

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

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH

PRINTED: 10/26/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ <i>L & C DIVISION SAN JOSE</i>		(X3) DATE SURVEY COMPLETED C 10/18/2017
NAME OF PROVIDER OR SUPPLIER KATHERINE HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 315 ALAMEDA AVENUE SALINAS, CA 93901		
(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 standard abbreviated survey regarding an investigation of an entity reported incident conducted on 10/18/17. For Entity Reported Incident CA00556088 regarding injury of unknown origin, a federal deficiency was identified (see F323). Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 27007, Health Facilities Evaluator Nurse. F 323 SS=D 483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment	F 000	F000 Disclaimer <i>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Katherine Healthcare Center responds to the requirement of the survey process but does not admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</i> F323 483.25 (d) (2) (n)- (3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 1. How corrective action(s) will be implemented for resident(s) affected by the deficient practice:		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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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F 323	<p>Continued From page 1 from bed rails prior to installation.</p> <p>(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation.</p> <p>(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) was transferred safely from the bed to the wheelchair by two staff members. Resident 1 was identified as a high risk for brittle bones and was at risk for sustaining fractures. On 10/4/17, immediately following a transfer from the bed to the shower chair, Resident 1 complained of pain in his left foot. An X-ray was obtained on 10/5/17, indicating Resident 1 sustained an age-undetermined fracture to his left ankle. Failure to safely transfer a resident with a high risk for fractures increases the risk for further fractures/injuries.</p> <p>Findings:</p> <p>Clinical record review for Resident 1 was initiated on 10/18/17. Resident 1 was admitted to the facility on 4/30/12.</p> <p>Review of Resident 1's Minimum Data Set (MDS: an assessment tool) dated 8/23/17, indicated he had moderate cognitive impairment and required two staff members during transfers.</p> <p>Review of Resident 1's physician's order dated 7/29/16 indicated an order to apply multi-podus boots (boots used for contracture management</p>	F 323	<p>Resident 1 was reassessed by the DNS for the need with safe transfer. The Plans of care and the Care directives to care givers were updated. CNA's A&B was specifically in-serviced for the correct transfer from bed to wheelchair and included the handling of lower extremities.</p> <p>2. How the center will identify other residents having the potential to be affected by the same Deficient practice and what corrective actions will be taken.</p> <p>To look for similar at Risk, DNS and IDT completed an audit of residents who had accidents to determine the appropriateness of device for transfer and the need for 2 person assist..</p>		

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F 323	<p>Continued From page 2 and ankle/foot stabilization) for assistance with transfers.</p> <p>Review of the facility's Investigator's Interview Statement of Event dated 10/4/17 showed licensed vocational nurse (LVN) C documented Resident 1 complained of left leg pain after he was transferred from the bed to the shower chair. She documented an observation of Resident 1's left leg showed his left ankle was swollen.</p> <p>Review of the facility's Investigator's Interview Statement of Event dated 10/4/17 showed certified nursing assistant (CNA) A documented during a transfer from the bed to the shower chair, Resident 1 told him that his foot/leg were hurts and to be careful.</p> <p>Review of Resident 1's Interdisciplinary Progress Note dated 10/9/17 at 2 p.m., indicated it was reported to them that Resident 1's left ankle was swollen and painful to touch.</p> <p>Review of Resident 1's Radiology Report dated 10/5/17, indicated Resident 1 had a left ankle fracture, age undetermined.</p> <p>During an interview on 10/18/17 at 8:35 a.m., the Director of Nurses (DON) stated Resident 1 was alert, but forgetful. She stated the resident had bilateral lower extremity contractures and required two person assistance during a transfer from the bed to the shower chair. The DON stated Resident 1's fractured ankle was probably caused by his diagnosis of osteopenia (bone loss).</p> <p>During an interview on 10/18/17 at 9:45 a.m., Resident 1 stated he fractured his left ankle when</p>	F 323	<p>3. What measures will be put into place or what systemic changes the center will make to ensure that the deficient practice does not recur.</p> <p>Licensed Nurses & CNA's were re-educated by DSD on 10/09/17 to emphasize best practice in the use of mechanical lift and when to ask other staff, for assistance. The Clinical review for new admits will identify these safe transfer plans and the Care directives will contain the specific instructions. To be completed on 11/5/17</p>		

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F 323	<p>Continued From page 3</p> <p>certified nursing assistants (CNAs) A and B were transferring him from the bed to the shower chair and his leg hit the bed. He stated he told the CNAs that he was in pain and his foot hurt. During the interview, CNA D removed Resident 1's bed linen and an observation of a CAM boot (a boot brace to stabilize the foot) was seen on Resident 1's lower extremity. In addition, a picture of Resident 1 was observed at the foot of his bed showing the resident sitting in a wheelchair with bilateral lower extremities leg splints.</p> <p>During a telephone interview on 10/18/17 at 10:40 a.m., CNA A stated Resident 1 was alert and able to make his needs known. He stated on 10/4/17, Resident 1 was transferred out of bed to the shower chair with the help of CNA B. He stated Resident 1 was unable to lift his own legs up from the bed; the staff needed to move them off the bed to the floor. CNA stated the resident did not have the multi-podus boots on during the transfer because he was going for a shower. CNA A stated Resident 1 complained of pain in his leg and "kept saying be careful my leg is hurting."</p> <p>During an interview on 10/18/17 at 10:55 a.m., LVN C stated Resident 1 was alert and able to make his needs known. She stated Resident 1 required two staff members to assist the resident out of bed. LVN C stated Resident 1 told her, "They (CNAs A and B) hurt him during the transfer to the chair. She stated Resident 1 stated during the transfer, his leg was bumped on the side of the bed; "that could have been the case why he got a fracture."</p>	F 323	<p>4. How the center plans to monitor its performance to make sure that solutions sustained:</p> <p>The facility DSD will observe staff on the correct practice of safe transfer through daily rounds. Licensed nurses will randomly observe the correct safe transfer on their shift. Findings of the DSD and Licensed Nurses will be submitted to the DNS. Trending will be submitted by the DNS to the monthly QAPI for recommendation.</p> <p>5. Completion date: 11/5/2017</p>		

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: FMEF11 Facility ID: CA070000066 If continuation sheet Page 4 of 4

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SAN JOSE