

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/14/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/11/2017
NAME OF PROVIDER OR SUPPLIER  WHITNEY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3529 WALNUT AVENUE CARMICHAEL, CA 95608 <i>DM accepted 8/29/17</i>		
(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 an abbreviated survey for the investigation of complaint #CA00532273.  Representing the Department of Public Health: HFEN, 36586  The investigation was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility  F 514 SS=D 483.70(i)(1)(5) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE  (I) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-  (i) Complete;  (ii) Accurately documented;  (iii) Readily accessible; and  (iv) Systematically organized  (5) The medical record must contain-  (i) Sufficient information to identify the resident;  (ii) A record of the resident's assessments;  (iii) The comprehensive plan of care and services provided;	F 000	PLAN OF CORRECTIONS  "This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery."  "This plan of correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes, and or guidelines. As this transmission is required by law, it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations."		

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

TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER  WHITNEY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3629 WALNUT AVENUE CARMICHAEL, CA 95808		
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F 514	<p>Continued From page 1</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain an accurate and complete clinical record for 1 of 3 sampled residents (Resident 1) when:</p> <ol style="list-style-type: none"> <li>1. Valuables belonging to resident one were not reflected on the Resident 1's Inventory of Personal Effects record, and</li> <li>2. Resident 1's Responsible Party (RP) was listed on the Resident 1's document titled Resident Face Sheet as a "Legal Guardian" and "Responsible POA (Power of Attorney) - Health Care."</li> </ol> <p>These failures had the potential for Resident 1's personal property to become lost and the potential for a non-legal guardian to make medical or financial decisions for Resident 1 as end of life approached.</p> <p>Findings:</p> <p>Resident 1 was readmitted to the facility from the General Acute Care Hospital and elected to receive Hospice Care. Resident 1 had capacity to make health care decisions.</p>	F 514	<p><b>F 514</b></p> <ol style="list-style-type: none"> <li>1. Resident 1 discharged from the facility on 4/2/17.</li> <li>2. Resident 1 discharged from the facility on 4/2/17.</li> </ol> <p>For residents that have potential to be affected by this deficient practice;</p> <ol style="list-style-type: none"> <li>1. The facility social service department will complete a house audit by 8/28/17 to ensure that residents' valuables are reflected in their personal effects record.</li> <li>2. Medical record department will complete a medical record face sheet audit by 8/28/17 to ensure accuracy and availability of legal documentation as necessary.</li> </ol>		

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F 514	<p>Continued From page 2</p> <p>1. In a concurrent interview and record review with the facility Business Manager (BM) on 5/1/17 at 12:30 p.m., the BM stated Resident 1's family member came to the facility and received two gold rings and a check reflecting the balance of Resident 1's Trust Account. A review of a letter from the facility, dated 4/26/17, reflected Resident 1's family member received a check for the balance of Resident 1's trust fund account and two gold rings. The letter was signed on 4/26/17 by Resident 1's family member acknowledging "final receipt of all personal remaining effects" of Resident 1.</p> <p>During a interview with the Social Services Director (SSD) on 5/1/17 at 1:15 p.m., the SSD stated the family received most of Resident 1's belongings on 4/24/17. He further stated the remaining two gold rings from the facility safe were given to Resident 1's family member on 4/26/17.</p> <p>On 5/1/17 at 1:25 p.m., two documents titled Inventory of Personal Effects for Resident 1 were reviewed. The first document for Resident 1's personal inventory, with an admission date of 7/19/16, indicated the following items in black ink pen: upper and lower dentures, eye glasses, a wallet/ purse, blue water bottle and a red overnight bag. The section of the document to certify receipt of the listed items was signed in blue felt pen by Resident 1's family member on 4/24/16. The second document for Resident 1's personal inventory, with no admission date, reflected in black ink pen multiple clothing items and slippers. Under the subtitle "ON ADMISSION" was a note indicating in blue felt pen "also rings are with [DON]" and under the subtitle "USE THIS</p>	F 514	<p>The Director of Staff Development in-serviced staff on the process and accuracy of completing the inventory record as well as the face sheet.</p> <p>During the admission process, the admission staff will initiate the resident face sheet. Legal documents if needed will be requested by the admission staff.</p> <p>The completed admission packet will be handed to the Business Office Manager, who will verify presence of stated legal documents.</p> <p>During the resident quarterly and annual care conference meetings, the facility staff will review with the resident and or responsible party the contents of the face sheet and changes will be made accordingly.</p>	

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F 514	<p>Continued From page 3</p> <p>SPACE TO RECORD MISCELLANEOUS INFORMATION" in blue felt pen "04-24-17 checkbooks, wallet, phone release to the [family member]." The section of the document to certify receipt of the listed items was signed in blue felt pen by Resident 1's family member on 4/24/16.</p> <p>During a telephone conference call with the Director of Nursing (DON), The Administrator (ADM) and the SSD on 5/4/17 at 3:00 p.m., the DON stated the additional items [the rings] were not added to the inventory sheet until the family took them, as a record the items were removed from the facility.</p> <p>Review of the facility document titled Inventory of Personal Effects stipulated "Instructions: Upon admission, identify the resident's personal belongings by indicating quantity of those items listed ... Update as necessary throughout the resident's stay ..."</p> <p>2. A review of Resident 1's clinical record document titled Resident Face Sheet listed under the section "Contacts: Call Order - 1, Relationship - Resident, Name [Resident Name]", indicating a resident would make their own decisions. Second on the call order listed "Relationship - friend, Name [Friend's Name], Responsibilities - Emergency Contact, Responsible Party, Legal Guardian, Responsible POA - Health Care" indicating this person could make legal and health care decisions.</p> <p>During an interview with the SSD on 5/1/17 at 1:30 p.m., the SSD stated the responsibility of the RP varied dependent on the legal documents presented to the facility. If the RP was not family, and had no legal documents like a DPOA</p>	F 514	<p>Weekly times 4 weeks and monthly thereafter, medical record staff will audit the resident face sheet to ensure legal representation documents are filed in the resident chart.</p> <p>Audits will be handed to the Director of Nursing to follow up as needed.</p> <p>Upon admission, resident and or responsible party will be provided with the inventory sheet to log their personal effects. Staff will assist to label and document as needed.</p> <p>During the residents' quarterly and annual care conference meetings, the facility staff will review with resident and or responsible party the current inventory sheet. Changes will be made accordingly.</p>		

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F 514	<p>Continued From page 4</p> <p>(Durable Power of Attorney) or court appointment, then the RP would be the first emergency contact and would receive information about the resident. No documents should be signed, nor should any medical or financial decisions be made by this person. The SSD further stated Resident 1's RP did not produce a DPOA or other legal document to be given the responsibility of anything beyond an Emergency contact or resident information. SSD stated that until the last week or so of her life, Resident 1 made all decisions, including asking to see family members. When asked if Resident 1's friend listed as Responsible Party had a DPOA, the SSD stated, "We should have asked for one."</p> <p>A facility policy was requested regarding the Responsible Party role within the facility and was told by the ADM there was not one. The ADM further stated the RP would only have responsibilities as allowed by law.</p>	F 514	<p>During resident council meetings the Activity Director will remind the resident about the process of completing the inventory and updating any new items to the inventory record.</p> <p>Weekly times 4 weeks and monthly thereafter, the medical record department will audit resident personal inventory record to ensure completeness of current items in resident possession.</p> <p>Audits will be handed to the DON for follow up as needed.</p> <p>The Director of Nursing will report any non-compliance to the Quality Assurance Committee for recommendations.</p>		