

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

PRINTED: 03/13/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056304	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/05/2024
NAME OF PROVIDER OR SUPPLIER MISSION CARMICHAEL HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3630 MISSION AVENUE CARMICHAEL, CA 95608		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of complaint #CA00887749. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 48694 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the	F 842			

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

TITLE

(X6) DATE

Balecha

Administrator

3-22-24

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 842	<p>Continued From page 1</p> <p>records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure clinical records were complete and accurate for one of three sampled residents, (Resident 1).</p> <p>This failure had potential to result in under- and over-medicating a resident for pain.</p> <p>Findings:</p> <p>During an interview on 3/5/24 at 2:30 p.m. with Resident 1, Resident 1 stated on Friday night 3/1/24, she had pain seven-eight (7-8)/10 (pain scale with 10 being the most pain) in right knee, and pressed the call light at 3 a.m. In between 3:30 a.m. and 4 a.m., a nurse came in with two Tylenol® (a medication commonly used for pain relief) pills, did not turn on the light, did not offer Resident 1 water, and turned off the call light. Resident 1 further stated she did not know the name of the nurse and described them as an African American nurse.</p> <p>A review of Resident 1's "Medication Administration Record (MAR)," dated March 2024, indicated on 3/1/24, for 3 a.m. to 4 a.m. administration time, the licensed nurse did not sign the administering Tylenol® to Resident 1 for pain.</p> <p>A review of Resident 1's "Case Management Progress Notes," dated March 2024, indicated, "On 3/2/24 at 9:05 a.m., DON [Director of Nursing] came to address the resident's concerns regarding the call light not being answered timely</p>			F 842	<p>1. Licensed Nurse was counselled regarding proper documentation of PRN medication.</p> <p>2. Medical records conducted a review of PRN medication documentation administered the past two weeks for all in house residents and no other residents were affected by the deficient practice.</p> <p>3. Pharmacy consultant Nurse will conduct Medication pass observation q monthly during her visit and submit findings to DON.</p> <p>3a. All new hire licensed nurses will be followed during medication administration by Pharmacy consultant nurse or designee within 90 days of hire</p> <p>4. Medication administration skills check will be done on 03/22/24 and annually by corporate consultant.</p> <p>4a. DON will report findings regarding medication administration during QA meeting quarterly.</p>		

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F 842	Continued From page 3 from last night ...She said she pressed her call light 3 times and when someone (not sure if a nurse or CNA) came to give her the pain meds, the person touched the wall for the reset button ..."	F 842			
	During a concurrent interview and record review on 3/5/24 at 3:35 p.m. with the DON, Resident 1's MAR, dated March 2024, was reviewed. The MAR indicated, on 3/1/24 for 3 a.m. to 4 a.m. administration time, there was no Licensed Nurse initials in the box for Resident 1's Tylenol® pills, to demonstrate the medication was administered. The DON stated the MARs were missing documentation of administering Tylenol® pills to Resident 1 in between 3 a.m. to 4 a.m. The DON stated that a nurse told her she gave Tylenol for pain around that time.				
	During a concurrent interview and record review on 3/5/24 at 3:45 p.m. with DON, the facility's "Nursing Daily Assignment and Sign-in Sheet," dated March 2024 was reviewed. The Nursing Daily Assignment and Sign-in Sheet indicated, on 3/1/24 for the night shift, a nurse matched the description given by Resident 1. DON confirmed that she was Resident 1's night shift Licensed Nurse.				
	During a review of the facility's policy and procedure (P&P) titled, "Medication Administration," dated 12/19/2022, the P&P indicated, "Administer medication as ordered ...Sign MAR after administered ..."				
F 919 SS=D	Resident Call System CFR(s): 483.90(g)(1)(2) §483.90(g) Resident Call System	F 919			

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F 919	<p>Continued From page 4</p> <p>The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from-</p> <p>§483.90(g)(1) Each resident's bedside; and §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the resident call system was functioning for three residents out of 65 sampled residents (Resident 1, Resident 2, and Resident 3).</p> <p>This failure decreased the potential for the residents to get assistance from staff in a timely manner.</p> <p>Findings:</p> <p>During an observation on 3/5/24 at 12:30 p.m. in the North Hall, a light outside room number one above the door was lit up red. At the nurse's desk, the resident call system was not working for room number one.</p> <p>During an Interview on 3/5/24 at 12:34 p.m. with Infection Preventionist (IP) Nurse at the nurse's desk in North Hall, IP Nurse verified the resident call system for room number one was not working and mentioned to notify the maintenance person. IP stated she was not aware of how long it had not been working.</p> <p>During an observation on 3/5/24 at 12:40 p.m. in the North Hall, a light outside room number 18 above the door was lit red. At the nurse's desk,</p>	F 919	<p>1. Maintenance director replaced the bulb (light) for rooms 18 and 1 call light panel. Maintenance supervisor verified call light was working for rooms 18 and 1. 3-05-24</p> <p>2. Maintenance Supervisor conducted and inspection of all resident lights, no concerns call light system light working properly.</p> <p>3. Maintenance staff will perform monthly inspections of resident call light system to ensure system is working properly.</p>		

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F 919	<p>Continued From page 5</p> <p>the resident call system did not work for room number 18.</p> <p>During an Interview on 3/5/24 at 12:42 p.m. with Minimum Data Set (MDS) Coordinator at the nurse's desk in the North Hall, the MDS Coordinator confirmed that resident call system for room number 18 did not work. MDS Coordinator also mentioned to notify the maintenance person and the Administrator. The MDS coordinator stated she did not know how long it had not worked.</p> <p>During an interview on 3/5/24 at 1:10 p.m. with Director of Environmental Services (DES), the DES confirmed the resident call system was not working for some resident rooms including room numbers one and 18.</p> <p>During an interview on 3/5/24 at 5 p.m. with the Director of Nursing (DON), the DON stated, "Resident call system should be working all the time." The DON further stated, "I was not aware of call system problems for room number one and 18."</p> <p>A review of the facility's policy titled, "Maintenance Inspection," dated 11/19/2022, indicated "The Director of Maintenance Services will perform routine inspections of the physical plant ...The Administrator, or designee, will perform random inspections of the physical plant ...All opportunities will be corrected immediately by maintenance personal..."</p>	F 919	<p>4. Clinical staff were In serviced on the importance of a properly working resident call system. Clinical staff will document in the maintenance log and notify maintenance staff when resident call system is not working properly. 3/12/24</p> <p>5. Maintenance director will monitor resident call light system monthly and report any finding to the quarterly QA meeting.</p>		