| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055491 | A. BUILDING _____ B. WING _____ | 04/25/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| OAK RIDGE HEALTHCARE CENTER | 310 OAK RIDGE DRIVE ROSEVILLE, CA 95661 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health during a Federal Recertification survey.<br><br>Representing the Department of Public Health:<br>HFEN, 32096<br>HFEN, 38941<br>HFEN, 39489<br><br>The facility census was 60. The sample size was 18. | F 000 | 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 its required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907.<br><br>"This Plan of Correction constitues my written credible allegation of compliance for the deficiencies noted" | POC accepted 6.25.19. JW |
| F 559 SS=E | Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6)<br><br>§483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.<br><br>§483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.<br><br>§483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to promote married residents' rights (Resident 1 and Resident 8) to share a room in the same facility for a census of 60 in a 67-bed facility.<br><br>This failure resulted in feeling discontent and | F 559 | **F 559**<br><br>**A:** Resident 1 and 8 are in process of being assessed for discharge to lower level of care. At this time there is no room open that would allow them to be together due to they are currently occupied by other residents<br><br>**B:** There are no other couples in the facility at this time. | 5/25/19 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 5/20/19

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 559 | Continued From page 1<br>uninformed for Resident 1 and Resident 8.<br><br>Findings:<br><br>In a concurrent observation and interview on 4/22/19 at 11:16 a.m., Resident 8 was observed sitting in her room. The resident stated her husband was in the same facility and expressed her desire to share a room with him. Upon her admission in 10/18, Resident 8 stated she spoke with [Name] about sharing a room with her husband, who was a resident at the facility since 1/16, but it did not happen. The resident stated no one explained to her the reason why they could not share a room together or inform her whether or not they could share a room in the future. The resident stated it would be nice to share a room with her husband.<br><br>In an interview on 4/24/19 at 8:10 a.m., Resident 1, the spouse of Resident 8, stated, "We would like to share a room very much...My wife requested when she admitted to the facility but did not happen. Maybe it's expensive...I don't know." Resident 1 stated the nurses asked him why they did not share a room together when his wife was admitted. Resident 1 stated he told the nurses that he would like to share a room with his wife very much. Resident 1 stated they had been married for "60 great years" and shared a room together during that time.<br><br>Review of the facility's 3/17 policy and procedure, Admissions-Room Assignments, stipulated, "If a resident is admitted to a facility where his or her spouse is already a resident, and both spouses consent to live in the same room, they will be placed together as soon as it is feasible....Room assignments are made without regard | F 559 | C: Upon Admission of a married couple Social Services will do a facility a location assesment to make sure their wishes are documented and followed as needed. If available they will be placed together. If no sutiable accomidations upon admission they will be placed together in the first available room. Social Services will continue to monitor the living arrangments quarterly with each care conference.<br><br>D: Social Services will report the findings to the Continuing Quality Improvement Team for review and recommendation. The Administrator will monitor on 1/4ly basis until compliant | |

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| F 559 | Continued From page 2<br>to...payment source..."<br><br>In an interview on 4/23/19 at 2:56 p.m., the Social Service Director (SSD) stated she was not aware of Resident 1 and Resident 8's desire to share a room. The SSD indicated she started her position 1/19 and stated had she known the residents preference, she would have advocated it. The SSD acknowledged there was no assessment to verify whether the residents consented to live in the same room. The SSD stated the daily census was 59 on 4/23/19.<br><br>In an interview on 4/24/19 at 8:55 a.m., the Admission Director (AD) recalled the conversation with Resident 8 about her request to share a room with her husband. The AD acknowledged the request should have been followed up and stated, "They have been married for a long time."<br><br>In an interview on 4/24/19 at 12:45 p.m., the Director of Nursing (DON) acknowledged the residents preference for sharing a room with their spouse should have been followed up and honored. | F 559 | | |
| F 692 SS=D | Nutrition/Hydration Status Maintenance<br>CFR(s): 483.25(g)(1)-(3)<br><br>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-<br><br>§483.25(g)(1) Maintains acceptable parameters | F 692 | F 692<br><br>A- On 4/23/19 the Director of Nurses met with the RD. The resident had Med Pass added to her orders and on 4/24/19 she was added to weekly rates and was given a house supplement shake was ordered. Since then she has gained weight and is preparing to be discharged to a lower level of care | 5/25/19 |

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| F 692 | Continued From page 3<br>of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;<br><br>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;<br><br>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.<br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure weight loss assessment and preventive measures were implemented timely when one of 18 sampled residents (Resident 30) had unintended significant weight losses for a census of 60.<br><br>This failure had the potential to contribute to Resident 30's insidious and significant weight loss of 13% in 4 months.<br><br>Findings:<br><br>Resident 30 was admitted to the facility 11/26/18 with diagnoses that included altered mental status and infection.<br><br>Review of Resident 30's admission Minimum Data Set (MDS, an assessment tool) indicated her height was 60 inches.<br><br>Review of the clinical record's Weights and Vitals Summary indicated Resident 30 continuously lost weight and experienced significant weight losses since admission as follows: | F 692 | B- No other residents were found by the Director of Nurses to have had a weight loss not properly addressed.<br><br>C- The Dietary will alert the RD of any weight changes. The RD will make any recommedations needed and will follow up wih the resident during her weekly visit. Medical Records will audit residents with any weight loss to make sure appropriate steps are being recommend and chart to address any weight variances. The Director of Nurses will meet with the RD during her facility visit to ensure any weigh variances are addressed to ensure compliance.<br><br>D- The Director of Nurses will report her findings to the Continuing Quality Improvement Team for review and recommendation. The Administrator will monitor on 1/4ly basis until compliant | |

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| F 692 | Continued From page 4<br><br>11/27/18: 120 lbs (pounds)<br>12/1/18: 118 lbs<br>12/3/18: 116 lbs<br>12/31/18: 112 lbs (-8 lbs, 7% weight loss in 1 month; a significant weight loss)<br>1/1/19: 112 lbs<br>2/2/19: 108 lbs<br>3/1/19: 109 lbs (-9 lbs, 9% weight loss in 3 months (12/1/18-3/1/19), a severe weight loss)<br>4/1/19: 104 lbs (-16 lbs, 13% weight loss in 4 months since the admission)<br><br>Review of the facility's revised 11/14 policy and procedure, [Company Name] Weight Change Protocol, stipulated, "Early identification of a weight problem and possible cause(s) can minimize complications. Assessment of residents experiencing weight changes should be completed in a timely manner...Interventions...weekly weights, or more often...The care plan must be revised as the goals and interventions changes. The goals, interventions in the care plan should match the latest assessment...The Care Plan is updated in all areas..."<br><br>Review of Resident 30's clinical record, Progress Notes, included Registered Dietitian (RD) notes as follows:<br><br>12/4/18: Admission Nutrition Assessment indicated plans to provide a fortified diet with a 60 milliliter (ml) of nutritional supplement twice a day and weekly weight monitoring.<br><br>1/10/19: Weight Variance Notes indicated plans to increase the nutritional supplement three times a day with "weekly weights in place." However, | F 692 | | |

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| F 692 | Continued From page 5<br>weekly weight monitoring was discontinued as of 1/1/19. The RD assessment did not recommend any vitamin supplements, lab testing, or referral for a psychologist or psychiatrist evaluation to identify the underlying cause of the 7% of significant weight loss in a month.<br><br>There were no RD notes, dated February or March 2019, for Resident 30's weight variances to evaluate the effectiveness of the interventions in place or overall weight status of Resident 30 during which the resident continuously experienced weight loss that resulted in a 9 lb severe weight loss in 3 months.<br><br>4/23/19: Weight Variance Notes included a plan to increase the nutritional supplement to 90 ml three times a day.<br><br>Review of the care plan for "At risk for weight loss" initiated on 2/25/19, 3 months after the resident admitted to the facility, included a weight loss intervention of "monthly weight" which was inconsistent with the RD's 1/10/19 notes of weekly weight monitoring. This care plan had been updated once on 4/23/19.<br><br>In an interview on 4/24/19 at 1:56 p.m., the Registered Dietitian Consultant (RDC) verified the above RD's notes and Resident 30's weight variance log since the admission. The RDC acknowledged Resident 30's weight should have been assessed more frequently and was not able to explain the discontinuation of weekly weight monitoring in January, 2019 when the resident needed closer monitoring. The RDC agreed that RD's 4/23/19 assessment was late since the resident could have lost more weight in 20 days and acknowledged interventions including dietary | F 692 | | |

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| F 692 | Continued From page 6<br>supplements should have been implemented earlier in an attempt to prevent further weight loss.<br><br>In an interview on 4/25/19 at 8:16 a.m., the Director of Nursing (DON) stated the RD visited the facility weekly or at least 3 times a month. The DON indicated the facility expectations for the RD were to assess and update the care plan as soon as possible or at least on her 1st visit after residents had significant weight loss. The DON acknowledged Resident 30's weight loss was identified 4/1/19 and the care plan, updated on 4/23/19, was not timely due to during the 22 days the resident could have lost even more weight . | F 692 | | |
| F 761 SS=D | Label/Store Drugs and Biologicals<br>CFR(s): 483.45(g)(h)(1)(2)<br><br>§483.45(g) Labeling of Drugs and Biologicals<br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>§483.45(h) Storage of Drugs and Biologicals<br><br>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of | F 761 | F 761<br><br>A: On 4/23/19 the Director of Nurses disposed of the wound dressings, swabsticks.<br><br>B: On 4/23/19 the Director of Nurses checked for other expired supplies and none were found. | 5/25/19 |

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| F 761 | Continued From page 7<br>the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to remove expired wound care supplies from the treatment cart for a census of 60.<br><br>This failure resulted in expired wound care supplies available for residents use.<br><br>Findings:<br><br>During an observation of the Nurse's Station treatment cart on 4/23/19 at 10:17 a.m. with Licensed Nurse (LN 1), the following were observed:<br><br>1. Twenty-seven light to heavy wound drainage dressings expired on 6/18.<br>2. Fifteen swabsticks expired on 7/31/18.<br>3. One disinfectant wound swabstick expired on 7/18.<br><br>In an interview on 4/23/29 at 10:25 a.m., LN 1 acknowledged the above findings were expired. | F 761 | C: All supplies are ordered weekly. At the time of delivery the old stock will be pulled forward and newer supplies will be placed behind. Any supplies found to be out dated will be disposed off. This is done by the central supply employee. The nurses will also check for expried supplies with the stock their treatment carts. An in-service was done on 5/15/19 by the Director of Nurses. The DON will follow up each month and perform random checks of the supplies.<br><br>D: The Director of Nurses will report the findings to the Continuing Quality Improvement Team for review and recommendation. The Administrator will monitor on 1/4ly basis until compliant |
| F 812<br>SS=F | Food Procurement,Store/Prepare/Serve-Sanitary<br>CFR(s): 483.60(i)(1)(2)<br><br>§483.60(i) Food safety requirements.<br>The facility must -<br><br>§483.60(i)(1) - Procure food from sources | F 812 | |

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| F 812 | Continued From page 8<br>approved or considered satisfactory by federal, state or local authorities.<br>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.<br>(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.<br>(iii) This provision does not preclude residents from consuming foods not procured by the facility.<br><br>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and facility policy review, the facility failed to ensure:<br>1. Opened food items stored in the walk-in refrigerator were labeled and dated;<br>2. A bowl of chopped mix fruit and a bag of cubed yellow cheese were fresh;<br>3. Food preparation areas, stove, shelves, sink and drawers were clean;<br>4. The toaster was clean and free of dark brown/black crumbs; and<br>5. A wall mounted air conditioner above a food preparation area was clean and free of accumulated dirt and dust.<br>These failures had the potential to cause food borne illnesses for a census of 60.<br><br>Findings:<br><br>During the Initial Kitchen Tour on 4/22/19 at 8:12 a.m. with the Dietary Cook (DC), 10 undated food items were observed in the kitchen's walk-in refrigerator; | F 812 | F812<br><br>A- On 4/22/19 the Dietary Manager performed the following: 1- dated the hot dogs 2-date the turkey meat 3-date the sliced salami 4- Threw away the nine hot dogs 5- Dated the diced chicked 6- Date the sausage patties 7- Disposed of fruit 8-Disposed of tuna salad 9- Dated cottage cheese 10-Disposed of cubed cheese. The maintenance supervisor cleaned the wall mounted AC unit.He disposed of the pan of pork and cleaned the toaster. The dietary manager cleaned the sotve and oven as well as the sink used ofr food preparation.<br><br>B- The dietary manager checked the freezers and other items in the fridge and no other items were found to not be dated. | 5/25/19 |

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| F 812 | Continued From page 9<br>1. Half of a 5 pound package of hot dogs.<br>2. One package of sliced turkey deli meat.<br>3. One 2-pound package of sliced salami deli meat.<br>4. Nine hot dogs in a styrofoam box.<br>5. Half of a 5 pound bag of cooked, diced chicken.<br>6. One bag of 6 cooked sausage patties.<br>7. A large stainless steel bowl half full of chopped, mixed fruit covered with a dark fuzzy, green/brown residue.<br>8. A large plastic container half full of prepared tuna salad.<br>9. Half of a 1 pound plastic container of cottage cheese.<br>10. Half of a 5 pound bag of cubed yellow cheese covered with a dark green/brown residue.<br><br>Review of the facility's policy and procedure titled, "Food Receiving and Storage," revised 12/08, indicated, "All foods must be stored in the refrigerator or freezer will be covered, labeled and dated ("use by" date)."<br><br>In an interview on 4/22/19 at 8:30 a.m., the DC stated, "...it all has to be thrown out. Everything should have been dated and labeled when it was opened."<br><br>During a kitchen observation on 4/22/19 at 8:12 a.m. accompanied by the DC, a wall mounted air conditioner was observed above a food preparation area. The front surface of the air conditioner was covered with accumulated dirt and dust particles. A roasting pan full of cooked, sliced pork was placed on the counter directly beneath the air conditioner. The toaster had a large amount of dark brown/black crumbs overflowing onto the counter top and the floor. | F 812 | C- The RD did an in-service on 4/22/19. The topics included following the cleaning schedule, lable and dating food items, reporting to maintenance items that he needs to address. The RD will check during her weekly visit to ensure compliance. The maintenance supervisor and Administrator will perform random checks of the kitchen to make sure of compliance.<br><br>D- The RD will report the findings to the Continuing Quality Improvement Team for review and recommendation. The Administrator will monitor on 1/4ly basis until compliant | |

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| F 812 | Continued From page 10<br>Large amounts of thick residue were observed on the shelves, floors,walls and on the entire stove top. One of 3 sinks used for food preparation had a large amount of dark green/black, fuzzy residue build up on the sides and the corners. The DC was able to scrape off some of the dark green/black residue with a spoon.<br><br>Review of the facility's policy and procedure titled, "Sanitizing," revised 2008, indicated, "All kitchen, kitchen areas and dining areas shall be kept clean... All equipment, food contact surfaces shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitize using hot water and/or chemical sanitizing solutions. If a sink is used for washing utensils, cooking equipment or dishes, and also used to wash produce or thaw food, it will be cleaned between uses with an approved cleaning and sanitizing agent."<br><br>In an interview on 4/22/19 at 8:45 a.m., the DC stated, "Yes, the sink looks pretty moldy and dirty, not sanitary."<br><br>In an interview on 4/22/19 at 9:00 a.m., the Registered Dietician (RD) stated, "The kitchen looks pretty dirty. That roasting pan of pork needs to be moved away from under that air conditioner."<br><br>In an interview on 4/22/19 at 11:30 a.m., the Dietary Supervisor (DS) stated, "The kitchen is my responsibility...it's my job to make sure the kitchen is cleaned and all food is labeled and dated...we get behind and stuff doesn't get done." | F 812 | | |