

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

PRINTED: 02/16/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/15/2023
NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 N. HARBOR BLVD. FULLERTON, CA 92835		
(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	F 000			
	<p>The following reflects the findings of the California Department of Public Health during an ABBREVIATED survey for COMPLAINT No: CA00821935.</p> <p>Inspection was limited to the specific complaint investigated and did not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Surveyor 45560, HFEN.</p> <p>FOR COMPLAINT No. CA00821935: THE DEPARTMENT WAS ABLE TO PARTIALLY SUBSTANTIATE THE COMPLAINT ALLEGATION(S). FINDINGS WERE CITED AT F684 FOR RESIDENT 1.</p> <p>GLOSSARY OF ABBREVIATIONS AND BRIEF DEFINITIONS:</p> <p>cm - centimeter(s)</p> <p>DON - Director of Nursing</p> <p>LN - Licensed Nurse</p> <p>P&P - policy and procedure</p> <p>SNF - Skilled Nursing Facility</p> <p>F 684 Quality of Care</p> <p>SS=D CFR(s): 483.25</p> <p>§ 483.25 Quality of care</p> <p>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive</p>				

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

TITLE

(X6) DATE

David Saunders, Administrator 2/25/23

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, 44560, 2/27/23

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F 684	<p>Continued From page 1</p> <p>assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, medical record review, and facility P&P review, the facility failed to follow the physician's order to schedule a follow-up appointment with the orthopedic surgeon (a doctor that specializes in muscles and skeleton of the body) related to Resident 1's fractured right ankle for one of two sampled residents (Resident 1). This failure had the potential to negatively impact the resident's well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Policy/Procedure-Appointments revised July 2013 showed the appointments will be scheduled as ordered, and if unable to arrange for the ordered appointment, the nurse manager or designee may involve the ordering physician and/or other disciplines warranted.</p> <p>Medical record review was initiated for Resident 1 on 1/31/23. Resident 1 was admitted to the facility on 12/22/22, with diagnoses including displaced bimalleolar fracture of right lower leg (an injury where the ligaments [connective tissue that attaches bone to bone] on the inside part of the ankle are injured, and that only one bone has broken).</p> <p>Review of Resident 1's acute care hospital's Discharge Summary Note dated 12/22/22, showed Resident 1 was discharged to the facility</p>	F 684			

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F 684	<p>Continued From page 2</p> <p>on 12/22/22, and had a discharge instruction to schedule an appointment with the orthopedic surgeon as soon as possible for a visit in 10 days.</p> <p>Review of Resident 1's LN- Initial Admission Record dated 12/22/22, showed Resident 1 had the right lower extremity cast in place.</p> <p>Review of Resident 1's Order Summary Report showed a physician's order dated 12/22/22, to schedule a follow-up appointment with Resident 1's orthopedic surgeon in 10 days.</p> <p>Further review of Resident 1's medical record failed to show Resident 1 was seen by the orthopedic surgeon within 10 days as ordered by the physician.</p> <p>On 1/31/23 at 1150 hours, an interview with Case Manager 1 was conducted. Case Manager 1 stated an authorization was needed from Resident 1's insurance prior to scheduling the follow-up appointment. Case Manager 1 stated the authorization was sent to Resident 1's insurance on 12/30/22. It was also stated by Case Manager 1 that authorization was then received on 1/5/23, and Resident 1's follow-up appointment was scheduled on 1/10/23. When asked why it took eight days to send a request for authorization to Resident 1's insurance company, Case Manager 1 stated she did not know why the request for authorization was not sent earlier.</p> <p>On 1/31/23 at 1500 hours, an interview was conducted with the DON. The DON verified Resident 1 had a physician's order to see the orthopedic surgeon in 10 days when the order was placed on 12/22/22. The DON also verified Resident 1 was not seen by the orthopedic</p>	F 684			

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F 684	Continued From page 3 surgeon until 1/10/23, 19 days later instead of 10 days as ordered. When asked about the delay in sending for the authorization for the appointment, DON stated, "we could have gotten it earlier " . Review of Resident 1's acute care hospital's History and Physical examination dated 1/10/23, showed Resident 1 was admitted to the acute care hospital after her follow-up appointment with the orthopedic surgeon. Resident 1 was assessed to have a 4 cm x 4 cm open wound to the right medial (towards the center or middle) ankle that needed debridement (the removal of damaged or dead tissue from a wound). Resident 1 also had an open reduction intramedullary fixation (also known as ORIF, a type of surgery used to stabilize and heal a broken bone) on her right ankle.	F 684			



February 26, 2023

Plan of Correction for Complaint No: CA00821935

Resident 1 was transferred to acute hospital from her orthopedic appointment on 1/10/23 and did not return to the facility.

Social Services Director and Case Manager conducted an audit on 2/2/23 of all current residents' physician's orders for follow up appointments to ensure that appointments were scheduled timely as ordered. No residents were found affected by the deficient practice.

All new physician's orders including that of new admissions pertaining to follow up appointments will be reviewed during daily clinical meeting. Follow up appointment orders will be logged in the Appointment Tracking Log. This log will be reviewed by the clinical team during daily stand up meeting to ensure appointment orders are followed up and scheduled timely as ordered. Licensed Nurses, Social Services Director and Case Manager were in serviced by the Director of Nursing on 2/20/23 regarding policy and procedure on Appointments/Referral. Bimonthly audit of the Appointment Tracking Log will be conducted by Medical Records Director/Designee to ensure follow up appointments are scheduled timely as ordered.

Results of the review/audits will be discussed during monthly QAPI meeting for monitoring of compliance to said plan of correction.