

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

5 Colon pcc 6/26/14
Accepted 3:25P

06/04/2014
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 _____		CALIFORNIA DEPARTMENT OF PUBLIC HEALTH JUN 20 2014	(X3) DATE SURVEY COMPLETED C 05/20/2014
NAME OF PROVIDER OR SUPPLIER COURTYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE L & C DIVISION SAN JOSE, CA 95117 SAN JOSE			
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during investigation of an abbreviated survey regarding a Complaint conducted on 5/19/14 and 5/20/14. For Complaint CA00398444 regarding Resident Neglect, Federal deficiencies were identified (See F241 and F246). Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 29260, Health Facilities Evaluator Nurse.	F 000	Acronyms: CCC- Courtyard Care Center DON- Director of Nurses UM - Unit Manager DSD- Director of Staff Development LN- Licensed Nurse QAPI - Quality Assurance and Performance Improvement CNA -Certified Nursing Assistant FM1- Family Member 1 MOD- Manager of the Day SSD- Social Service Director PCC- Point Click Care HIM-Health Information Manager			
F 241 SS-D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure one of two residents (1) was treated with dignity and respect when her hair was not combed since she returned to the facility in November, 2013 and was not showered on a regular basis. Findings: Resident 1's clinical record was reviewed on 5/19/14. Her minimum data set (MDS, an assessment tool) dated 5/10/14 indicated she needed extensive assistance with combing her	F 241	F 241 Dignity and Respect of Individuality It is the policy of CCC to ensure that each resident will receive the necessary assistance to maintain good grooming and personal hygiene. Corrective Action On 5/19/14, SSD called FM1 via phone to follow up on resident 1's hair cut appointment and cost. FM1 replied that she was still looking around and will let SSD know as soon as she has the information. SSD responded and told her to let facility know as soon as possible for follow up. Attempts were made by SSD to contact FM1			

LABORATORY TESTS SIGNATURE TITLE DATE
Administrator 6/18/14

Any deficiency which the institution may be excused from correcting providing it is determined that (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 241	<p>Continued From page 1 hair.</p> <p>During an interview on 5/19/14 at 2:37 p.m., the director of nurses (DON), stated staff complete a skin integrity sheet each time a resident has a shower. She reviewed Resident 1's medical record and stated she did not find any documentation indicating she had a shower or a skin check during May, 2014. Resident 1's shower days were scheduled for Wednesday and Saturday.</p> <p>During an interview on 5/19/14 at 2:10 p.m., certified nurse assistant B (CNA B) stated when Resident 1 returned to the facility in November, 2013 from the acute care hospital, her hair was very tangled and could not be combed. She stated she then reported it to the charge nurse, registered nurse C (RN C). She further stated family member (FM) 2, stated she was coming to cut the resident's hair, but did not. She further stated she tried to comb Resident 1's hair, but it was too tangled.</p> <p>During an interview on 5/19/14 at 3 p.m. with the social service manager (SSM), she stated it was brought to her attention on 5/8/14 by FM 1, Resident 1's hair had not been combed. She stated the next day FM 2 stated she would take Resident 1 to the hair salon as her hair was too curly to be brushed. SSM stated FM 2 wanted to take the resident to the salon and have the facility pay for it. SSM further stated she was waiting for a quote from FM 1 on how much it would cost to have Resident 1's hair professionally combed out, but FM 1 never got back to her. She stated Resident 1's hair had not been brushed since November, 2013.</p>	F 241	<p>until 6/6/14, when SSD left voice mail for FM1 if she will allow facility to initiate hair cut appointment. On 6/16/14, FM1 agrees. On 6/24/14, an appointment is set with Image IE Salon at 46 W Julian St, Ste 225, San Jose CA 95110 at 10:00 am.</p> <p>Other Residents Affected</p> <p>Current residents were reviewed for grooming and no other residents were found to be affected.</p> <p>Systemic Change</p> <p>DSD/Designee will in-service licensed staff (LN's and CNA's) on the policy on nursing rounds. This includes but not limited to the following: ensure safety and comfort of the residents, to assist in continuity of care, and to identify potential change in condition. The procedure will include observing residents on grooming and dressing i.e. hair combed (men and women), oral care, and lack of odor. Moreover, a review of the policy on routine resident care will also be in-serviced with emphasis on daily personal</p>		

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F 241	<p>Continued From page 1 hair.</p> <p>During an interview on 5/19/14 at 2:37 p.m., the director of nurses (DON), stated staff complete a skin integrity sheet each time a resident has a shower. She reviewed Resident 1's medical record and stated she did not find any documentation indicating she had a shower or a skin check during May, 2014. Resident 1's shower days were scheduled for Wednesday and Saturday.</p> <p>During an interview on 5/19/14 at 2:10 p.m., certified nurse assistant B (CNA B) stated when Resident 1 returned to the facility in November, 2013 from the acute care hospital, her hair was very tangled and could not be combed. She stated she then reported it to the charge nurse, registered nurse C (RN C). She further stated family member (FM) 2, stated she was coming to cut the resident's hair, but did not. She further stated she tried to comb Resident 1's hair, but it was too tangled.</p> <p>During an interview on 5/19/14 at 3 p.m. with the social service manager (SSM), she stated it was brought to her attention on 5/8/14 by FM 1, Resident 1's hair had not been combed. She stated the next day FM 2 stated she would take Resident 1 to the hair salon as her hair was too curly to be brushed. SSM stated FM 2 wanted to take the resident to the salon and have the facility pay for it. SSM further stated she was waiting for a quote from FM 1 on how much it would cost to have Resident 1's hair professionally combed out, but FM 1 never got back to her. She stated Resident 1's hair had not been brushed since November, 2013.</p>	F 241	<p>hygiene. This will include combing of resident's hair every morning. DSD/LN's will do random daily checks for personal hygiene issues. Assigned MOD's will do rounds on weekends. MOD's will include any trends or discrepancies in their MOD report on the next business day. LN's will initiate an assessment for newly admitted/re-admitted residents. This is to include the general appearance of the resident via the nursing admission data collection form. Grooming needs will be added in the PCC communications tab (24 hour report) and will be discussed in the daily morning stand up meeting.</p> <p>Monitoring</p> <p>DSD/Designee will report any grooming/ personal hygiene issues during the daily stand up meeting. HIM will audit the nursing admission data collection within 72 hours of admission or re-entry. Moving forward, resident shower schedules will be reflected in the TAR (treatment administration record) UM/Designee will do a weekly audit of the TAR to identify refusals, investigate as to cause</p>	<p>6/19/14</p> <p>6/19/14</p>	

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F 241	Continued From page 2 During an interview on 5/19/14 at 4:45 p.m. with the director of nurses, she stated it was too long for Resident 1 to go without having her hair combed. She further stated it should have been combed before this. Review of the facility's policy, revised 09/2011 for routine resident care indicated, "Daily personal hygiene minimally includes assisting or encouraging residents with...combing their hair each morning..."	F 241	and update the care plans as appropriate. Any trends, discrepancies and/or non-compliance of staff will be discussed in the monthly QAPI for evaluation and resolution.		6/19/14
F 246 SS= D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to accommodate the needs of one of two residents (2) when his call light was not visible or positioned within reach. Inability to access the call light had the potential for a delay in care and a risk of falling. Findings: Resident 2's clinical record was reviewed on 5/20/14. During an observation on 5/19/14 at 145 p.m., Resident 2 was up in his wheelchair, positioned on the right side of his bed facing the head of his	F 246	F 246 Reasonable accommodation of needs/preferences It is the policy of CCC to ensure that call lights should always be placed within easy reach of the resident. Corrective Action On 5/19/14, Upon identification, CNA-A positioned the call light within reach of Resident 2 while in room. The following day, DSD and UM did a facility round to ensure that all call lights are within reach. UM verbally coached CNA-A to place call lights within reach at all times when residents are in their rooms. Other Residents affected Residents currently residing in CCC may be affected by this deficient practice.		

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F 246	<p>Continued From page 3</p> <p>bed. His call light was not visible or within his reach.</p> <p>During an interview on the above date and time with Resident 2, he stated he could not reach the call light in an emergency as it was over on the left side of his bed and he was parked on the right side. He stated, "I can't reach the call light if I'm in trouble."</p> <p>During an interview on the above date and time with certified nurse assistant A, he stated he was not aware of Resident 2's needs regarding positioning of the call light. He further stated he should have placed the call light in the middle of the bed where the resident could use it, but instead, left it hanging off the left side of the bed.</p> <p>Review of the facility's policy, revised 09/2011, Resident Care indicated, "Call lights should always be placed within easy reach of the resident." It further indicated, "The call light should be easily accessible to the resident at all times."</p>	F 246	<p>Systemic Change</p> <p>DON/Designee will in-service licensed staff on Routine Resident Care policy that include: "call lights should always be placed within easy reach of the resident." In addition, the DSD/LN's will do daily rounds on different times of the day to check if the call lights are situated appropriately and within reach of residents when they are in their rooms. Assigned MOD's will do rounds on weekends. MOD's will include any trends or discrepancies in their MOD report on the next business day.</p> <p>Monitoring</p> <p>The DSD/Designee will include call light checks in his/her report during the morning stand up meetings. Non-compliance of staff, trends and discrepancies will be discussed during the monthly QAPI for evaluations and resolutions.</p> <p>Completion Date</p> <p>6/19/14</p>	6/19/14	