STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055619	A. BUILDING _____ B. WING _____	C 07/03/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLOTT NURSING HOME	800 EAST FIFTH STREET ONTARIO, CA 91764

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated survey to investigate a complaint. Complaint number: CA00355363 Representing the California Department of Public Health: 26774 The investigation was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Three deficiencies were issued for complaint number: CA00355363 Acronyms: CN- charge nurse CNA- certified nursing assistant DON- director of nursing LVN- licensed vocational nurse MDS- minimum data set PMD- primary medical doctor RN- registered nurse	F 000	Plott Nursing Center ("PNC") makes its best effort to operate in full compliance with both Federal and State Law. Nothing included in this Plan of Correction is an admission otherwise. PNC has submitted this Plan of Correction in order to comply with its regulatory obligations and does not waive any objections to the merits or form of any allegations contained herein. Please note that PNC may contest the merits and/or form of any deficiency or findings alleged below and may take reasonable steps to appeal them. This Plan of Correction constitutes PNC's allegation of substantial compliance. **[A246] 483.15(e)(1) Reasonable Accommodation of Needs/ Preferences** It is the policy and practice of PNC that a resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.	
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced	F 246	**Corrective Action** **Findings a-b:** On May 23, 2013, Residents B's and C's call lights were placed within their reach. **Procedure for Identifying Potentially Affected Patients** As all residents may be potentially affected by the alleged deficient conduct contained	05/23/13

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

T Tony Leopold

TITLE: Administrator

(X6) DATE: 07/16/13

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 246	Continued From page 1 by: Based on observation, interview and record review, the facility failed to ensure that the call lights were in reach for 2 of 3 sampled residents (Resident B and C). This failure had the potential for the residents' needs not being met in a timely manner. Findings: An unannounced visit was made to the facility on 2013, at 8:40 AM, to investigate a complaint regarding patient care. During a tour of the facility on , 2013 between 8:40 AM and 9:30 AM, the following residents were observed to be in their beds with their call light out of their reach: a. The call light was found at the head of Resident B's bed, just out of reach in room 117 A. The charge nurse (CN-1) confirmed that the call light was out of reach. During an interview with Resident B on , 2013 at 8:50 AM, stated, " That's happened before [call light being out of reach]. Sometimes when I have put it on, it has taken up to an hour for someone to answer and I've had accidents [clarified=incontinence]." b. In room 522A, Resident C's call light was observed to be under his bed. was leaning across the side rail trying to reach his bedside table. There was a liquid spilled on his over-bed table that was dripping onto the floor.	F 246	herein, PNC will take corrective action in relation to all residents. Therefore, no procedure for identifying potentially affected residents is necessary. **Corrective Action for Potentially Affected Patients** On or before August 3, 2013, under the supervision of the DON, PNC will take corrective action in relation to all residents by daily observations and monitoring throughout each shift to verify that call lights are within residents' reach. **Measures Adopted for Systemic Change** On or before August 3, 2013, under the supervision of the DON, nursing staff will be in-serviced regarding residents have the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, including monitoring and observations made by nursing staff throughout each shift to verify that residents' call lights are within reach. **Monitoring of Corrective Action and Quality Assurance** The Quality Assurance Nurse or designee will observe staff's implementation of each shift's observations and monitoring of call lights. Observations will be unannounced and a report of the findings will be submitted to the DON, who will review the results and bring the report to the Quarterly	08/03/13 08/03/13

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F 246	Continued From page 2 During an interview with the MDS (minimum data set- a computerized interdisciplinary assessment tool) nurse on , 2013 at 9:20 AM, confirmed that the call light was not available for Resident C to use. During a review of the facility policy and procedure (P&P) titled, "Call Lights", dated 1998, was reviewed. The policy indicated the purpose of call lights was, "to meet resident's requests and needs within an appropriate time period." The policy directed the staff to: a."Assure the call light was within reach..;" During an interview with Registered Nurse 1, on May 23, 2013 at 1:00 PM, stated that the call light always be placed within the residents' reach.	F 246	Quality Assurance Committee, which will also review the results and recommend changes as necessary for compliance. **[A309] 483.25 Provide Care/Services for Highest Well Being** It is the policy and practice of PNC that each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psycho-social well-being, in accordance with the comprehensive assessment and plan of care. **Corrective Action**	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to ensure that medications ordered on admission to be administered at bedtime (HS), for one of 3 sampled residents (Resident A). These included: .	F 309	**Findings 1-2:** During or after the week of 04/16/13, Resident A was transported to, and expired at, the acute hospital; as such, no corrective action is possible. **Procedure for Identifying Potentially Affected Patients** As all residents may be potentially affected by the alleged deficient conduct contained herein, PNC will take corrective action in relation to all residents. Therefore, no procedure for identifying potentially affected residents is necessary. **Corrective Action for Potentially Affected Patients** On or before August 3, 2013, under the supervision of the DON, licensed nurses	04/16/13 08/03/13

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F 309	Continued From page 3 accucnecks (finger stick blood sugars) to be done AC (before meals) and at HS (bed time), with sliding scale regular insulin (a short-acting insulin given with doses corresponding to pre-set ranges of blood sugar readings). In addition the facility failed to inform the physician's promptly when the HS medications were not administered to Resident A. These failures had the potential to result in Resident A to experience medical complications. Findings: On 2013 at 2:15 PM, an unannounced visit was made to the facility to investigate a complaint regarding patient care. During a review of the clinical record for Resident A on 2013 at 2:15 PM, the record indicated that Resident A was admitted to the facility on 2013 at 6:30 PM. Resident A had diagnoses that included: d received oxygen via a nasal cannula at 2 liters/minute. required suctioning occasionally due to having difficulty swallowing. According to the admission nursing note, Resident A was, "alert and oriented x 1 and able to answer simple questions."	F 309	will be in-serviced regarding ensuring that medications are administered as ordered; that physicians are informed promptly when medications are not administered as ordered; and that a resident's chart contains appropriate documentation for administration and/or non-administration of medications. **Measures Adopted for Systemic Change** Systemic change will be achieved through the new procedure for monitoring corrective action and quality assurance, as stated below. **Monitoring of Corrective Action and Quality Assurance** The Quality Assurance Nurse or designee will observe and audit that medications are administered as ordered; that residents' physicians are informed promptly when medications have not been administered as ordered; and that the residents' charts are correctly documented regarding same. Observations and audits will be unannounced and a report of the findings will be submitted to the DON, who will review the results and bring the report to the Quarterly Quality Assurance Committee, which will also review the results and recommend changes as necessary for compliance.	

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F 309	Continued From page 4 1. During a review of the physician orders dated , 2013, RN 2 had documented that had received and noted the orders (carried out the orders) at 10:00 PM. During a review of Resident A's medication administration record showed that all medications ordered to be given at HS which included: and , had not been administered to Resident A on 2013. During an interview with RN 2 on 2013 at 4:10 PM, verified that all HS medications had not been administered to Resident A on 2013. 2. During a review of the nurses note dated , 2013 at 11:30 PM, there was no documentation that the physician had been informed that Resident A did not receive her HS medications as ordered. During an interview with RN 2 on , 2013 at 4:10 PM, stated that had not informed the physician when the HS medications were not administered to Resident A on ,2013.	F 309	13 JUL 22 AM 9:36 [A514] 483.75(l)(1)Res Records - Complete/Accurate/Accessible It is the policy and practice of PNC to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any pre-admission screening conducted by the State; and progress notes.	
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient	F 514	**Corrective Action** During or after the week of 04/16/13, Resident A was transported to, and expired at, the acute hospital; as such, no corrective action is possible.	04/16/13

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F 514	Continued From page 5 information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to ensure 1 of 3 sampled residents (Resident A) that the licensed nurse documented the events that contributed to the delay in implementing the physician admission orders for medications and treatments to be administered to Resident A at bedtime (HS). This failure resulted in incomplete and inaccurate clinical record. Findings: On 2013 at 8:40 AM, an unannounced visit was made to the facility to investigate a complaint regarding the care provided to Resident A. During a review of the clinical record for Resident A on , 2013 at 2:15 PM, the record noted that Resident A was admitted on , 2013 at 6:30 PM, with diagnoses that included:	F 514	**Procedure for Identifying Potentially Affected Patients** As all residents may be potentially affected by the alleged deficient conduct contained herein, PNC will take corrective action in relation to all residents. **Corrective Action for Potentially Affected Patients** On or before August 3, 2013, under the supervision of the DON, licensed nursing staff will be in-serviced regarding documentation of events that may contribute to delay in implementing physicians' admission orders for administration of medications and treatments, so that the clinical record is accurate and complete. **Measures Adopted for Systemic Change** Systemic change will be achieved through the new procedure for monitoring corrective action and quality assurance, as stated below. **Monitoring of Corrective Action and Quality Assurance** The Quality Assurance Nurse or designee will audit residents' clinical records to verify they are accurate and complete. Audits will be unannounced and a report of the findings will be submitted to the DON, who	08/03/13

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F 514	Continued From page 6 failure (heart disease). During a review of Resident A's clinical record on 2012 at 3:30 PM, the admission physician orders were found dated, ' 2013 at 10:00 PM." The admission orders included directions to administer the following medications or treatments at "HS" (bedtime): ' : , to be done AC (before meals) and at HS, with sliding scale regular insulin (a short-acting insulin given with doses corresponding to pre-set ranges of blood sugar readings). During an interview with RN 2 on 2013 at 3:45 PM, was asked what had caused the delay in obtaining admission orders for Resident A, who had been admitted on , 2013 at 6:30 PM. RN 2 stated, " The PMD (primary medical doctor) had a doctor on-call, who had another doctor covering for him, who refused to approve the orders. Finally the PMD called about 10:00 PM." During a review of the clinical record, there was no documentation to show that the physician had been contacted by the licensed nurse on 2013 until 10:00 PM, 3 1/2 hours after her admission. During an interview with the director of nurses (DON) on 2013 at 8:20 AM, confirmed that RN 2 should have documented the problems had which delayed meeting the	F 514	will review the results and bring the report to the Quarterly Quality Assurance Committee, which will also review the results and recommend changes as necessary for compliance.	

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

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F 514	Continued From page 7 needs of Resident A on admission.	F 514		