


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

PRINTED: 10/08/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555635	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/16/2019
NAME OF PROVIDER OR SUPPLIER COURTYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE SAN JOSE, CA 95117		
(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 Surveyor: 34383 The following reflects the findings of the California Department of Public Health during an abbreviated survey regarding investigation of an entity reported incident conducted on 9/16/19. For Entity Reported Incident CA00650666 regarding Quality of Care/Treatment, the Department did not substantiate a violation of federal or state regulations. However, a federal deficiency was identified for a violation unrelated to the entity reported incident (see F658). Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 658 SS=D	Representing the California Department of Public Health: 34383, Health Facilities Evaluator Nurse. Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Surveyor: 34383 Based on interview and record review, the facility failed to provide the necessary care and services for one of three sampled residents (Resident 1) when Resident 1's physician order for a psychological evaluation (defined as a way of assessing an individual's behavior, personality,	F 658	 F658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) Preparation and execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth		10/16/19

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

TITLE

(X6) DATE

Electronically Signed

10/04/2019

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.

epoc accepted on 10/8/19
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F 658	<p>Continued From page 1</p> <p>and cognitive abilities) was not followed. This failure had the potential to compromise the resident's mental health condition and well-being.</p> <p>Findings:</p> <p>Review of Resident 1's clinical record indicated he had diagnoses including cognitive communication deficit, diabetes (increase in blood sugar), and hypertension (increase in blood pressure).</p> <p>Review of Resident 1's minimum data set (MDS, an assessment tool) dated 6/11/19 indicated he had a brief interview for mental status (BIMS, a structured cognitive test) score of 00 (severely impaired).</p> <p>Review of Resident 1's interdisciplinary (IDT) progress notes dated 5/3/19, indicated Resident 1 was verbally abusive to another resident. Resident 1's primary physician was notified and ordered a psychological evaluation for Resident 1. On 8/16/19 another incident involving Resident 1 was noted when he hit another resident.</p> <p>During a concurrent interview and record review with the social service director (SSD) on 8/26/19 at 10:40 a.m., she confirmed Resident 1 had not received a psychological evaluation since 5/3/19.</p> <p>During an interview with the director of nursing (DON) on 8/26/19 at 11:00 a.m., she stated Resident 1's psychological evaluation dated 5/3/19 was not done and the physician's order was not followed.</p> <p>Review of the California Board of Registered Nursing website, California Business and</p>	F 658	<p>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 CFR 405.1 Sec 7.</p> <p>Administrator Initials: ____AS____</p> <p>Corrective action for resident affected by deficient practice:</p> <p>Resident 1 received the psychological evaluation on 9/13/19.</p> <p>Identification of residents having potential to be affected by deficient practice and corrective action to be taken:</p> <p>All residents that have behavior, personality and cognitive problems that have existing psychological evaluation physician orders have potential to be affected by this deficient practice.</p> <p>100% of medical charts of the in-house residents were audited. The residents that were identified in need of psychological evaluation were referred to the psychology services. All the residents needing psychology services will be evaluated by 10/16/19.</p> <p>Systematic changes to ensure deficient practice does not recur:</p> <p>The facility have contracted with CHE Behavioral Health Services to provide psychological needs for the residents</p>		

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F 658	Continued From page 2 Professions Code, Division 2, Chapter 6, Article 2, Section 2725(b)(2), indicated RNs should ensure the safety, protection of residents; administration of medications, and therapeutic agents, necessary to implement a treatment, disease prevention, ordered by and within the scope of the licensure of a physician.	F 658	<p>effective 9/13/19.</p> <p>Psychological binder has been created to keep a log of the residents that have psychological evaluation physician orders.</p> <p>The Unit Manager and/or designee will review psychological binder on the weekly basis to make sure the psychological evaluation physician orders of the residents were followed. In addition, the IDT will meet at least monthly to discuss psychological needs of the residents.</p> <p>Monitoring process:</p> <p>Psychological issues/finding by the Interdisciplinary Team (IDT) during the IDT psychological/behavioral meeting will be reported to the Quality Assurance and Performance Improvement (QAPI) committee meeting times 3 months for further discussion and recommendations until resolved.</p> <p>Person Responsible: The DON is responsible to ensure compliance is sustained.</p>		

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

OCT - 8 2019