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

PRINTED: 03/12/2014 FORM APPROVED OMB NO. 0938-0391

	F CORRECTION	IDENTIFICATION NUMBER	A, BUILDI	NG	COI	MPLETED
	PROVIDER OR SUPPLIE		2.11110	STREET ADDRESS, CITY, STATE, ZIP CODE 10805 EL CAMINO REAL ATASCADERO, CA 93422		/27/2014
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	RREFIN LYAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY).	OULD BE	COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Licensing and Certification, during an Annual Recertification Survey. Representing the Department:		& alwan	written credible allegation compliance. F 441		
	27316, HFEN 29757, HFEN 33720, HFEN Tr Facility census: 1	63	June	Resident 17, Resident had no untoward or negative outcomes reto the deficient practi	lated	3/04/14
F 441 SS=D	SPREAD, LINES The facility must Infection Contro safe, sanitary an	ON CONTROL, PREVENT I establish and maintain an I Program designed to provide a nd comfortable environment and the development and transmission	125/14	staff during medicati have the potential to	ensed on pass be	3/17/14
	Program under (1) Investigates, in the facility, (2) Decides wha should be applie	t establish an Infection Control which it - controls, and prevents infections at procedures, such as isolation, ed to an individual resident, and record of incidents and corrective	011	C) The measures and sy changes the facility to ensure the deficient practices does not reincluded: Licensed murse 1 rec	ook to	
	(1) When the In determines that	Spread of Infection fection Control Program a resident needs isolation to ead of infection, the facility must lent.	Dry	instruction on prope hygiene during med administration by ou consultant.	r hand ication	2/25/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sefequents provide sufficient protection to the patients. (See instructions.) Except for nursing forges, 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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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		CON	(X3) DATE SURVEY COMPLETED 02/27/2014	
	PROVIDER OR SUPPLIER		13	STREET ADDRESS, CITY, STATE, ZIP CON 10805 EL CAMINO REAL ATASCADERO, CA 93422		12112014	
(XA) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AR DEFICIENCY)	HOULD BE	COMPLETION DATE	
F 441	communicable dis from direct contact will (3) The facility must hands after each hand washing is in professional practice. (c) Linens Personnel must have transport linens sinfection. This REQUIREM by: Based on observe week, the facility washed their hand contact, for which accepted profess by their own facility potential for the succepted nurse (15 sampled residunsampled resid	ist prohibit employees with a sease or infected skin lesions at with residents or their food, if transmit the disease, ist require staff to wash their direct resident contact for which indicated by accepted tice. ENT is not met as evidenced as to prevent the spread of prevent the spread of the indicated by accepted to as to prevent the spread of the indicated by sional standards and as required ity policy, thereby increasing the spread of infection in the facility. LN 1) gave medication to one of their (Resident 4) and three ents (Residents 16, 17, and 18) is the hands in between contact int.	in	An in-service for lice nursing staff was comby nurse consultant at DSD on proper hand hygiene during medic administration. An in-service for all proper hand hygiene accordance with CDC "Guidelines for Hand Hygiene in Healthca Settings" and facility washing/hand hygiene policy revised 8/201 conducted by DSD a administrator. D) The facility shall most its performance to encompliance is maintain through: DON or designee shaperform random inston a weekly basis us Hand Hygiene Skills list monitoring tool observe that proper thygiene is being demonstrated before after resident contact.	ducted and cation staff on the cation of the	3/21/14 3/21/14 3/24/14	

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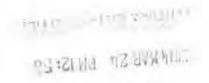
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555554	(X2) MUL A BUILD B. WING	ING _	CONSTRUCTION	co	TE SURVEY MPLETED
NAME OF PROVIDER OR SUPPLIER DANISH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10805 EL CAMINO REAL ATASCADERO, CA 93422				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREF TAG	-	PROVIDER'S PLAN OF CORP (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
F 441	Health Care Wor include, "decontact with hands after contact with hands after contain and "decontamir inanimate object patient". On 2/25/14, star observed preparation of the period physically with emedications, retainaler back from the leg and hand resident. She we either sanitizing medications or a to return to the medications for the legand hand indicated that stands with wipe solled, we wash water " During an interview wash water " During an interview wash water " During an interview wash water "	kers today. Recommendations aminate hands before having the patients", "decontaminate act with a patient's intact skin" hate hands after contact with is in the immediate vicinity of the sting at 8:25 am, LN 1 was fing and passing medications to esidents 4, 16, 17, and 18,). It do of observation, she interacted ach resident, handing them rieving medication cups and an in them, patting one resident on dling the water pitcher of another as not observed during that time her hands before preparing after leaving the residents rooms medication cart to prepare other residents. With LN 1 at 9 a.m., that same asked what the facility policy was sanitizing during med pass, LN 1 aff are allowed to sanitize their as "every three residents, or, if them right away with soap and riew with the Director of Nursing 14 at 10 a.m., she indicated that the pharmacy who teaches our staff says that" (ie: sanitize their their resident).		441	These random audits sinclude but not be limit observations of med putray pass, activities and informal interactions were sidents. Staff observed not to be following proper hand hygiene protocols will corrected and re-instructions of these random audit be compiled by the Dof Nursing Services of designee and submitted the QA committee for next 3 months. The Committee shall reviet findings and make recommendations for process improvement needed.	ited to ass, d with be l lbe neted. dings s shall irector r ed to r the QA withe	4/04/14
	Development (DSD) on 3/25/14 at 10:25 a.m., she confirmed that direct care staff had been						

FORM CMS-2567 (02-99) Previous Versions Obsolete

EVENT ID: DPRJ1

Facility ID: CA050000048

If continuation sheet Page 3 of 5



		AND HUMAN SERVICES			FORM.	03/12/2014 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		555554	B WING		02/2	27/2014
	PROVIDER OR SUPPLIER		10	TREET ADDRESS, CITY, STATE, ZIP CODE 0805 EL CAMINO REAL TASCADERO, CA 93422		
(XA) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PASCEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	COMPLETION DATE
F 441	soiling, sanitize the residents. She wa the rationale for the common sense". During an interview day, she acknowle handwashing policity hands each time a resident direct care. Record review on Control policy on revised 8/2012, of following: "Policy Statement: hygiene the prima of infection." 5. Employees must the following conducts before and which hand hygien professional pract. If hands are not what hand rub consequence is a few propanol forms situations: d. Before pregg. After contact vicinity of the residence in the re	nat they could, if no visible of hands between every 3 is unable, at the time, to explain at instruction, saying "it's just with the DON at 11 am, same doed that the facility's y indicated staff should sanitize and not every third time during it. 3/25/14 of facility Infection "Handwashing/Hand Hygiene", in page 22 and 23, indicated the try means to prevent the spread st wash their hands, under itions. after direct resident contact (for me is indicated by acceptable ince). sibly soiled, use an alcohol portaining 60-95% ethanol or a of alcohol) for the following the twith objects in the immediate			CALIZINA NZ NVI MA	

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		H AND HUMAN SERVICES RE & MEDICAID SERVICES			FORM	03/12/2014 MAPPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		B. WING		02	/27/2014	
A A A A A	CARE CENTER	F		STREET ADDRESS, CITY, STATE 10805 EL CAMINO REAL ATASCADERO, CA 93422		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PAEF TAG		CTION SHOULD BE O THE APPROPRIATE	COMPLETION DATE
F 441	Continued From undated, titled "C"Procedures" (be medications) is to "Perform hand"	Orals", on page 104, under efore preparing to administer the following.	F	441	7014 MAR 24 PM 12: 56	