(3) The notice specified in paragraph (k)(2) of this section must include the identity of each new individual or company. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to comply with State law concerning the process of Facility Name Change of Ownership (CHOW) when the facility proceeded to use a new name prior to having approval from the Centralized Applications Unit (CAU).</p> <p>This failure placed the facility out of compliance with State Regulation.</p> <p>Findings:</p> <p>On 7/31/18 at 9:15 a.m., during an interview, the Executive Director (ED) stated the facility was under new ownership and was not advertising the new name. The new name was there for accommodation for those residents who came after 6/1/18 under the new company name. The ED stated the facility's business license was</p>	F 844	<p>F 844 <input type="checkbox"/></p> <p>The clinical records for resident 15, 24 and 27 was reviewed and name updates to licensed name was made.</p> <p>All residents of the facility have the potential to be affected. After IDT review of resident records on 9/26/18 no other residents have been noted to be affected.</p> <p>On 9/26/18 the VP of Clinical Operations provided an in-service training to facility staff on the change of ownership process and using licensed name until change of ownership process has been completed and approved.</p> <p>DSD will educate staff on Facility Name change when the facility name change occurs in future. Administrator will make</p>		

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F 844	<p>Continued From page 67</p> <p>different from what the facility advertised. The ED stated he did not know what the status was regarding the new facility license name change. The master copy of the Change of Ownership (CHOW) application was at the attorney's office. ED stated, he understood that until the change of ownership was approved, the new ownership should not be posted. He stated the CHOW had not been finalized, "It usually takes 6 months to 1 year ." The ED stated the owner of the facility would have more information regarding the CHOW and Change of Name (CHON). He stated the owners of the company had filed for the CHOW before 6/1/18, He stated, "I do not have an exact date nor do I have any paperwork."</p> <p>On 7/31/18 at 9:40 a.m., during an interview, the owner (O) of the facility stated, the facility was under new ownership, and "assumed operations on 6/1/18.." The O stated a CHOW was submitted around the same time the new company took over facility operations . The O stated the law firm that handled the healthcare transactions submitted the CHOW. The O stated a Paralegal was following the status of the CHOW. The CHOW application is not kept on site, the attorney has the master copy.</p> <p>Review of electronic Internet public information titled, "Cal Health Find ...Facility Detail Pop Up" dated 7/6/18, indicated the facility was licensed under the previous Licensed State approved company name since, " 8/27/13 to present."</p> <p>Review of the facility electronic file titled, "Facility Applications Tab" dated 7/6/18, indicated the following pending applications were received, on 7/6/18 an application for Change of Indirect Owner (CHIO), on an application for CHOW</p>	F 844	<p>name change a QAPI Performance improvement project when name change happens.</p> <p>DSD will complete 3 random weekly interviews with staff in various departments, about "Facility Name". DSD will provide updated education on the spot as needed.</p> <p>DSD will present progress of monitoring and education to the QAPI every month for further review until the QAPI committee determines further review is no longer necessary.</p>		

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F 844	Continued From page 68 indicated the status was "Pending Assignment." On 7/31/18 at 9:28 a.m. ED produced a copy of the letter sent out from the facility to inform responsible party and/or family member of the change in ownership with the new name of the facility. Review of clinical record for Resident 15, Resident 24 and Resident 27, indicated the new name of the facility. The records did not reflect the name for which the facility was licensed under.	F 844			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(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: §483.80(a)(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;	F 880		9/27/18	

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F 880	<p>Continued From page 69</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p>			F 880			

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F 880	<p>Continued From page 70</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection control program designed to provide a safe and sanitary environment when:</p> <ol style="list-style-type: none"> 1. Resident 22's catheter was uncovered, nebulizer mask was unmarked, uncovered and a used urinal laid on the floor next to the bed. 2. Resident's 15's oxygen tube was unmarked and there was no sign for 'No Smoking' posted at the entrance of the room. 3. Resident 25's foley catheter bag was uncovered and his urinal hung on the trash can next to the bed. 4. Resident 1's urinal laid on the floor and his feeding bag had an expired date. 5. Certified Nurse Assistant (CNA) 7 fed Resident 18 without washing her hands. 6. Social Services Director (SSD) fed Resident 21 without washing her hands. 7. A white towel with a brown crusted particles was left on the shower room floor on the main shower room. 8. The Director of Staff Development did not wash hands after touching her nose and helping to feed Resident 10. 	F 880	<p>F 880 □</p> <ol style="list-style-type: none"> 1. On 7/23/18 Resident 22□'s Foley catheter was covered with a dignity bag; the nebulizer was cleaned, and a new mask was labeled and placed in a cover and the urinal was discarded. <p>On 7/23/18 the oxygen tubing for Resident 15 was changed and dated and a no smoking sign was placed at the entrance to the room.</p> <p>On 7/23/18 Resident 25□'s Foley catheter bag was placed in a dignity bag and his urinal was discarded.</p> <p>Resident 1'□s urinal and feeding bag was immediately discarded on 7/23/18.</p> <p>CNA 7, SSD and DSD was educated by the VP of Clinical Operations on handwashing 7/23/18.</p> <p>The white towel was immediately picked up and removed from the shower room on 7/23/18.</p> <ol style="list-style-type: none"> 2. All residents of the facility have the potential to be affected. 3. The Director of Staff Development provided facility staff with in service 		

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F 880	<p>Continued From page 71</p> <p>These failures placed residents at risk for cross contamination and infection and result in health related disease.</p> <p>Findings:</p> <p>1. On 7/23/18 at 07:40 AM, during initial tour in Resident 22's room, Resident laid in bed her foley catheter hung from the bed rail uncovered with approximately 300 cc of amber colored urine in the bag . The nebulizer machine laid on the bed with the mask unmarked and uncovered on top of the machine .</p> <p>On 7/23/18 at 8:30 AM, during initial tour and concurrent interview, DSD stated the nebulizer mask should be labeled and covered with a plastic bag when not in use. It's infection control, we want to make sure nothing gets passed on (germs-bacteria).</p> <p>2. On 7/23/18 at 7:45 AM, during initial tour in room 3b and concurrent interview with the DSD, Resident 15 was on oxygen running at 3 L/M via nasal canula. The oxygen tubing was undated and there was no sign noted at the entrance of the room announcing oxygen was in use. There was no sign indicating No Smoking. DSD stated nobody is going to be smoking, I'm not sure what the policy is on posting signs."</p> <p>On 7/25/18 at 3:20 PM, during an Interview in the conference room, DON stated the sign (meaning No Smoking) on the door should be put up.</p> <p>On 7/23/18 at 08:25 at AM, during an interview in the conference room, DSD stated nobody smokes here I'm not sure what the policy is but I'll check and put one up (No Smoking sign).</p>	F 880	<p>training for Infection Control: Safe and Sanitary Environment/ Hand Hygiene on 08/02/18.</p> <p>The Director of Staff Development will provide in service training to facility staff on "infection control" topics such as hand hygiene, clean environment, cross contamination prevention, using PPE etc. every quarter.</p> <p>The Director of Staff Development and/or Director of Nursing and/or Designee will complete daily infection control rounds/observations and address any noted issues immediately, and re-educate staff on the spot as needed.</p> <p>4. The Director of Staff Development will present progress and any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary.</p> <p>5. 8/26/18</p>		

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F 880	<p>Continued From page 72</p> <p>The facility policy and procedure titled, " Oxygen Administration" dated 2001, indicated ...Equipment and Supplies...The following equipment and supplies will be necessary when performing this procedure...4. "No Smoking/Oxygen in Use" signs;...</p> <p>3. On 7/23/18 at 7:50 AM, during an initial tour in room 5, Resident 25's foley catheter bag was uncovered and the urinal hung on her trash can next to the bed. The resident stated, "They (staff) put it (urinal) there after they empty my catheter bag."</p> <p>On 7/23/18 at 07:51 AM, during an interview, the DSD stated,"The urinals should be placed in a plastic bag. I'm not sure how often they change them.</p> <p>4. On 7/23/18 at 8:05 AM, during an initial tour in room 6 with the DSD, Resident 1's used urinal laid on the floor beside the bed. A used feeding bag hung from the feeding pole dated 7/21/18. DSD stated, "The feeding bags are changed every 24 hours, day shift changes them. That needs to be changed. The urinals usually are at the bed side; they should be marked."</p> <p>On 7/25/18 at 3:20 PM, during an interview with the DON, she stated the feeding bags should be changed daily, usually on the day shift.</p> <p>On 7/24/18 at 2:15 PM, DSD stated resident urinals were stored on the floor under tables , should always be wrapped with clear trash bags. Urinals were transported to community restrooms in clear trash bags by CNAs. CNAs were to wear gloves and perform hand hygiene/ sanitizing after</p>	F 880			

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F 880	<p>Continued From page 73</p> <p>handling urinals. Urinals changed every Monday by day shift or done sooner if visibly soiled. Urinals are to remain in clear trash bags for prevention of spills/ infection control.</p> <p>5. On 7/23/18 at 12:10 PM, during an observation and interview in the dinning room, CNA 7 picked up a chair then placed it at the table sat down and proceeded to feed Resident 18. CNA 7 then handled the cups, plates and fed the resident without washing or sanitizing her hands.</p> <p>6. On 7/23/18 at 12:37 PM, during an observation and interview in the dinning room the SSD was observed feeding Resident 21 after passing out trays and setting up residents without first washing her hands or using hand sanitizer.</p> <p>On 7/23/18 at 12:28 PM CNA 7 stated we are supposed to wash our hands before we start feeding residents. CNA 7 stated, "I should have washed my hands for cross contamination prevention. The germs could get them (Residents) sick."</p> <p>On 7/24/18 at 2:15 PM, during an interview regarding good hand hygiene technique, the DON stated hand washing should be performed before tasks, when visibly soiled, when performing finger stick glucose and after using gloves. All staff should wash hands before serving meals or when touching residents. If hand hygiene is not done there is a risk for cross contamination. The DON stated sanitizing with hand sanitizer is permissible when touching trays only. Hand hygiene for resident/staff safety, there are possibilities of cross contamination when infection control is not followed.</p>	F 880			

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F 880	<p>Continued From page 74</p> <p>7. On 7/23/18 at 8:45 a.m., during an observation and concurrent interview in the main shower room, a white towel with dry crusted brown particles was found in stall one on the floor. CNA 2 stated the shower had not been used and was unsure of how long the towel had been on the floor. CNA 2 stated, "It can't be left on the floor because of germs... we can spread germs to residents from our shoes." CNA 2 placed the towel in a clear plastic bag. CNA 2 stated the clear bag was used for soiled linens.</p> <p>On 7/30/18 at 9:30 a.m., during an interview, the DSD stated, "Dirty linen and towels should go directly into the linen bag and not touch the ground, ever... that is a risk for contamination... it 's an infection control issue." The DSD stated every staff person was responsible for maintaining infection control.</p> <p>On 8/1/18 at 6:45 a.m., during an interview, the Housekeeping Supervisor (HKS) stated towels or linen should not be left on any floor and should be placed into the white bags immediately after use. The HKS stated linen bags should be transported to the area where it was used so linen could be placed in the bags after use. The HKS stated it was an infection control and safety issue. The HKS stated, "It can spread germs or someone can fall." The HKS stated it was everyone's responsibility to properly handle linens and maintain infection control.</p> <p>The facility policy and procedure titled, "Laundry and Bedding, Soiled " dated 7/2009, indicated, "1. Soiled laundry and bedding (e.g...towels) contaminated with...potentially infectious materials must be handled as little as possible... 2. Place contaminated laundry in a bag or</p>	F 880			

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F 880	<p>Continued From page 75 container at the location where it is used."</p> <p>The facility policy and procedure titled, " Infection Control Guidelines for all Nursing Procedures" dated 2005, indicated...To provide guidelines for general infection control while caring for residents...1. Standard Precautions will be used in the care of all residents ..."</p> <p>8. On 7/23/18 at 12:06 p.m., during an observation and concurrent interview in the dining room, the Director of Staff Development (DSD) assisted Resident 10 with his meal. The DSD scratched her nose with her bare hand then grabbed a disposable cup by the rim for Resident 10. Hand hygiene was not performed after the DSD scratched her nose. The DSD confirmed she had not performed hand hygiene and stated, "I shouldn't have touched it [disposable cup] with my hands... they teach us not to grab cups at the rim... because hands have germs."</p> <p>On 7/23/18 at 12:37 p.m., during an observation and concurrent interview in the Dining room, the Director of Social Services (DSS) served and assisted residents with their meals in the Dining room. The DSS handled the residents' food trays, cups, and silverware with bare hands. Hand hygiene was not performed by the DSS in between residents. The DSS stated, "I know they teach us to wash our hands before serving meals and to sanitize between every resident... it [hand washing] didn't happen."</p> <p>On 7/24/18 at 2:15 p.m., during an interview, the DSD stated hand hygiene should be performed before serving food. The DSD stated the DSS should have washed her hands before she assisted residents with their lunch meal trays.</p>	F 880			

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F 880	Continued From page 76 On 7/31/18 at 9:10 a.m., during an interview, the RD stated hand sanitizing must be performed when residents were assisted with meals, after equipment or utensils were handled and when tasks were changed. The RD stated poor hand hygiene in between assisting residents can result in cross contamination of germs. On 7/25/18 at 3:25 p.m., during an interview, the Director of Nurses (DON) stated every staff person was expected to wash hands when meal trays were served, between resident care and when hands were visibly soiled. The DON stated hand hygiene was part of infection control and there was a possibility of cross contamination between residents, staff, and objects when infection control was not followed.	F 880			
F 908 SS=L	Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain mechanical and electrical facility equipment in a safe operating condition for 29 of 29 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 9, Resident 10, Resident 11, Resident 12, Resident 13, Resident 14, Resident 15, Resident 16, Resident 17, Resident 18, Resident 19, Resident 20, Resident 21, Resident 22, Resident 23, Resident 24, Resident 25, Resident 26, Resident 27, Resident 77, Resident 78, Resident 79, Resident 80) when:	F 908	F 908 <input type="checkbox"/> 1. Fan provided to Resident 19 was discarded on 7/23/18. On 7/21/18 well motor was replaced, and facility was in compliance with safe, comfortable temperatures by 7pm. On 7/27/18 the air filters were changed and dated by the Maintenance Supervisor.	9/20/18	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555892	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/18/2018
NAME OF PROVIDER OR SUPPLIER SELMA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2108 STILLMAN SELMA, CA 93662		
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F 908	<p>Continued From page 77</p> <p>1. A pump which fed water into the facility's heating, ventilation, and air conditioning chiller unit (HVAC system) was not monitored, not maintained and failed to work on 7/21/18.</p> <p>2. A fan in disrepair was provided for use to Resident 19.</p> <p>The failure to monitor and maintain facility mechanical and electrical equipment resulted in the breakdown of the facility HVAC system and the need to evacuate 29 residents from the facility [cross reference F584 and F 684]; and directly led to seven residents (Resident 15, Resident 78, Resident 24, Resident 27, Resident 4, Resident 6, Resident 12) being transferred to an acute care hospital. The local fire department and emergency services assessed the safety of the residents and determined an unsafe temperature environment for the residents and ordered the evacuation to a nearby church; the residents were displaced for several hours.</p> <p>For Resident 19 the failure resulted in the use of a fan in disrepair and placed Resident 19 at potential harm for injury.</p> <p>The Centers for Medicare & Medicaid Services Regional Office (CMS RO) reviewed the facility deficient practices and determined the identified potential serious harm to all residents and the serious actual harm to Resident 4, Resident 6, Resident 12, Resident 15, Resident 24, Resident 27, and Resident 78 warranted an Immediate Jeopardy (IJ) situation. An IJ was called by the District Office (DO) on 9/11/18 at 11:10 a.m., via telephone conference with the facility administrator. The DO explained to the facility</p>	F 908	<p>2. All residents were found to be affected by this finding.</p> <p>3. Facility completed project on 9/11/18 to connect City water supply to the Chiller as a backup in case of Well pump failure.</p> <p>On 08/14/18 Administrator provided in service training to the Maintenance Supervisor for Maintaining Equipment in Proper Working Condition and Maintaining Inspections and Vendor Records.</p> <p>On 8/14/18, all available staff was in-serviced to notify maintenance about any equipment failure immediately and enter in maintenance log available at nurses station.</p> <p>Maintenance Supervisor and/or Designee will complete daily inspections of the well and chiller system to ensure it is functioning properly.</p> <p>Maintenance Supervisor will inspect equipment prior to residents use to ensure it is functioning properly and safe to use.</p> <p>Facility created an action plan to address Air Conditioning Failure which is now part of facility's Emergency Operations Plan and included in Disaster Binder.</p>		

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F 908	<p>Continued From page 78</p> <p>administrator an amended 2567/Statement of Deficiencies would be submitted to the facility to reflect the IJ with scope and severity of L called at F 584 and F 908; and an additional deficient practice at F 684 with scope and severity of L would be added. A written Action Plan to address the IJ situation was requested to be submitted.</p> <p>An acceptable Action Plan was received on 9/14/18 and communicated to the facility Administrator. An onsite visit was conducted on 9/18/18 and validated implementation of interventions meant to address the IJ. The IJ was removed on 9/18/18 at 3:35 p.m. and communicated to the facility Administrator.</p> <p>Findings:</p> <p>1. On 7/26/18 at 9:54 a.m., during an interview, the Executive Director (ED - facility Administrator) stated the water pump for the chiller (HVAC unit) broke on 7/21/18 at 7:40 a.m. which caused the air conditioning cooling unit to fail. The ED stated, "It just went out, there was no way of checking it." The ED stated the water pump had not been maintained and was not part of maintenance's monthly routine inspection. The ED stated, "My plan now is researching how to maintain the pump." The ED stated he had not considered the water pump a major repair.</p> <p>On 7/26/18 at 3:55 p.m., during a group interview with the Maintenance Supervisor (MS) and the Director of Plant Operations (DPO), the MS stated he was called to the facility the morning of 7/21/18 and arrived at 10:00 a.m. The MS stated at 12:00 p.m. it was determined that the water pump which fed water into the chiller was broken. The MS stated, "We thought it was a problem</p>	F 908	<p>Responding to Air Cooling System Failure Action Plan <input type="checkbox"/>---</p> <p>The Charge Nurse will initially act as the Incident Commander and will immediately notify Facility Administrator, DON, Medical Director and Maintenance Director upon any failure of the air-cooling system.</p> <p>Facility Administrator, Maintenance Director and DON or Designee will report to the building after notification to assist with plan within 1 hour. Upon arrival, the DON or designee will take over as the Incident Commander.</p> <p>Incident Commander will immediately put the following measures in place.</p> <p>Charge nurse will immediately begin to triage residents for any changes from their base line. Triage will consist of assessing respiratory status, comfort level, vital signs, delirium, lethargy and hydration status. Charge nurse will begin with residents at highest risk such as residents with respiratory problems, renal failure, on high-risk medications such as diuretics, psychotropic medications, those who are total dependent, non-verbal, etc. Resident's status will be documented in their medical record following the triage.</p> <p>Charge nurse will notify Medical Director of the status of each resident. The Charge Nurse, with the Physician's input, will identify individuals with signs and symptoms that might reflect fluid and electrolyte imbalance or heat related</p>		

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F 908	<p>Continued From page 79</p> <p>with the water supply so we called the Fire Department (FD) to see." The MS stated he had contacted a company to evaluate the pump. The MS also stated, "They [company] felt the pump was an emergency and it [water pump] had to get fixed right away." The MS stated the company located a pump and had it replaced by 5:00 p.m. on 7/21/18. The MS stated they were unsure of how long it would take to fix. The MS stated, "It was a Saturday ... we're lucky we could get it fixed." The MS stated the maintenance staff communicated with the ED throughout the day to keep the ED informed of what was happening. The DPO stated, "On Saturday [7/21/18] the service technician diagnosed water was not flowing through the chiller... the pump was bad... water was present but the pump did not pump water." The DPO also stated no type of maintenance to the water pump was performed prior to 7/21/18. The DPO stated, "There is only one pump which is submerged in water... was unable to assess."</p> <p>On 7/26/18, at 3:55 p.m., during observation and concurrent interview outside the facility, a metal box stood next to the water pump unit. The DPO stated the metal box was the control box for the water pump. The DPO stated, "The control box can tell if the pump is disconnected ..." The DPO stated no type of maintenance had been done to the control box.</p> <p>On 7/26/18 at 6:55 p.m., during an interview, the Director of Staff Development (DSD) stated the ED or the Director of Nurses (DON) should have determined earlier that day if the evacuation of residents from the facility was necessary. The DSD stated the facility temperature felt warm when she had arrived at the facility on 7/21/18 at</p>	F 908	<p>illness and determine further interventions that may be needed at that time.</p> <p>Direct CNA's to dress their assigned residents in lightweight, loose fitting clothing.</p> <p>Direct CNA's to pass fresh water to each of their assigned residents. CNA's will check water every hour and refresh as needed. CNA's should encourage 2 glasses (16 ounces) of water every hour.</p> <p>Direct Dietary Staff to set up hydration stations at the nurse's station and in the activity room for residents, family and staff.</p> <p>Direct CNA's to provide assigned residents with cool, moist towels.</p> <p>Direct CNA's to provide and encourage residents to eat popsicles between meals.</p> <p>Instruct CNA's to monitor their assigned residents' vital signs every hour and if verbal ask resident if they are comfortable, then report results back to charge nurse.</p> <p>o Instruct CNA's to monitor their assigned residents hourly for any adverse changes in resident condition that can be heat related and immediately report back to the charge nurse changes such as:</p> <ul style="list-style-type: none"> ¿ Unconsciousness ¿ Dizziness, Nausea and confusion ¿ Red, hot and dry skin ¿ Rapid, strong pulse ¿ Headache ¿ Muscle cramps, weakness ¿ Paleness, tiredness 		

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F 908	<p>Continued From page 80</p> <p>4:30 p.m. The DSD stated, "From what I saw, the residents were hot."</p> <p>On 7/27/18 at 1:50 p.m., during an interview, Certified Nursing Assistant 12 (CNA 12) stated she arrived to work at 6:10 a.m. on 7/21/18. CNA 12 stated the facility environment felt hot and muggy and mentioned it to the charge nurse. CNA 12 stated the charge nurse had spoken to maintenance. CNA 12 stated, "I was sweating just walking ... the residents started feeling uncomfortable after lunch time."</p> <p>On 7/27/18 at 2:50 p.m., during an interview, CNA 5 stated she arrived to work at 2:15 p.m. on 7/21/18. CNA 5 stated, "It [the facility] felt hotter inside than outside ... they told me the AC [air conditioner] was broke." CNA 5 stated she had not checked the thermostats. CNA 5 stated, "[Resident 3] looked dehydrated ... he looked drowsy with eyes half opened and shut and he complained that it was really hot ... the nurse [LN 5] told me to give him ice and sit him in front of a fan." CNA 5 stated, "the FD [fire department] showed up ... they said the facility was too hot ... the fireman approached me and two other CNAs [CNA 13 and CNA 14] and asked us if we thought residents were safe here. We all responded no... as soon as we told them we started evacuation procedures." CNA 5 stated the ED, the DON, and the DSD arrived during the evacuation.</p> <p>On 7/27/18 at 3:20 PM, during an interview, Licensed Nurse 3 (LN 3) stated on 7/21/18 she was the PM shift charge nurse for the facility. LN 3 stated the AM shift charge nurse (LN 5) reported the facility's air conditioner was broken and cooling measures for the residents had been provided during the day. LN 3 also stated LN 5</p>	F 908	<p>Instruct Maintenance Staff or Designee to immediately start monitoring facility temperatures every hour. Temperatures will be placed in log for reference and relayed to the Charge Nurse, DON and Administrator.</p> <p>Instruct Maintenance Staff or Designee to set up Activity Room as the designated cooling area. The designated cooling area is equipped with window AC unit and has capacity to hold 34 residents. Additional 2 Portable Water Coolers will be placed in cooling room to maintain safe temperatures.</p> <p>Evacuation/Transfer <input type="checkbox"/>--</p> <p>If facility temperatures continue to rise to an unsafe level for residents as determined by consultation with the Medical Director, DON, Administrator and Charge Nurse the facility will proceed to implement facility evacuation procedures.</p> <p>The DON as the Incident Commander will ensure transfers are made appropriately according to acuity as determined by triaging residents. Residents with a higher risk status as determined by the Charge Nurse assessment, will be evacuated as first priority then lower risk, lower acuity residents will follow.</p> <p>Residents requiring a higher level of care as determined by the Charge Nurse assessment and consultation with DON</p>		

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F 908	<p>Continued From page 81</p> <p>reported the FD had been called to the facility twice and had given instructions to evacuate the residents if ambient (surrounding environment) temperatures in the facility rose throughout the day. LN 3 stated the FD Chief returned to the facility at 4:00 p.m. and ordered the evacuation of the residents when Maintenance [staff] had not purchased and delivered portable air conditioning units to the facility.</p> <p>On 7/31/18 at 4:00 p.m., during an interview, the (local) FD Fire Chief stated, "I was the contact on the scene because the nurse [LN 5] was having trouble reaching any of her supervisors... I told her I would assist in giving her direction as to evacuation." The FD Chief stated the evacuation of residents was initiated based on the facility's environment and a potential for harm to the residents. The FD Chief stated temperatures in the facility were well above 81 degrees Fahrenheit (F) and cooling measures initiated by the facility were ineffective. The FD Chief stated, "One resident was bobbing his head like he was going to pass out...bedridden residents with multiple issues were transferred out." The (local fire department) FD Chief stated he had not spoken to the ED prior to 4:00 p.m. when the ED arrived during the facility's evacuation.</p> <p>On 7/30/18 at 10:20 a.m., during a telephone interview, the DON stated the AM shift charge nurse (LN 5) notified her of the broken air conditioning unit on 7/21/18 at 8:00 a.m. The DON stated she instructed the charge nurse to contact the Maintenance Department staff and distribute ice water, cool wash rags, and fans to the residents. The DON also stated she instructed the charge nurse to monitor the residents for signs and symptoms of heat</p>	F 908	<p>and Medical Director, will be transferred by ambulance to the nearest acute care hospital.</p> <p>Residents that are stable as determined by the Charge Nurse assessment and consultation with DON and Medical Director will be transferred via facility van (3 available).</p> <p>On 7/27/18 facility executed transfer agreements for emergencies with 4 skilled nursing facilities and is also participating in Fresno Mutual Aid Compact MOU among 25 skilled nursing facilities in Fresno area as part of CAHF Disaster Preparedness initiative.</p> <p>Incident Commander will first contact the following 4 skilled nursing facilities in which a transfer agreement for emergencies is in place to coordinate how many beds are available and how many residents they can accommodate.</p> <ul style="list-style-type: none"> o Facility 1 [REDACTED] o Facility 2 [REDACTED] in Fresno. o Facility 3 [REDACTED] o Facility 4 [REDACTED] <p>If above contracted facilities can not accommodate all residents, the Incident Commander will reach out to Fresno County Emergency Services Agency Coordinator/Medical Health Operational</p>		

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F 908	<p>Continued From page 82</p> <p>exhaustion. The DON stated, "I told her to monitor for nausea and vomiting, excessive sweating, increased fatigue, [and] decreased level of consciousness." The DON stated the charge nurse told her maintenance had contacted a service technician and repairs to the air conditioner were being done. The DON stated maintenance recorded facility temperatures and reported the temperature readings directly to the ED. The DON stated she did not know what the facility's ambient temperature was on 7/21/18. The DON also stated she did not know what facility temperature should have been to minimize risks to residents but considered 89 degrees F. a safe temperature. The DON stated she was notified by the PM Nurse (LN 3) the FD mandated the evacuation. The DON stated nurses should have evacuated when residents were in distress or unsafe.</p> <p>Review of facility document titled, "Daily Inspection Records" dated 7/21/18, indicated an hourly log of temperature readings for 20 facility resident rooms including the dining room, the east hall, the west hall, and the north/south hall. The log indicated temperature readings were to be recorded hourly from 8:00 a.m. through 7:00 p.m. Recorded temperatures from 8:00 a.m. to 11:00 a.m. were omitted from the log. The first recorded temperature readings were at 12:00 p.m. for room one through room 20, including the dining room, the east hall, the west hall, and the north/south hall with temperatures ranging from 77 degrees F. up to 79 degrees F. Temperature readings at 1:00 p.m. in the areas listed ranged from 83 degrees F. to 84 degrees F. Temperature readings at 2:00 p.m. in the areas listed ranged from 85 degrees F. to 88 degrees F. Temperature readings at 3:00 p.m. in the areas listed ranged</p>	F 908	<p>Area Coordinator to facilitate transfer of residents to Fresno SNF's Mutual Aid Compact participating facilities (25 total facilities) to coordinate available beds. (Contact information for these facilities is also in the facility disaster binder)</p> <p>Charge Nurse or Designee will contact responsible party prior to transfer to inform them of the plan.</p> <p>Maintenance/ Upgrade of Air Conditioning System <input type="checkbox"/>--</p> <p>On 9/11/18 project to connect City water supply to the Chiller as a backup in case of well pump failure was completed by the contracted vendor [REDACTED].</p> <p>Maintenance Supervisor and/or Designee will complete daily inspections of the well and chiller system to ensure it is functioning properly by checking for water flow and checking blowing cool air.</p> <p>On 9/12/18 facility received CapEx project approval to replace current chiller system with a new HVAC system, OSHPD approval requested, IOR has been retained - 9/12/18.</p> <p>OSHPD official conducted site visit on 09/13/18.</p> <p>In Service Training <input type="checkbox"/>--</p> <p>DSD has provided the following In-Service Training to all staff</p> <ul style="list-style-type: none"> o A. Emergency Operations Plan, 		

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F 908	<p>Continued From page 83</p> <p>from 87 degrees F. to 88 degrees F. Temperature readings at 4:00 p.m. in the areas listed ranged from 86 degrees F. to 89 degrees F. Temperature readings at 5:00 p.m. in the areas listed ranged from 84 degrees F to 89 degrees F. The temperature range should have been maintained between 71 degrees F. and 81 degrees F.</p> <p>On 7/30/18 at 2:23 p.m., during an interview, Resident 3 stated, "It was very hot on Saturday ... I felt fatigued. It got very hot by mid-morning and I was given oxygen because I could not breathe." Resident 3 also stated, the Director of Social Services (DSS) sat him in front of a floor fan to cool off. Resident 3 stated, "A nurse checked my blood pressure and it was too high ... I felt sick until Monday ... I had difficulty breathing ... I was using oxygen off and on until today ... they offered ice water, towels wet with ice, but they didn't really work, I just felt bad."</p> <p>Resident 3's Minimum Data Set (MDS) Assessment, dated 7/23/18, indicated Resident 3's Brief Interview for Mental Status (BIMS) score was 13 of 15 which indicated the resident was cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>On 7/30/18 at 2:35 p.m., during an interview in regards to 7/21/18, Resident 11 stated, "It started getting really hot mid-afternoon ... really hot, sticky, muggy, and uncomfortable."</p> <p>Resident 11's MDS Assessment, dated 7/23/18, BIMS score was 12 of 15 which indicated the resident was moderately cognitively intact with regard to memory and ability to make reasonable judgements.</p>	F 908	<p>Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures. Started 8/2/18 and completed on 8/22/18.</p> <p>Maintenance Director provided the following In-Service Training to all staff <input type="checkbox"/></p> <ul style="list-style-type: none"> o How to access and turn on back up city water supply to Chiller in case of well motor failure with return demonstration. All staff In-service started on 9/12/18 and completed on 9/20/18. <p>On 8/14/18 Administrator in-serviced maintenance director on maintaining equipment in working order, preventive maintenance, maintaining outside vendor repairs and inspection records and inspecting well motor function and keeping logs of those inspections, maintenance and repairs.</p> <ul style="list-style-type: none"> o Maintenance Director will immediately report any problems to the Administrator and schedule any repair, corrections or vendor visit necessary. <p>Facility Wide Exercise was completed with Focus on Activation of EOP, Nursing Home Incident Command System and Evacuation Procedures on 8/30/18 with Supervision and feedback provided by Selma Fire Department. Areas addressed included Emergency Operations Plan, Nursing Home Incident Command System and Communication</p>		

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F 908	<p>Continued From page 84</p> <p>Resident 14's progress notes dated 7/21/18 at 6:28 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 16's progress notes dated 7/21/18 at 5:48 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 79's progress notes dated 7/21/18 at 6:14 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 21's progress notes dated 7/21/18 at 6:05 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 1's progress notes dated 7/21/18 at 6:05 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 9's progress notes dated 7/21/18 at 7:21 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 77's progress notes dated 7/21/18 at 5:46 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 18's progress notes dated 7/21/18 at 6:11 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 5's progress notes dated 7/21/18 at</p>	F 908	<p>Plan.</p> <p>Director of Staff Development will provide facility staff with quarterly Disaster Preparedness training refreshers and updates. Quarterly/Ongoing</p> <p>DSD will audit In-Service Training records weekly until all staff has completed the In-Service Training.</p> <p>Evidence of the In-Service Training will be documented and submitted to CDPH.</p> <p>All new employees of the facility will be provided with In Service training by the DSD upon facility orientation for the following:</p> <ul style="list-style-type: none"> o A. Emergency Operations Plan, Incident Command Center, Evacuation Procedures, Communication during a Disaster, Tracking Staff and Residents during Disaster, Resident Safety and Safe Temperatures. o How to access and turn on back up city water supply to Chiller in case of well motor failure with return demonstration <p>Monitoring <input type="checkbox"/>--</p> <p>Director of Staff Development will do monthly random checks of facility staffs <input type="checkbox"/> knowledge about Disaster Procedures, EOP and INC. Knowledge will be based on ability to answer random questions and return demonstration, which include:</p> <p>1. What are safe temperatures?</p>		

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F 908	<p>Continued From page 85</p> <p>6:17 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 11's progress notes dated 7/21/18 at 6:27 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 19's progress notes dated 7/21/18 at 6:08 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 23's progress notes dated 7/21/18 at 6:29 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 13's progress notes dated 7/21/18 at 5:55 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 3's progress notes dated 7/21/18 at 6:27 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 26's progress notes dated 7/21/18 at 5:48 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 10's progress notes dated 7/21/18 at 6:15 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 20's progress notes dated 7/21/18 at 7:15 p.m., indicated, "Resident was evacuated</p>	F 908	<p>2. What area of the facility is a designated cooling space?</p> <p>3. How do we keep the residents hydrated?</p> <p>4. How often are facility temperatures monitored?</p> <p>5. Show me how switch the chiller system from well to city water?</p> <p>6. Show me how to tell if the chiller is working?</p> <p>7. Where can you find out what to do during a cooling failure if you forgot?</p> <p>Additional random questions for nurses may also include</p> <p>1. What do you monitor for hydration status and heat exposure?</p> <p>2. What type of residents are at a high risk for heat related illness?</p> <p>3. When should the DON and Administrator be notified during a cooling system failure?</p> <p>4. When should assessments be completed?</p> <p>On the spot refreshers will be provided to staff as necessary. Director of Staff Development will provide in-services, training refreshers and updates to facility all-staff with quarterly on topics of Disaster Preparedness, EOP Action Plan and INC.</p> <p>The Administrator will present progress of action plan to the monthly QAPI committee for further review and until the QAPI determines further review is no longer necessary.</p>		

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F 908	<p>Continued From page 86</p> <p>due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 17's progress notes dated 7/21/18 at 6:13 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Resident 22's progress notes dated 7/21/18 at 5:45 p.m., indicated, "Resident evacuated from facility due to heat."</p> <p>Resident 25's progress notes dated 7/21/18 at 5:58 p.m., indicated, "Resident was evacuated due to heat exposure for safety. Resident evacuated to church across the street."</p> <p>Review of the Fire Department Incident Report dated 7/21/18, indicated the FD was dispatched at 4:09 p.m. to the facility to assist in the removal of 29 convalescent residents after the mechanical breakdown of an HVAC unit. The report also indicated, "Temperature inside the facility exceeded 80 plus degrees with multiple patients [residents] suffering from heat related illnesses ... seven patients required transport to hospital via [by way of] ambulance."</p> <p>Resident 15's progress notes dated 7/21/18 at 4:32 p.m., indicated, "Resident transferred to the ER [Emergency Room] due to facility evacuation. MD ordered."</p> <p>Resident 15's "(name of hospital) Visit Summary Report" dated 7/21/18 at 9:38 p.m., indicated, "Diagnosis: Heat exposure."</p> <p>Resident 15's progress notes dated 7/22/18 at 1:03 a.m., indicated, "Resident returned from</p>	F 908	<p>The Director of Staff Development will present progress on staff education & responses to the QAPI monthly until the QAPI determines that further review is no longer necessary.</p> <p>---End of Action Plan ---</p> <p>4. Maintenance Director will keep logs & documentation for inspections or works performed on the Chiller and Well pump and present any trends identified to the monthly QA meeting until the QA committee determines that further review is no longer necessary.</p> <p>5. 9/20/2018</p>		

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F 908	<p>Continued From page 87 hospital."</p> <p>Resident 78's progress notes dated 7/21/18 at 5:56 p.m., indicated, "Residents transferred to [name of hospital] d/t heat exposure... transferred via ambulance."</p> <p>Resident 78's progress notes dated 7/21/18 at 9:53 p.m., indicated, "Nurse from [name of hospital] called and stated that resident was being admitted to acute care for COPD [Chronic Obstructive Pulmonary Disease; lung disease] and PNA [Pneumonia; lung infection caused by germs]."</p> <p>Resident 78 had not returned to the facility. On 7/30/18 at 3:10 p.m., during an interview, LN 5 stated Resident 78 was admitted to another facility from the hospital.</p> <p>Resident 27's progress notes dated 7/21/18 at 7:25 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 27's progress notes dated 7/22/18 at 1:24 a.m., indicated, "Resident admitted to [name of hospital]. [name of hospital] nurse stated that this resident would be transferred to ICU [Intensive care unit]. Admitting dx [diagnosis] Sepsis [infection], PNA [Pneumonia], and ESRD [End stage renal disease; kidney disease]."</p> <p>Resident 27's [name of hospital] Order requisition dated 7/25/18 at 10:24 a.m., indicated, "Discharge Diagnosis Sepsis, Pneumonia, End stage renal disease."</p> <p>Resident 4's progress notes dated 7/21/18 at</p>	F 908			

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F 908	<p>Continued From page 88</p> <p>6:18 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 4's (name of hospital) Visit Summary Report dated 7/22/18 at 1:41 a.m., indicated "Diagnosis: Urinary Tract infection without hematuria [blood in urine]."</p> <p>Resident 4's progress notes dated 7/22/18 at 2:54 a.m., indicated, "Resident arrived back to the facility from ER [Emergency Room]."</p> <p>Resident 6's progress notes dated 7/21/18 at 6:07 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 6's "Emergency Services Discharge Instructions" dated 7/21/18 at 5:59 p.m., indicated, "Discharge Diagnosis: Heat exhaustion; Hypertension (high blood pressure)."</p> <p>Resident 6's progress notes dated 7/21/18 at 11:10 p.m., indicated, "Resident returned to facility at approximately 10:15 PM from [name of hospital]."</p> <p>Resident 12's progress notes dated 7/21/18 at 6:29 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 12's "Emergency Services Discharge Instructions" dated 7/21/18 at 5:57 p.m., indicated, "Discharge Diagnosis: Heat exhaustion."</p> <p>Resident 12's progress notes dated 7/21/18 at</p>	F 908			

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F 908	<p>Continued From page 89</p> <p>11:14 p.m., indicated, "Resident returned to facility at approximately 10:55 PM from [name of hospital] in stable condition."</p> <p>Resident 24's progress notes dated 7/21/18 at 6:12 p.m., indicated, "Resident evacuated from facility due to heat exposure for safety. Resident evacuated to Hospital; [name of hospital]."</p> <p>Resident 24's "(name of hospital) Visit Summary Report" dated 7/21/18 at 10:47 p.m., indicated "Diagnosis: Heat exposure."</p> <p>Resident 24's progress notes dated 7/22/18 at 1:08 a.m., indicated, "Resident returned from hospital</p> <p>On 7/26/18 at 3:55 p.m., during an observation and concurrent interview, the air conditioning cooling unit which facility staff referred to as "the chiller" was located in the basement of the facility. Air filters were not dated. Water pipes located on the chiller were covered with a white crystal like substance and were leaking clear fluid to pans below. The pans were filled with a dirty dark liquid and a green-black foam like substance floated on top of the liquid. Multiple portions of the chiller's air duct were secured with plastic tape and a foam was used to seal gaps. Multiple cut wires hung from a wall of the chiller unit. Two motors located on the back of the chiller which the MS referred to as compressors were covered in black grease. The MS stated he had changed the filters on the chiller one week ago. The MS stated, "I changed it [filters]... I didn't date it... the process is to date filters so you know when it was last done." The MS stated the crystal like substance on the chiller's water pipes was condensation and the liquid below was drippings from the</p>	F 908			

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F 908	<p>Continued From page 90</p> <p>condensation. The MS also stated, "The wires on the chiller are dead but we need to fix that." The Director of Plant Operations (DPO) stated the chiller was the only cooling unit for the facility. The DPO stated the building was built in 1949 and thought the chiller was the original cooling unit. The DPO stated he had no blue prints for the chiller unit.</p> <p>Review of an estimate from [name of HVAC company] dated 7/23/18, indicated, "Chiller repairs ... Replace starter overload to the correct size and amps, replace all safety controllers (oil and pressure) service both compressors and replace oil ... replace filter drier on circuit#2 that's leaking... replace thermostat control... Electrical wire and settings... refrigerant R-417C..."</p> <p>Review of document provided by the MS titled, "Monthly Inspection Records" dated 2018, indicated inspections were to be done January through December 2018. The log contained omissions for January through June 2018. The log had an "X" entered in a box labeled July; item- chiller filters maintained. The document omitted who performed the maintenance on the unit and the date and time the maintenance was performed.</p> <p>Review of All Facilities Letter (AFL 18-28) sent to healthcare facilities from the California Department of Public Health Licensing and Certification dated 7/5/18, indicated, " Facilities must implement recommended precautionary measures to keep individuals safe and comfortable during extreme hot temperatures and must have a contingency plans in place to deal with the loss of air conditioning, or in the case when no air conditioning is available, take</p>	F 908			

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F 908	<p>Continued From page 91</p> <p>measures to ensure patients and residents are free from adverse conditions that may cause heat-related health complications... .. It is important that facility administrators monitor weather conditions for fluctuations in extreme temperatures and take extra precautions to ensure appropriate air conditioning equipment is well maintained and operating effectively."</p> <p>2. On 7/23/18 at 11:03 a.m., during an observation in room 19, a desk fan with two missing press-button control switches sat on Resident 19's dresser drawer. The missing control switches left two finger sized holes on the operation panel at the base of the fan. The fan was plugged into the wall and was on. Resident 19 was laying in bed facing the fan.</p> <p>On 7/24/18 at 4:00 p.m., during an interview, the Maintenance Supervisor (MS) stated the broken fan was pulled from his work room in the basement and given to Resident 19. The MS stated the fan was used to cool Resident 19's room when the chiller (air conditioning cooling unit) stopped working on 7/21/18 and Resident 19's room was too hot. The MS stated, "It should not have been used due to risk for injury to the resident. Two of the buttons were missing and the resident is confused ... I removed the fan yesterday when I saw it in his room."</p> <p>Resident 19's MDS Assessment, dated 6/15/18, indicated Resident 19's BIMS score was nine of 15 which indicated the resident was moderately cognitively intact with regard to memory and ability to make reasonable judgements.</p> <p>Review of policy and procedure titled, "Equipment- General Use for All Residents" dated</p>	F 908			

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F 908	Continued From page 92 8/06, indicated, "Wheelchairs, walkers, crutches, canes, etc. are maintained by our facility ..."	F 908																													
F 912 SS=C	Bedrooms Measure at Least 80 Sq Ft/Resident CFR(s): 483.90(e)(1)(ii) §483.90(e)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms; This REQUIREMENT is not met as evidenced by: Surveyor: Rodarte, Ilaria Based on observation during the survey period of 7/23/18 through 8/1/18, the facility failed to provide the minimum square footage for each resident in a multi-resident room. Findings: On 7/23/18, the residents had a reasonable amount of privacy. Closets and storage space were adequate. Bedside stands were available. There was sufficient room for nursing care and resident to ambulate. Wheelchairs and toilet facilities were accessible. The health and safety of the residents will not be adversely affected by this waiver. <table border="1"> <thead> <tr> <th>Room number</th> <th>Square Foot</th> <th>Residents</th> </tr> </thead> <tbody> <tr><td>1</td><td>118.61</td><td>2</td></tr> <tr><td>2</td><td>118.48</td><td>2</td></tr> <tr><td>3</td><td>119.58</td><td>2</td></tr> <tr><td>4</td><td>119.58</td><td>2</td></tr> <tr><td>5</td><td>96.88</td><td>1</td></tr> <tr><td>6</td><td>176.47</td><td>3</td></tr> <tr><td>7</td><td>96.88</td><td>1</td></tr> <tr><td>8</td><td>117.64</td><td>2</td></tr> </tbody> </table>	Room number	Square Foot	Residents	1	118.61	2	2	118.48	2	3	119.58	2	4	119.58	2	5	96.88	1	6	176.47	3	7	96.88	1	8	117.64	2	F 912		9/27/18
Room number	Square Foot	Residents																													
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6	176.47	3																													
7	96.88	1																													
8	117.64	2																													
			F 912 <input type="checkbox"/> 1. Facility submitted the room waiver application and documents to surveyors on 7/23/18. 2. All residents have been identified as potential of being affected by this deficient practice. All residents have been evaluated for having enough space and comfort by the IDT on 7/23/18, no resident was found to be affected. 3. Director of Nursing and/or Designee will evaluate all new admits on day of admission to ensure they are comfortable and their needs are met. Request for room waiver will be sent yearly. 4. The administrator will review request for room waiver requirement yearly for compliance. The administrator will monitor corrective actions through on-going compliance for room waiver. The administrator will report the results of monitoring to the QAPI committee monthly for review and recommendation.																												

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F 912	<p>Continued From page 93</p> <table border="0"> <tr><td>9</td><td>119.58</td><td>2</td></tr> <tr><td>10</td><td>118.61</td><td>2</td></tr> <tr><td>11</td><td>120.44</td><td>2</td></tr> <tr><td>12</td><td>120.44</td><td>2</td></tr> <tr><td>14</td><td>112.77</td><td>2</td></tr> <tr><td>16</td><td>119.58</td><td>2</td></tr> <tr><td>18</td><td>129.31</td><td>2</td></tr> <tr><td>19</td><td>96.88</td><td>1</td></tr> <tr><td>20</td><td>96.88</td><td>1</td></tr> </table> <p>We recommend continuance of the room waiver.</p> <p>_____</p> <p>Health Facility Evaluator Supervisor Date</p> <p>Request for a continuance of the room waiver.</p> <p>_____</p> <p>Facility Administrator Date</p>			9	119.58	2	10	118.61	2	11	120.44	2	12	120.44	2	14	112.77	2	16	119.58	2	18	129.31	2	19	96.88	1	20	96.88	1	F 912	<p>5. 8/26/18</p>		
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F 921 SS=D	<p>Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i)</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide a safe and comfortable environment for two of 25 residents (Resident 10 and Resident 24) when wall plaster fell and laid on resident's bed.</p>			F 921	<p>F 921 <input type="checkbox"/></p> <p>1. Maintenance Director repaired the walls of Room 10 on 7/23/18.</p>		9/27/18																											

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F 921	<p>Continued From page 94</p> <p>This failure promoted an environment in which the residents could not exercise their right to a comfortable homelike existence and reach their highest practicable well being.</p> <p>Finding:</p> <p>On 7/23/18 at 9:35a.m., during an observation in room 10, Resident 24 laid asleep in bed which set against the room's west wall. The right side of Resident 24's upper body laid directly across from a shallow hand sized hole in the plastered wall.</p> <p>On 7/23/18 at 9:35 a.m., during an observation in room 10, Resident 10 laid asleep in bed which set against the room's east wall. Resident 10 laid on his left side facing a shallow hand sized hole in the plastered wall.</p> <p>On 7/23/18 at 9:45 a.m., during an observation and concurrent interview in room 10, the Director of Nurses (DON) stated she was aware of plaster peeling from the walls. The DON stated, "It had been there for some time, I think... maintenance knows."</p> <p>On 7/23/18 at 9:50 a.m., during an interview and concurrent record review, the Director of Plant Operations (DPO) stated he was aware peeling paint and plaster in the facility. The DPO reviewed a document titled, "Maintenance Log" and stated rooms which had peeled plaster and required repair were listed. The DPO stated workload was prioritized by issues which effected residents directly. The DPO stated, "Absolutely it [peeling plaster] effects residents in that room... should have been fixed."</p>	F 921	<p>2. All residents of the facility have the potential of being affected. After further review by the IDT no further residents have been affected.</p> <p>3. On 8/23/18 Director of Staff Development conducted in-service training with facility staff on Quality of life-Home Like Environment and Communication via the Maintenance Log.</p> <p>Department Managers have been assigned rooms for daily rounds. Department managers will log any needed repairs into the maintenance log and discuss the findings in the daily stand up meeting.</p> <p>Maintenance Director will review maintenance log daily and make appropriate repairs within 48 hours.</p> <p>4. Dept. Heads will visually inspect the rooms daily during room rounds. Maintenance Director will do monthly room inspections of each room and present any trends of repairs or items identified to the monthly QAPI meeting until the QAPI committee determines that further review is no longer necessary.</p> <p>5. 8/26/18</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555892	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/18/2018
NAME OF PROVIDER OR SUPPLIER SELMA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2108 STILLMAN SELMA, CA 93662		
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F 921	<p>Continued From page 95</p> <p>Review of document titled, "Selma Maintenance log" dated 6/2/18 through 6/24 18, indicated "6/7/18 Patch holes in rooms... #13, #11, #2, #17." Resident 10 and Resident 24's room was omitted (left out) from the log.</p> <p>On 7/23/18 at 11:25 a.m., during an observation and concurrent interview in room 10, Resident 24 was awake and laid in bed. Resident 24 grimaced and stated, "Everything [is] dirty... the walls are falling" and pointed using his chin to the hole in the west wall next to his bed.</p> <p>Resident 24's MDS Assessment, dated 6/25/18, indicated Resident 24's BIMS score was 5 of 15 which indicated the resident had severe impairment regard to memory and ability to make reasonable judgements.</p> <p>On 7/23/18 at 11:25 a.m., during an observation, Resident 10 was awake and laid on his back perpendicular to the bed. Resident 10's head rested on the east wall. Resident 10 reach over and used his left index finger to pick at the shallow hole in the plastered wall. Plastered dust and shavings fell on Resident 10's bed.</p> <p>Resident 10's MDS Assessment, dated 5/2/18, indicated Resident 10's BIMS score was 4 of 15 which indicated the resident had severe impairment regard to memory and ability to make reasonable judgements.</p> <p>Review of policy and procedure titled, "Quality of Life- Homelike Environment" dated 5/17, indicated, "Residents are provided with a safe, clean, comfortable, and homelike environment... 2. (a) Clean, sanitary and orderly environment."</p>	F 921			

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F 943 F 943 SS=D	Continued From page 96 Abuse, Neglect, and Exploitation Training CFR(s): 483.95(c)(1)-(3) §483.95(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- §483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. §483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property §483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain an effective abuse training program for two of eight employees (Licensed Nurse 2 and Certified Nursing Assistant 3) when employee training was not tracked and employees did not complete the required training necessary to identify and report abuse to meet the needs of the residents. This failure placed residents at risk for abuse, neglect, and exploitation. Findings: On 7/31/18 at 7:50 a.m., during a concurrent interview and record review, the Director of Staff Development (DSD) stated Abuse and Dementia training for Licensed Nurse (LN) 2, hired on	F 943 F 943	F 943 <input type="checkbox"/> 1. The Director of Staff Development provided in service training for Abuse and Dementia Care to LN 2 on 8/25/18 and CNA 3 is no longer employed at Facility. 2. All Residents of the facility have the potential to be affected, however no residents have been noted to be affected. 3. DSD has completed an audit of all employee training records on 8/13/18 and there were no additional findings. DSD will maintain a training log that is reviewed and updated monthly to track required employee trainings and schedule	9/28/18	

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F 943	<p>Continued From page 97</p> <p>4/6/11, was expired. Review of personnel training records indicated LN 2 last completed abuse and dementia training on 5/29/13.</p> <p>On 7/31/18 at 7:59 a.m., during a concurrent interview and record review, the DSD stated Abuse training for Certified Nursing Assistant (CNA) 3, hired on [REDACTED] was expired. Review of personnel training records indicated CNA 3 last completed abuse and dementia training on 1/3/17.</p> <p>On 7/31/18 at 8:01 a.m., during an interview, the DSD stated she was responsible for the new hire orientation and all in-service training required by the facility. The DSD stated she did not complete her audit of employee charts to identify which employees required additional training. The DSD stated a log of completed competencies and in-services for each individual employee was not kept. The DSD stated she relied on employees to track and make up in-services when missed.</p> <p>07/31/18 at 4:49 p.m., during an interview, the Director of Nurses (DON) stated she was not aware of the expired training. The DON stated Abuse, Dementia and Infection Control training were required at minimum annually. The DON stated most competencies should be done upon hire during staff orientation. The DON stated training and competencies prepared staff to address the needs of their resident population. The DON stated employee's skill set helped determine residents' assignments and provide residents' appropriate care.</p> <p>The facility document titled, "Requirements of Participation: Facility Assessment" indicated, "Education/ In-services... Topic... Abuse... All staff</p>	F 943	<p>the required in services accordingly.</p> <p>4. The Director of Staff Development will present the training records to QAPI meeting monthly to ensure all employees are trained until the QAPI committee determines that further review is no longer necessary.</p> <p>5. 8/26/18</p>		

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F 943	Continued From page 98 upon hire, annually, bi-annually at a minimum." The facility's policy and procedure titled, "Staff Development Program" dated 12/09, indicated, "... 10. The following in-service training classes are mandatory... f. Resident abuse."	F 943			