

POC accepted
#36290 4/9/18

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

PRINTED: 03/14/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055706	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/14/2018
NAME OF PROVIDER OR SUPPLIER THE ORCHARD - POST ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 12385 E. WASHINGTON BLVD WHITTIER, CA 90606		
(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 a complaint investigation. Complaint Intake Number: CA00564935 - Substantiated. Representing the Department of Public Health: Surveyor ID: 36290 RN, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of the complaint number CA00564935. Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident	F 000	Preparation and/or execution of the Plan of Correction does not constitute admission or agreement by the provider 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 Health and Safety Code Section 1280 and 42 CFR 405.1907 F 657 Corrective action(s) for resident found to have been affected by the deficient practice: Resident #1 Short term care plan for antibiotic therapy R/T UTI was resolved on 3/8/18 and the long term care plan as patient is at risk for recurrence of Urinary infections was completed on 3/8/18. See Attached. In-service training provided to the Licensed nursing staff on completing the care plan to indicate development of approaches to be specific to ensure consistency and resident goals as short term goals, long term care goals, UTI prevention and intervention on 3/19/18. See attached In-service training also provided to the CNAs by DSD on UTI prevention, recognizing the sign and symptom of UTI and Infection control on 3/15/18. See attached	3-21-18 2018 MAR 21 AM 8:00 HEALTH CARE	
F 657 SS=D		F 657			

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

TITLE

(X6) DATE

 Administrator 03/21/2018

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 657	<p>Continued From page 1</p> <p>and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to develop current care plan for a resident's urinary tract infection (UTI) treatment for one of four sampled residents (Resident 1).</p> <p>This deficient practice had the potential for Resident 1 not receiving the care and services to treat resident's UTI .</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility, on 3/18/15, and readmitted, on 7/5/17, with diagnoses that included acute pyelonephritis (inflammation of the kidney due to bacterial infection), stage 4 chronic kidney disease, and UTI.</p> <p>A review of Resident 1's Minimum Data Set (MDS, standardized assessment and care screening tool), dated 10/6/17, indicated Resident 1 was moderately impaired in cognitive (understanding) skills for daily decision making Resident 1 was frequently incontinent with seven or more episodes during a 7 days assessment period.</p>	F 657	<p><u>Identification of other residents with the potential to be affected and corrective action:</u></p> <p>MDS nurses checked current residents who are currently on antibiotic therapy for UTI/Urinary infection on 3/19/18 to ensure that the short term care plan are completed. MDS nurses also checked the residents with history of UTI/urinary infection to ensure that the long term care plan are completed. *See attached</p> <p><u>Measures that will be put into place to ensure that the deficiency does not recur</u></p> <p>QA/designee to check the antibiotic surveillance log daily for resident on antibiotic therapy for UTI/Urinary infection to ensure that the short term care plan is completed.</p> <p>MDS nurses to check and ensure that the short term and long term care plan are completed upon completion of the comprehensive assessment of each per MDS calendar.</p> <p>QA nurse/designee to perform an audit of 5 sample residents with UTI/Urinary infection per week to ensure that the short-term and long term care plan are completed.</p>	3-21-18	

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F 657	<p>Continued From page 2</p> <p>A review of Resident 1's Medication Administration Records indicated Macrobid (antibiotic medication) capsules, on 7/10/17 to 7/16/17, 100 was administered by mouth one time per day for a UTI for seven days. The MARs indicated, on 9/4/17 to 9/11/17, and 10/28/17 to 11/4/17, Macrobid capsules 100 mg was administered by mouth two times per day for UTI for seven days.</p> <p>A review of Resident 1's MAR indicated a physician order for Macrobid 100 mg one time per day for UTI for 7 days, on 11/26/17, and administration was started on 11/27/17.</p> <p>A review of Resident 1's Care Plan indicated a focus "Has a Urinary Tract Infection with initiated date, on 9/4/17, and resolved date, on 10/10/17.</p> <p>On 3/8/17 at 1:29 p.m., during an interview, the Director of Nursing (DON) stated Resident 1 was at high risk for developing UTIs and the signs and symptoms for UTIs were frequent urination, fever, confusion, lethargy (sluggish), cloudy or smell in the urine, and decreased urine output. DON stated that Resident 1 did not have a urinary catheter so the appearance of the urine was hard to monitor. DON stated that other things that could contribute to development of a UTI were residents with diabetes, chronic kidney disease, and dehydration. DON stated the facility was not monitoring Resident 1's intake (fluid consumption) and output (urine) and did not develop a potential for UTI care plan. DON stated that the staff should initiated the care plan.</p> <p>On 3/14/18 at 2:05 p.m., during an interview, the DON stated a care plan included the short-term</p>	F 657	<p><u>Measures that will be implemented to monitor effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur</u></p> <p>Director of Nursing/designee will present concerns to the QA & A Committee monthly for 3 months or until substantial compliance is reached.</p> <p>Date of correction: 3/21/18</p>	3-21-18	

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F 657	Continued From page 3 goals and long-term goals. The DON stated antibiotic treatment would be a short-term goal. A review of the undated facility policy and procedure, titled "Nursing Administration, Care Planning," indicated the interdisciplinary team (IDT) shall develop a comprehensive care plan for each resident. A review of the facility's policy and procedure, dated 5/07, titled "Nursing Administration, Nursing Care Plan," indicated development of approaches must be specific enough to ensure consistency and resident goals were short and long term goals.	F 657			3-21-18

