

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

PRINTED: 06/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055956	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/12/2013
NAME OF PROVIDER OR SUPPLIER BRIARWOOD HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA 95824	
(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 investigation of complaint number CA00357485 and entity reported incident number CA00357930. Representing the Department of Public Health: HFEN, 27788 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. The Department was unable to substantiate a violation of regulations for entity reported incident number CA00357930. The Department was able to substantiate violations of regulations for complaint number CA00357485.	F 000	This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because it is required by the provisions of the Health and Safety Code Section 1280 and 42 C.F.R. 483 et seq.	
F 203 SS=D	483.12(a)(4)-(6) NOTICE REQUIREMENTS BEFORE TRANSFER/DISCHARGE Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section. Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.	F 203	F203 Resident 1 was transferred to the acute hospital emergency department as a result of a catastrophic reaction. The Resident's Responsible Party was contacted at the time of the transfer, and upon calling back to	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Accepted 7-1-13 CUD

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F 203	<p>Continued From page 1</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a)(4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility</p>	F 203	<p>the facility she verified receipt of Transfer/Discharge Notice on 6/5/13 via telephone call.</p> <p>All residents could be affected by this practice.</p> <p>The facility has initiated the use of a facility specific Notice of Transfer or Discharge form that includes all aspects of notification as outlined by F-Tag 203, including how to contact the ombudsman and the right to appeal the transfer. All residents/responsible parties that are being transferred or discharged from the facility will be provided with this form. Licensed Nurses, Business Office Staff and Social Service Department Staff will be in-serviced to the use of this form by the Administrator.</p> <p>Completion date 07/12/13</p> <p>The Medical Records Department will conduct an audit of all transferred/discharged resident</p>		

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F 203	<p>Continued From page 2</p> <p>failed to ensure Resident 1 and Family or representative received a written notice of transfer with the required information. The required missing information included how to contact the ombudsman and the right to appeal the transfer.</p> <p>Findings:</p> <p>According to the clinical record, Resident 1 was admitted to the facility on 5/23/13. Diagnoses included bipolar disorder. Resident 1 was transferred to a General Acute Care Hospital (GACH) on 6/5/13.</p> <p>The Admission Agreement, dated 5/11, was reviewed. The Agreement indicated, "In our written notice, we will advise you that you have the right to appeal the transfer or discharge to the California Department of Health Care Services and we will also provide the name, address and telephone number of the State Long-Term Care Ombudsman."</p> <p>A Resident Transfer Form, dated 6/5/13, was completed and a copy was sent with Resident 1 to the GACH. The information on the transfer sheet included Resident 1's name, transfer date, facility she was being transferred to, and the reason for transfer. How to contact the ombudsman and a statement indicating the resident had the right to appeal the transfer were not included on the transfer sheet as required.</p> <p>An interview was conducted with the Director of Nursing (DON) on 6/12/13 at 2:50 p.m. The DON stated the Resident Transfer Form did not contain ombudsman contact information or the right to</p>	F 203	<p>charts to ensure that the Notice of Transfer or Discharge Form has been completed in a timely fashion. The Medical Records Department will report findings to the Administrator and the Quality Assurance Committee for further evaluation. Process improvements and recommendations will be determined at that time.</p> <p>Date: Completion date 07/12/13</p>		

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F 203	Continued From page 3 appeal.	F 203	F205		
F 205 SS=D	<p>483.12(b)(1)&(2) NOTICE OF BED-HOLD POLICY BEFORE/UPON TRANSFR</p> <p>Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and a family member or legal representative that specifies the duration of the bed-hold policy under the State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility, and the nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (b)(3) of this section, permitting a resident to return.</p> <p>At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and a family member or legal representative written notice which specifies the duration of the bed-hold policy described in paragraph (b)(1) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure Resident 1 and Family or representative were provided a written bed-hold notice when Resident 1 was transferred to a General Acute Care Hospital (GACH) on 6/5/13.</p> <p>Findings:</p> <p>The Admission Agreement, dated 5/11, was reviewed. Section VII indicated, "If you must be transferred to an acute hospital for seven days or</p>	F 205	<p>Resident 1 was transferred to the acute hospital emergency department as a result of a catastrophic reaction. A Notice of Bed Hold form was not completed at the time of transfer.</p> <p>All residents could be affected by this practice</p> <p>The facility has initiated the use of a facility specific Notice of Transfer Bed Hold Form that notifies the resident of the option of exercising a bed hold and verifies their response. All residents/responsible parties that are being transferred from the facility will be provided with this form. Licensed Nurses, Business Office Staff and Social Service Department Staff will be in-serviced to the use of this form by the Administrator.</p> <p>Completion Date 07/12/13</p>		

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F 205	<p>Continued From page 4</p> <p>less, we will notify you or your representative that we are willing to hold your bed. You or your representative have 24 hours after receiving this notice to let us know whether you want us to hold your bed for you."</p> <p>The Notification of Transfer/Release - Bed Hold form, dated 2012, was reviewed. The form indicated, "To be completed upon Transfer or Discharge...Provide a bed hold of up to seven (7) days when a resident is transferred to a hospital or therapeutic leave. Inform the resident upon admission and transfer." The form was not completed and signed, but it had Resident 1's name, unit, location, and doctor's name.</p> <p>On 6/12/13 at 2:45 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated facility staff "didn't talk to [Resident 1] about the bed hold." She acknowledged the Notification of Transfer/Release - Bed Hold form had not been completed. A copy of the form had not been given to Resident 1 at transfer.</p>	F 205	<p>The Medical Records Department will conduct an audit of all transferred resident charts to ensure that the Notice of Transfer Bed Hold Form has been completed in a timely fashion. The Medical Records Department will report findings to the Administrator.</p> <p>Completion Date 07/12/13</p>		