

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

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555635	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/07/2015
NAME OF PROVIDER OR SUPPLIER COURTYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE SAN JOSE, CA 95117		
(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 regarding investigation of a complaint and an entity reported incident conducted on 3/20/15 through 5/7/15. For Complaint CA00434432 regarding Resident Abuse, Employee to Resident, the department did not substantiate the allegation. However, an unrelated Federal deficiency was identified (see F250). For Entity Reported Incident CA00441557 regarding Resident Abuse, Employee to Resident, no deficiencies were identified. Inspection was limited to the specific complaint and entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 33650, Health Facilities Evaluator Nurse.	F 000	<p><i>This plan of correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state laws.</i></p> <p>F250 Provision of Medically Related Social Service</p> <p>It is the policy of this facility to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for each resident.</p> <p>Corrective Actions:</p> <p>On 5/04 /15, a care conference was held with Resident 1, discussed if she has any issues with any of the staff, and Resident 2, no issues or concerns were identified. Social Services Manager did a follow-up visit on 5/5/15 with Residents 1 and 2 to discuss if they have any issues or concerns; both residents said they're fine and happy.</p>		05/08/15
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide medically-related social services	F 250			

LABORATORY ID: [REDACTED] SUPPLIER REPRESENTATIVE'S SIGNATURE: [REDACTED]

(X6) DATE

05/27/15

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.

POC accepted 5/27/15 talked to administrator

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F 250	<p>Continued From page 1</p> <p>for two of two sampled residents (1 and 2) when the social services designee (SSD) did not provide follow-up visits for the residents after an alleged physical altercation. This failure would not allow the facility to identify the medically-related social service needs of the residents and assure their needs were met by the appropriate disciplines. Findings:</p> <p>During a review of Resident 1's clinical record, a nursing progress note, dated 1/2/15, indicated Resident 1 was interviewed by the SSD, the unit manager (UM) and the director of nurses (DON) after she complained Resident 2 twisted her arm during dinner time.</p> <p>Review of the facility's investigation report, dated 1/2/15, indicated the facility's approach and interventions for Residents 1 and 2 in regards to the incident of the alleged physical altercation indicated the residents would be monitored for any changes in behavior. In addition, the SSD would provide emotional support for the residents. However, there was no documentation indicating the social services department ever provided any follow-up emotional support for Residents 1 and 2 regarding the incident.</p> <p>During an interview and a record review with the SSD on 5/7/15 at 10:35 a.m., she stated she had a meeting with Resident 1, the UM and the DON on 1/2/15. She stated she could not recall whether she visited Resident 1 to provide emotional support after the meeting. She further stated she talked to Resident 2 only once and there were no other subsequent visits provided to Resident 2.</p> <p>During an interview with the UM and a record</p>	F 250	<p>Other Residents Affected</p> <p>Residents residing in the facility have the potential to be affected by this deficient practice.</p> <p>Systematic Changes</p> <p>Administrator has given a one on one in-service training with Social Service Manager regarding social services progress notes with emphasis on timely documentation related to residents' psychosocial needs.</p> <p>Social Service Manager will make a timely follow-up visit with residents to ensure medically-related psychosocial needs of residents are met and proper interventions are provided, as the need arise.</p> <p>DON/Designee will continue to review the 24 hour report during morning meeting and discuss residents that need further interventions by IDT related to their physical, mental, and psychosocial well-being. A weekly supportive visit with residents identified to have a need for medically-related psychosocial interventions will be documented by Social Services Manager and/or Designee on a weekly basis and/or often as needed.</p>		05/08/15

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OF PUBLIC HEALTH

MAY 27 2015

L & C DIVISION
SAN JOSE

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F 250	<p>Ccntinued From page 2</p> <p>review of Resident 1's social services notes on the same date at 1:20 p.m., she stated the SSD dic not document a visit with Resident 1 after the incident. She further stated the SSD should have provided follow-up visits to the residents as needed.</p> <p>During an interview with the administrator (ADM) and a record review of the social services notes for Residents 1 and 2 on the same day at 2:15 p.m., the ADM confirmed there was no documentation from the SSD indicating visits had been provided to Residents 1 and 2 after the incident. She further stated follow-up visits should have been provided.</p> <p>Review of the facility's 6/2012 "Job Description-Social Services Manager" indicated the social services manager had the administrative authority and accountability for the prcvision of psychosocial needs of the residents. It further stated the social services manager had an essential duty and responsibility to implement social services interventions to achieve treatment goals, address residents' needs, physical care and physical environment to enhance the quality of life and to collect and assess data relevant to the residents' psychosocial needs and responses to the interventions.</p> <p>Review of the facility's 10/2010 policy, "Social Service Documentation", indicated the social services staff will provide documentation of accurate resident information and timely records in psychosocial areas including the residents' evaluations, the residents' needs for social service intervention, social services plans of care and delivery of care and the residents' response, placement, treatment and status.</p>	F 250	<p>Monitoring Process</p> <p>DON or Designee will identify trends related to resident's psychosocial needs and report to the monthly QAPI for further evaluation and recommendation for resolution.</p> <p>Completion Date</p> <p>05/08/2015</p>		<p>05/08/15</p>

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