

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

PRINTED: 09/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555801	(X2) MULTIPLE CONSTRUCTION 10/4/12 A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/20/2012
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95661		
(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 standard survey to investigate an entity reported incident #CA00306649. The 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 Department of Public Health: HFEN #17069 F 323 483.25(h) FREE OF ACCIDENT SS=D HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and review of facility documents, the facility failed to ensure the proper use of a mechanical lift (a battery-operated lift that helps transfer residents) resulting in Resident A falling and sustaining an acute left fibula (lower leg) fracture. Findings include: Resident A, an 83 year old female, was admitted to the facility on 6/18/10, with the following	F 000	This Plan of Correction constitutes the facility's written credible allegation of compliance for the deficiencies noted. 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 is protected from discovery. F323 Corrective Action(s) for the affected resident The affected resident was treated and has returned to her prior level of function. Resident is currently on restorative nursing program and continues on pain management. Identification of other residents potentially at risk The Director of Staff Development will identify other residents requiring the use of a mechanical lift. Director		

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

TITLE

(X6) DATE

[Signature] Administrator 9/26/12

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 80 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</p> <p>diagnoses: rehabilitation, multiple sclerosis and difficulty in walking.</p> <p>Resident A's Quarterly Minimum Data Set (MDS - an assessment tool), dated 2/28/12, indicated she had adequate hearing and vision, was able to understand others and able to make herself understood. The MDS also indicated Resident A as needing extensive assistance with transfers and was only able to stabilize with assistance for surface to surface transfers.</p> <p>Resident A's "Fall Risk Assessment," dated 2/20/12, documented Resident A's total score was 14, with a total score of 10 or above representing high risk for falls.</p> <p>Review of Resident A's Nurse's Notes, dated 4/12/12 at 11:50 a.m., indicated that Resident A was being transferred from her bed to a chair using a mechanical lift with two Certified Nurse Assistants (CNA). The Nurse's Note further indicated two CNAs reported that while transferring Resident A from the bed to a chair, the mechanical lift suddenly tipped over forward with Resident A in the sling causing Resident A to fall on the floor on her back and right side of her body. Resident A complained of left leg pain and an order was obtained for x-rays.</p> <p>Review of x-ray results, dated 4/12/12, indicated Resident A had an acute left fibula fracture. According to a Nurse's Note, dated 4/12/12 at 6:30 p.m., Resident A was transferred to the ER for an evaluation. Review of a hospital record titled "Consultation," dated 4/13/12, indicated Resident A was a "nonoperative candidate" and she returned to the facility on 4/18/12 with a knee</p>	F 323	<p>of Staff Development will ensure that staff is inserviced by 9/20/12 regarding proper operation of mechanical lifts</p> <p>Immediate measures and systemic changes to ensure the deficient practice does not recur</p> <p>Staff will be inserviced upon hire and bi annually thereafter with accompanying skills competency checks regarding proper operation of mechanical lifts.</p> <p>Lift operation instructions will attached to each lift for readily available reference and instruction.</p> <p>Monitoring Process</p> <p>Director of Staff Development or designee will monitor for compliance through observation of staff operating mechanical lifts. Director of Staff Development or designee will conduct 10 observations per month for a period of 3 months spanning all shifts.</p>		

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F 323	<p>Continued From page 2 brace on her left leg.</p> <p>Review of a facility form titled, "Disciplinary Action Record," for both CNA 1 and CNA 2, dated 4/12/12, indicated when they transferred Resident A on 4/12/12, "safety precautions were not followed (legs on mechanical lift not open for stabilization) resulting in lift to fall over with pt (patient) in sling, to the ground."</p> <p>During a telephone interview with CNA 1, on 8/16/12 at 12:12 p.m., she stated she had Resident A up in the sling and when she went to move the lift it tilted sideways. CNA 1 stated she had the legs of the lift closed under the bed, stating that was the way she had always done it. CNA 1 further stated once she moves the lift legs from out under the bed she then opens the legs up. CNA 1 again confirmed she had the lift "legs closed" when the legs were under the bed.</p> <p>During a telephone interview with CNA 2, on 8/16/12 at 12:32 p.m., she confirmed she helped CNA 1 transfer Resident A in the lift. CNA 2 stated when CNA 1 turned the lift, with Resident A in the sling, the lift tilted sideways. When CNA 2 was asked how the lift tilted sideways CNA 2 stated it was because the "legs of the lift weren't open." CNA 2 also stated that she didn't realize the legs of the lift were not opened because CNA 1 had the legs of the lift under Resident A's bed when CNA 2 came into the room to help.</p> <p>The mechanical lift's operating manual, dated March 2007, was reviewed and under the section "Transfer from a Bed or Stretcher" it indicated "11) Move the [mechanical lift] into positionOpen the base to its widest position."</p>	F 323	<p>Findings will be reported to the Quality Assurance committee for evaluation and recommendations</p> <p>Corrective action(s) will be completed by 9/20/12</p>		

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F 323	Continued From page 3 During a interview with Resident A, on 7/2/12 at 9:10 a.m., she stated the "Son of a bitch [lift] fell over and my leg hurts like hell" and "Now I have to live on pain pills." Resident A again stated, "Son of a gun it hurts really bad." During an interview with the Administrator on 7/2/12 at 11:10 a.m., he confirmed the CNAs "failed to use it (mechanical lift) properly."	F 323			