

Jan. 12. 2016 5:11PM HEALTH-SAN GABRIEL DISTRICT

POC
reviewed &
accepted

No. 8840 P. 8

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 558085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/10/2015
NAME OF PROVIDER OR SUPPLIER CLAREMONT MANOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 W BONITA AVE CLAREMONT, CA 91711		
(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 Department of Public Health during an Entity Report Incident (ERI) and Complaint Visit. Complaint Numbers: CA00437323 - Substantiated CA00448985 - Substantiated Category: Quality of Care/Treatment Representing the Department of Public Health: Evaluator ID #27680 Inspection was limited to the specific component investigated and does not represent the findings of a full inspection of the facility.	F 000	This Plan of Correction constitutes our Credible Allegation of Compliance for the deficiencies noted. Our facility will be in substantial compliance with all corrective action by 1/22/16		
F 327 SS-E	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to monitor the resident's fluid intake and failed to provide sufficient fluids to maintain hydration for one of three residents (Resident 1). This deficient practice resulted to Resident 1 being admitted to the general acute care hospital (GACH) with diagnoses that included urosepsis (a systemic blood infection that develops when a urinary tract infection bacteria enters the bloodstream and spreads throughout the entire	F 327	483.25(j) Sufficient Fluid to Maintain Hydration Corrective Action for Affected Resident: Resident #1 did not return to community. Identifying other Potential Residents: There are no current residents with nausea, vomiting or fever at this time. Residents noted to have nausea, vomiting or fever will be placed on monitoring for hydration status including the monitoring of intake for duration of change of condition. Systemic Change to Prevent Recurrence: An inservice on hydration was given to staff on 7/7/15. Staff will be re-inservice on monitoring and documentation of hydration status during change of condition.	1/22/16	

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 585085	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/10/2015
NAME OF PROVIDER OR SUPPLIER CLAREMONT MANOR CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 621 W BONITA AVE CLAREMONT, CA 91711	

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F 327 Continued From page 1

body) and acute renal (kidney) failure secondary to dehydration (excessive loss of body water).

Findings:

On April 14, 2015, at 2 p.m. and July 17, 2015, at 2:20 p.m., an unannounced visit was made to the facility to investigate an entity reported incident and complaint regarding resident neglect and quality of care.

A review of the face sheet of Resident 1 indicated the resident was admitted to the skilled nursing facility on February 4, 2015, with diagnoses that included paralysis agitans (a disorder of the central nervous system that affects movement, often including tremors), diabetes mellitus, psychosis and depressive disorder.

According to the Nutritional Assessment dated February 9, 2015, the resident was 5 feet and 3 inches tall, weighed 166 pounds (lbs.), and required 1750 to 2100 cubic centimeters (cc's) of fluids per day. The assessment further indicated the resident is forgetful and has periods of confusion and has a nutrition related diagnosis of inability to feed self related to Parkinson's disease as evidenced by need for assistance in feeding. The nutrition goal indicated no significant weight changes, maintain good oral intake, and no signs and symptoms of dehydration. The listed nutrition interventions included to continue to provide assistance with feeding, continue to cater to preferences, encourage to maintain good oral intake of food and fluids, and continue to monitor intake daily and weight weekly until stable.

A review of a care plan dated February 10, 2015, indicated the resident is at risk for dehydration

F 327 *Monitoring and Evaluation of Plan:*

Residents identified as having nausea, vomiting and/or fever will be reviewed by Medical Records Designee to insure that monitoring of intake is in place along with documentation for monitoring signs of dehydration. Negative findings will be reviewed by the Director of Nursing and reported monthly to the Quality Assurance Committee with further action as deemed necessary.

Corrective Action Completion Date:

January 22, 2016

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/10/2015
NAME OF PROVIDER OR SUPPLIER CLAREMONT MANOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 W BONITA AVE CLAREMONT, CA 91711		
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F 327	Continued From page 2 related to side effects of medication, dementia, and incidents of nausea and vomiting. The care plan goal indicated the resident will maintain fluid volume balance with no signs and symptoms of dehydration. The listed nursing interventions included to encourage fluids with routine care, nourishment pass, activities and with meals, observe for signs and symptoms of dehydration such as dry mucous membranes, dry cracked lips, sunken eyes, or decreased urine output, and assist during meals as needed. The care plan however, did not specify the necessary amount of fluid to be given to the resident per shift and did not indicate how the staff would monitor the amount of fluid provided to the resident every shift to ensure adequate hydration. The Minimum Data Set (MDS), a standardized assessment and care planning tool, dated February 11, 2015, indicated the resident was able to complete the brief mental status interview, understands others and able to make self understood, and required extensive assistance with most activities of daily living (ADL) and limited assistance with eating. The MDS indicated the resident had vomiting problem, complaints of difficulty or pain with swallowing, and weight loss and was on a mechanically altered and therapeutic diet. A review of several nurse's notes dated February 6, 2015, at 10:26 p.m., February 7, 2015, at 3:59 p.m. and 8:04 p.m., February 12, 2015, at 11:07 p.m., February 13, 2015, at 9:39 p.m., February 24, 2016, at 9:28 p.m., March 14, 2015, at 8:15 p.m., March 15, 2015, at 9:49 p.m., March 16, 2015, at 9:42 p.m., and March 22, 2015, at 10 p.m., indicated the resident had episodes of nausea and vomiting. The notes indicated the	F 327			

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NAME OF PROVIDER OR SUPPLIER CLAREMONT MANOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 W BONITA AVE CLAREMONT, CA 91711		
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F 327	Continued From page 3 resident was either medicated with Zofran (prevents nausea and vomiting) or Reglan (treats nausea and vomiting) as needed (PRN). The notes however, did not indicate the resident was monitored or assessed for signs and symptoms of dehydration and encouraged and/or given fluids to prevent dehydration after each vomiting episode as indicated on the care plan. According to http://www.webmd.com/digestive-disorders/diarrhea-10/prevent-dehydration?page=2 , "a prolonged bout of vomiting can cause the body to lose more fluid than it can take in. The result is dehydration, which occurs when your body does not have the fluid it needs to function properly. Severe dehydration can cause your kidneys to shut down. Seniors are at increased risk of becoming dehydrated because they may not be as sensitive as younger adults to the sensation of thirst. In addition, age-related changes in the body's ability to balance water and sodium increase the danger. An elderly person sick with vomiting should try to drink at least 1.7 liters of fluid every 24 hours, or a little less than half a gallon. A review of a care plan dated March 23, 2015, indicated the resident has a fever and a potential for complications like dehydration. The care plan goal indicated the resident will be free of fever within one hour of intervention and will be free of complications. The listed nursing interventions included to administer Tylenol as ordered, provide cooling measures, encourage/increase fluid intake and complete laboratory works as ordered. A review of a physician's order dated March 23, 2015, at 5:55 p.m., indicated to do a urinalysis	F 327			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/10/2015
NAME OF PROVIDER OR SUPPLIER CLAREMONT MANOR CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 621 W BONITA AVE CLAREMONT, CA 91711		
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F 327	Continued From page 4 (UA- test that evaluates a sample of the urine to detect and assess a wide range of disorders, such as urinary tract infection, kidney disease and diabetes) with culture and draw two sets of blood culture STAT (immediately) then draw complete blood count (CBC- blood test used to evaluate your overall health and detect a wide range of disorders) and chemistry 7 (Chem 7 - a blood test used to evaluate kidney function, blood acid/base balance, and your levels of blood sugar, and electrolytes) tomorrow. A review of the laboratory results dated March 23, 2015, indicated the following: blood urea nitrogen (BUN): 57 high (normal range 7-25 milligrams (mg)/dL (deciliter) and creatinine (CR) with eGFR (estimated glomerular filtration rate): 2.77 high (normal range 0.60 to 1.20 mg/dL), and white blood cell count (WBC): 11.9 high (normal range 4.8-10.8). The urinalysis results was indicated a urinary tract infection. According to Web MD, the blood creatinine level shows how well the kidneys are working. A high creatinine level may mean the kidneys are not working properly. Urea is a waste product made when protein is broken down in the body. Urea is made in the liver and passed out of your body in the urine. A blood urea nitrogen test measures the amount of urea in the blood. High levels of either/both BUN and CR are indicators of dehydration. A review of a nurse's note dated March 24, 2016, at 10:58 a.m., indicated the resident had a temperature of 103.5 degrees Fahrenheit (high) and was given Tylenol and cooling measures. The note indicated the temperature went down to 102.6 when rechecked. According to the note,	F 327			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLAREMONT MANOR CARE CENTER

621 W BONITA AVE
CLAREMONT, CA 91711

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the resident's physician was notified of the resident's condition and laboratory results and ordered to transfer the resident at the GACH.

A review of the GACH's Emergency Dept Stat Admit dated March 24, 2015, indicated the resident presented with complaints of fevers and altered mental status. The resident's diagnoses included severe bradycardia (low heart rate) urinary tract infection, severe sepsis, and respiratory failure. The GACH's history and physical dated March 24, 2015, indicated the resident was admitted to the intensive care unit (ICU) for urosepsis, Parkinson's disease, acute renal failure secondary to dehydration, elevated creatine phosphokinase (CPK- body enzyme found in the heart, brain, and skeletal muscle) secondary to muscular coarse tremor, and diabetes mellitus.

During an interview on April 14, 2015, at 3:10 p.m., Licensed Vocational Nurse (LVN) 1 stated the resident was able to feed self and drink fluids but needs to be assisted due to tremors and shaking of hands secondary to Parkinson's disease. LVN 1 stated the resident had few vomiting episodes while in the facility. According to LVN 1, fluids were offered to the resident routinely and during medication and nourishment pass, meals, and activities. However, LVN 1 was unable to find documented evidence the resident was assessed and monitored for signs and symptoms of dehydration and was provided sufficient amount of fluids to maintain hydration after each vomiting episodes.

During an interview on July 17, 2015, at 4 p.m., the director of nursing (DON) stated that the facility staff only documents a resident's intake

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555085		NAME OF PROVIDER OR SUPPLIER CLAREMONT MANOR CARE CENTER	
(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE 621 W BONITA AVE CLAREMONT, CA 91711		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX AND ID TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	
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OMB NO. 0938-0387		DATE		COMPLETION	

F 327 Continued from page 6

and output if there is a physician's order or if a resident is admitted with gastrostomy tube for the first 30 days. The DON stated Resident 1 was not vomiting all the time, mostly in the afternoon only during or after meals. According to the DON, the nurses told her during her investigation that they would offer the resident water a few minutes after a vomiting episode.

The facility's policy and procedure titled "Hydration" dated February 2009, indicated fluid intake will be encouraged (unless resident is NPO and/or contraindicated) to maintain the residents hydration and prevent dehydration. Residents at high risk for dehydration, will be assessed and have a care plan developed to meet their needs. Those residents who refuse fluids, have a propensity for dehydration or evidence a need for increased fluids, will be placed on a fixed schedule for monitoring intake. Results will be appropriately recorded on the intake and output form. Residents suspected of or exhibiting signs of dehydration, the physician will be notified of signs of dehydration, and fluid intake. The nursing staff and dietitian will educate residents as to the importance of fluids, especially water, in maintaining body functions.

F 327