

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

PRINTED: 05/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555478	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/26/2022
NAME OF PROVIDER OR SUPPLIER VICTORIA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5445 EVERGLADES ST VENTURA, CA 93003		
(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, Licensing and Certification during a Standard Abbreviation Survey for the investigation of a Complaint. Complaint: CA00773366 - Substantiated Representing the Department: 39814 - HFEN The inspection was limited to the specific Complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	The following Plan of Correction is submitted by the facility in accordance with the pertinent terms and provisions of 42 CFR Section 488 and/or related state regulations. The Plan of Correction should not be construed or interpreted as an admission that the deficiencies alleged did in fact exist; rather the facility is filing this document in order to comply with its obligations as provider participating in the Medicare/Medicaid program(s). The following Plan of Correction is intended to serve as a credible allegation of our intent to correct the practices identified as deficient and to implement the corrections as stated.		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656	<u>F656</u> <u>Corrective action for residents found to have been affected by this deficiency:</u> Care plan was updated to reflect turning and repositioning Q2 hours. <u>Identification of residents that have potential to be affected by the deficient practice:</u> All other residents have potential to be affected. <u>Measures that will be put into place to ensure that this deficiency does not recur:</u> DON and designee began updating care plans for all other residents on 5/10/22 to reflect a frequency for turning based on the support surface in use, the tolerance of skin for pressure and the individual's preferences.. DON initiated inservicing of licensed nurses on appropriate care planning for repositioning on 5/10/22. DON or Designee will perform checks monthly of all care plans to ensure that they are written with a turning frequency.		5/28/22

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

Tim Cooley

TITLE

Administrator

(X6) DATE

5/10/22

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 656	<p>Continued From page 1</p> <p>rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure one of 2 sampled residents (Resident 1), care plan ((CP) document that specifies a resident's assessed needs and outlines what type of care, how the care will be given, and who will provide the care) was adequately developed with interventions (actions to be taken to improve or prevent worsening of the identified problem) specific to Resident 1's pressure ulcer (sore from prolonged pressure on the skin), including:</p> <p>a) Identify a frequency for turning and repositioning.</p> <p>b) Identify the pressure relieving/reducing device.</p> <p>This facility failure had the potential to result in unmet care needs and worsening of Resident 1</p>	F 656	<p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</u></p> <p>DON or Designee will report any findings from checks to the QAPI team monthly during the QAPI Committee. QAPI Committee will assign additional follow-up and recommendations as needed until substantial compliance is achieved and maintained.</p> <p>choose a frequency for turning based on the support surface in use, the tolerance of skin for pressure and the individual's preferences.</p>		

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F 656	<p>Continued From page 2 pressure ulcer.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Care Planning," dated 7/2021, the P&P indicated, "It is the policy of this facility that the interdisciplinary team [healthcare professionals who have knowledge of the resident and their needs] (IDT) shall develop a comprehensive Person-Centered Care Plan for each resident based on resident's needs to attain or maintain his or her highest practicable physical, mental, and psychological well-being ... The Care Plan will reflect the Interdisciplinary approach to Person-Centered Care and considering the different individual needs or concerns identified during the assessment process of the resident."</p> <p>During a review of Resident 1's CP titled, "Impaired Skin Integrity due to -L [left] lateral [outside] malleolus [ankle] Pressure Ulcer," dated 2/1/2022, the CP indicated, "Intervention ... Needs assistance to turn/reposition ... Requires pressure relieving device in bed." Review of the National Pressure Injury Advisory Panel (NPIAP) website, 1a._pressure-injury-preventi.pdf (ymaws.com), accessed on 4/20/2022, NPIAP indicated, "Repositioning and Mobilization ... Choose a frequency for turning based on the support surface in use, the tolerance of skin for pressure and the individual's preference."</p> <p>During a review of Resident 1's "Braden Scale for Predicting Pressure Sore Risk (BS)," dated 2/1/2022 at 8:49 p.m., the BS indicated, "Degree to which skin is exposed to moisture ... Very</p>	F 656			

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F 656	Continued From page 3 Moist: Skin is often, but not always moist ... Ability to Change and Control Body Position ... Very Limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently." During a concurrent interview and record review, on 3/29/2022, at 4:30 p.m., with a clinical resource nurse (CRN), Resident 1's CP titled, "Impaired Skin Integrity due to -L [left] lateral [outside] malleolus [ankle] Pressure Ulcer," dated 2/1/2022 was reviewed. CRN stated, "No," when asked if the interventions were resident specific.	F 656			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(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 §483.70(i)(2) The facility must keep confidential all information contained in the resident's records,	F 842	F842 <u>Corrective action for residents found to have been affected by this deficiency:</u> No residents were affected by the deficient practice. <u>Identification of residents that have potential to be affected by the deficient practice:</u> All residents have potential to be affected. <u>Measures that will be put into place to ensure that this deficiency does not recur:</u> Medical Records Director (MRD) and designee began will audit documentation weekly to look for missed documentation. They will report any findings immediately to the licensed nurse who was on shift and to the DON. DON adn MRD initiated in-servicng of licensed nurses on timely completion of documentation on 5/10/22. <u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</u> MRD or Designee will report any findings from		5/28/22

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F 842	<p>Continued From page 4</p> <p>regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</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</p>	F 842	checks to the QAPI team monthly during the QAPI Committee. QAPI Committee will assign additional follow-up and recommendations as needed until substantial compliance is achieved and maintained.		

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F 842	<p>Continued From page 5</p> <p>professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of 2 sampled residents (Resident 1), medical record was accurate and complete.</p> <p>For Resident 1, this facility failure had the potential to result in miscommunication between the healthcare providers and a decreased quality of life (a sense of well-being and satisfaction with the care received).</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Documentation and Charting," dated 5/2020, the "P&P" indicated, "It is the policy of this facility to provide ... A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., as well as the progress of the resident's care in an accurate and chronological manner."</p> <p>During a review Resident 1's "Initial Assessment Record" (IAR), dated 2/1/2022 at 8:48 p.m., the IAR indicated, Resident 1 had a "L [left] lateral [outer] malleolus [ankle] stage 3 [full thickness of skin] pressure ulcer wound."</p> <p>During a review of Resident 1's "Braden Scale for Predicting Pressure Sore Risk (BS)," dated 2/1/2022 at 8:49 p.m., the BS indicated, "Degree to which skin is exposed to moisture ... Very Moist: Skin is often, but not always moist ... Ability</p>	F 842			

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F 842	<p>Continued From page 6</p> <p>to Change and Control Body Position ... Very Limited: Makes occasional slight changes in body or extremity position but unable to make frequent or significant changes independently."</p> <p>During a review of Resident 1's "Fall Risk Evaluation" (FRE), dated 2/1/2022 at 8:49 p.m., the FRE indicated, Resident 1 was regularly incontinent (lacked voluntary control over urination).</p> <p>During a review of Resident 1's care plan (CP1) titled, "Impaired Physical Mobility," dated 2/2/2022, the CP1 indicated, "...poor balance, gait instability, poor safety awareness, limited mobility ... Requires extensive assist for turn and reposition."</p> <p>During a review of Resident 1's care plan (CP2) titled, "Potential for skin breakdown ..., " dated 2/2/2022, the CP2 indicated, "Requires pressure relieving/reducing device on bed."</p> <p>During a review of Resident 1's "Orders," dated 2/10/2022 at 4:58 p.m., the Orders indicated, Resident 1 had left and right-side buttock maceration (skin in contact from moisture for too long) requiring a daily dressing change.</p> <p>During a concurrent interview and record review, on 3/29/2022, at 4:50 p.m., with a clinical resource nurse (CRN) and director of nursing (DON), Resident 1's "Daily Skilled" (DS), dated 2/3/2022 at 1:03 p.m., 2/5/2022 at 8 p.m., 2/6/2022 at 8:10 p.m., 2/9/2022 at 10:48 p.m., 2/10/2022 at 10:59 p.m., 2/11/2022 at 1:57 p.m., and 2/12/2022 at 12:16 p.m. were reviewed. The DS's indicated for section H.2., active symptoms or treatments effecting the genitourinary or renal</p>	F 842			

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F 842	Continued From page 7 system, there was no check mark indicating Resident 1 had bladder incontinence. For section I.2., active symptoms or treatments effecting the musculoskeletal system, there was no check mark indicating Resident 1 had an unsteady balance/gait or weakness. For section J.3., active condition(s) or treatment(s) that compromise skin integrity, there was no check mark indicating Resident 1 had skin injury or moisture associated skin damage. For section J.6., interventions to maintain skin integrity and/or aid in wound healing, there were no check marks indicating any interventions were used. CRN stated, the charting at section H, I, and J is incomplete. DON acknowledged the charting was incomplete.	F 842			