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

POC Accepted 3/19/15

PRINTED: 02/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056422	A. BUILDING _____ B. WING _____	01/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FREMONT HEALTHCARE CENTER	39022 PRESIDIO WAY FREMONT, CA 94538

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the Recertification survey visit from 1/20/2015 to 1/23/2015. Representing the Department: Health Facilities Evaluator Nurse(s): 33812, 31704, 32718, 34236 and 34714 The resident census at the start of the survey was 109.	F 000	This Plan of Correction constitutes our written 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 of alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because the provisions of federal and state law require it.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review for 1 of 22 sampled residents, the facility failed to care for Resident 9 in an environment that maintained his dignity when his toileting needs were not attended to. This failure resulted in Resident 9 feeling ignored and degraded. Findings: During an initial tour observation and concurrent interview on 1/20/15 at 8:30, Resident 9 was sitting in a chair at the bedside. Resident 9 had a bedside commode next to the chair he was sitting	F 241	**F241** **How the corrective action will be accomplished immediately for those residents affected by the deficient practice.** *For Resident that was affected by deficient practice, the facility had completed a grievance form on 12/29/14 and bedside care conference meeting conducted with Administrator and DON last 12/30/14, resident's concerned was discussed and action was taken to resolved identified grievance with the resident. Resident 9 agreed of the plan as discussed. Psychosocial visit provided by SSD.*	2/27/15

RECEIVED
FEB 19 2015
Licensing & Certification
East Bay District Office

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	DON	2-12-15

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.

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F 241	Continued From page 1 in. Resident 9 stated that the staff sometimes does not respond to the call light for 30 to 45 minutes. Resident 9 stated that he felt degraded when he had, " poop" dry on his buttocks after waiting so long to be assisted with cleaning after using bedside commode. During an interview on 1/21/15 at 9 a.m., Resident 9 stated that waiting for 15 to 20 minutes to be cleaned up has become an acceptable standard in the facility for call light response time. Resident 9 stated that 20 minutes is too long to wait for assistance after toileting but 45 minutes is outrages. Resident 9 further stated, "Come on!, to leave somebody on the toilet for 45 minutes until you feel the poop dry on your skin is disgraceful". During an interview and concurrent record review on 1/22/15 at 12:30 p.m., (RN 1) Registered Nurse 1 stated that Resident 9 was particular about his activities of daily living care. RN 1 stated Resident 9 is especially particular regarding his care after using the bedside commode. RN 1 stated that Resident 9 complained several times about his call light not being answered in a reasonable amount of time after toiling. During record review, RN 1 could not find documentation in Resident 9's clinical record that indicated Resident 9's dissatisfaction with staff response to call light after toileting. RN 1 stated that the complaint should have been documented. RN 1 stated that Resident 9's complaint should have generated the development of a care plan and placed in Resident 9's clinical record. RN 1 stated that he will inform the staff to be more aware of Resident 9's needs. RN 1 stated that Resident 9 should not be expected to wait for assistance more than 10	F 241	**How you will identify other residents potentially affected by the same deficient practice and what corrective action you will take** *For residents that have the potential to be affected by the deficient practice; Daily Ambassador rounds will be conducted by IDT to identify resident's complaint and written grievance report will be completed for review of findings and investigation to determine what corrective actions and resolutions need to be made. Identified residents upon review and have the potential to be affected by the same deficient practice; IDT will review plan of care and will follow up as indicated None of other residents were affected by the same deficient practice, no negative findings were found.* **What other measures you will put into place or what systemic changes you will make to ensure the deficient practice does not recur.** *Facility will provide preparation and orientation to resident, and/or his or her family or responsible party to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. The License Social Worker from Pathways Hospice conducted in-service training on 2/3/15 regarding Resident Dignity and Personal Privacy and Resident's Rights. Director of Nursing conducted in-service training to license nurses on 2/4/15 related Grievance and Complaints, Reporting and Documentation. Ambassadors during daily rounds conducted call bell response audit in all shifts and Weekend Managers conducting*	

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F 241	Continued From page 2 minutes after toileting. During an interview on 1/23/15 at 3:30 p.m., (CNA 1) Certified Nursing Assistant 1 stated that Resident 9 complained on several occasions about his call light not being answered on time. CNA 1 stated that 15 minutes is too long for Resident 9 to wait to be cleaned after sitting on the bedside commode. The facility policy and procedure titled Answering of Call lights indicates that Resident's call lights should be responded to in a timely manner. The facility policy and procedure titled " Resident Rights" indicated that Residents have freedom of choice, to the extent possible, about how they wish to live their everyday lives and receive care. The facility policy and procedure titled "Resident Dignity & Personal Privacy" indicated that the facility should provide care for residents in a manner that respects and enhances each resident's dignity, individuality and rights..."Dignity" means that when interacting with residents, staff carries out activities that assist the residents in maintaining and enhancing his or her self-esteem and self-worth.	F 241	*individual resident, and/or his or her family or responsible party interviews; noted findings during audit and interviews will be discussed daily in stand-up meeting for review and action planning and for follow up as indicated. Grievances and Complaints will be investigated for findings and contacts made with the person(s) filing the complaint to present actions taken. Resolution will be documented on the Grievance Report Form.* **How will the facility monitor it's performance to make sure that solutions are sustained** *Any trends identified from the observations and audit will be reported by the Social Worker Director to the facility's QA and A Committee monthly for further evaluation and plan of action until compliance is sustained* **The title or position of the person responsible for the correction(s)** *The Administrator and Social Services Director will be responsible for the corrective action discussed in the plan of correction.* **The date the immediate correction of the deficiency will be accomplished** *February 27, 2015.*	
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 281	**F281** **How the corrective action will be accomplished immediately for those residents affected by the deficient practice.** *Resident #23 affected by the deficient practice, nebulizer (Pulmicort) medication was called in to pharmacy by a license nurse and was delivered immediately on 1/23/15. Medication*	2/27/15

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F 281	Continued From page 3 review for one of one randomly sampled resident (Resident 23), the facility documented the administration of Res. 23 ' s nebulizer (Pulmicort) medication but did not give it to Res. 23. This failure had the potential to result in the development of avoidable respiratory distress or complications. Findings: Review of Resident 23 ' s clinical record on 1/23/15 showed that Resident 23 was originally admitted to the facility on 1/28/14 with diagnoses that included a buttock pressure sores, back and shoulder pain. On 1/9/15 Res. 23 was transferred to the hospital with lethargy, confusion, fever, and low oxygen saturation level (a low amount of oxygen in the circulating blood). On 1/20/15, Res. 23 was re-admitted to the facility after being treated in the Intensive Care Unit for Pneumonia and Influenza-A (the Flu). During an interview with concurrent record review on 1/23/15 at 12: 20 p.m., UM 2 confirmed that Res. 23 had breathing treatments ordered on 1/22/15: Budezonide 0.25 mg/2 ml, nebulizer solution (Pulmicort) 2 ml by nebulizer twice a day for short of breath at 9 a.m. and 5 p.m. Concurrent review of Res. 23 ' s Medication Administration Record (MAR) showed that Res. 23 received her breathing treatment at 9 a.m. on 1/23/15. It was reported to UM 2 that Res 23 ' s family stated that the resident did not receive any breathing treatments on 1/23/15. Concurrent review of the medication cart containing Res. 23 ' s medications showed that Res. 23 ' s Pulmicort (breathing treatment medication) was not in the cart. UM 2 asked Licensed Vocation Nurse 1 (LVN 1) to show the Pulmicort medication that he used for Res. 23 ' s breathing treatment. LVN 1 paused, with a flushed face, looked into the medication cart and stated, " I didn't give it to her	F 281	*was given to resident immediately. MD was notified with no further order made.* **How you will identify other residents potentially affected by the same deficient practice and what corrective action you will take** *None of other residents were affected by same deficient practice. Director of Nursing/ Designee will be responsible to conduct daily review of admission, telephone orders to ensure that any medication, treatment or changes in care are administered in accordance with written orders of physician and will be given timely. Any issues identified will be followed up accordingly to pharmacy for further plan of correction.* **What other measures you will put into place or what systemic changes you will make to ensure the deficient practice does not recur.** *DON/ Designee will be responsible to ensure systemic changes are in place and the deficient practice does not recur, any resident receiving new treatment/ medication orders will be reviewed by Unit Clinical Managers on a daily basis in the morning clinical meeting, and any negative findings will have corrective action and will be followed up for compliance.*	

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F 281	Continued From page 4 ... " LVN 1 stated that the medication had not arrived from the pharmacy yet and he had not called the pharmacy to inquire about it. LVN 1 stated that he should not sign Res. 23 ' s MAR for administration of Pulmicort because he did not give it to her. On 1/23/15, review of Resident 23 ' s medical record showed the attending physician prescribed, "Dilaudid one tablet by mouth every four hours as needed for severe pain." Review of Resident 23's Medication Administration Record (MAR), dated December 2014 and the Controlled Drug Record (Narcotic Count Sheet) for December 2014 showed: The MAR showed one entry for administration of Dilaudid 2 mg dated 12/26 at 6:30 a.m. and there were no other entries for that date. However, the Controlled Drug Record showed four entries of Dilaudid 2 mg for 12/26/14 at the following times: 6:30 a.m., 10:30 a.m., 8:35 p.m., and 10:15 p.m. Review of facility policy and procedure entitled, Medication Pass Guidelines last effective date 3/00, showed, " Medications are administered in accordance with written orders of the physician ...Begin new medication orders timely. Begin routine orders on the same day ordered, unless the next dose would normally be given the next day ...Administer medications within 60 minutes of the scheduled time ...Initial the record after the medication is administered to the resident " .	F 281	*1:1 in-service was given to LVN 1 on 1/23/15 regarding policy and procedures on Medication Pass Guidelines.* *License Nurses were in-serviced by Director of Nursing and Pharmacy Consultant on 2/12/15 regarding policy and procedures on Medication Pass Guidelines.* **How will the facility monitor it's performance to make sure that solutions are sustained.** *Any trends identified from the clinical record and audit review will be brought to the facility monthly QA and A Committee until compliance is sustained.* **Completion Date: 2/27/15**	
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	F 514	**F514** **How the corrective action will be accomplished immediately for those residents affected by the deficient practice.** *For Resident 6 affected by the deficient practice, resident's face sheet was replaced with accurate record of advance directive.*	2/27/15

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F 514	Continued From page 5 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 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 accurately record the presence of an advanced directive for one of 23 residents (Resident 6). This failure had the potential to result in delayed treatment, or treatment contrary to the advance health care directives of Resident 6. Findings: A review of the medical record face sheet for Resident 6 titled "Resident Admission Record," indicated Resident 6 was admitted to the facility on 11/16/12, with diagnoses that included low blood pressure, and chronic respiratory difficulty. A review of the Minimum Data Set (MDS, a resident assessment tool used to direct resident care), dated 11/23/14, indicated Resident 6 scored 15 on the Brief Interview for Mental Status test (BIMS). A BIMS score in the range of 13-15 is an indication of intact cognition, according to the MDS. A review of the medical record face sheet for Resident 6 titled "Resident Admission Record, Advanced Directives," indicated, "There are no Advanced Directives selected for this resident." A review of the medical record section titled "Advance Directives," indicated a filed copy of "Form 3-1, Advance Health Care Directive,"	F 514	**How you will identify other residents potentially affected by the same deficient practice and what corrective action you will take** *New admission and re-admission resident's charts will be brought to the daily morning meeting to ensure that resident admission record contain sufficient information to identify the resident, a record of resident's assessment; the plan of care and services provided; the results of any preadmissions screening conducted by the State; and progress notes. Facility Resident's clinical record was audited 1/23/15 by Medical Record Director, any negative findings during audit were replaced and updated, no further issues identified.* **What other measures you will put into place or what systemic changes you will make to ensure the deficient practice does not recur.** *Medical Record Director/Designee will be responsible to ensure systemic changes are in place and the deficient practice does not recur; any new resident admitted and re-admitted, Admission Department will discuss to resident, and/or his or her family or responsible party regarding advance directive of resident and will notify Medical Record Department of any identified information to accurately record in the resident's face sheet. During schedule resident care conference meeting, Interdisciplinary Team will discuss to resident, and/or his or her family and responsible party regarding advance directive. Any information identified in the meeting, Medical Record will be notified of current information for updating and recording in the resident's clinical chart. Social Services Director conducted in-*	

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F 514	Continued From page 6 signed by Resident 6, and notarized 8/19/08. The form indicated the designation of agents with durable power of attorneys, and organ donation conditions. During an interview on 1/23/15, at 9 a.m., the Admissions Director (AD) stated that if an advance directive was presented during admission, the face sheet would indicate its presence. The AD said that a resident's medical record would have a final recheck by the admissions department on the first Monday following admission, for any paperwork added since admission. After completion of the admission process, the medical records department would be responsible for oversight of the medical record. During an interview and concurrent record review, on 1/23/15 at 9:15 a.m., the Medical Records Director (MRD) stated that resident medical records were audited monthly for content. The MRD provided a blank copy of the audit form used, titled "On-going Chart Audit," and confirmed there was no listing for an advance directive check on the form. The MRD stated it was important that the advance directive status to be indicated on the face sheet to assure proper care delivery. The MRD stated medical records would update the face sheet whenever a discrepancy was found during the monthly audit, or when informed by social services or admissions of a change in the resident's status, including the addition of an advance directive. During an interview on 1/23/15 at 9:35 a.m., the Social Services Director (SSD) stated that if social services received an advance directive from the resident or family after admission, social services would forward a copy of the form to the admissions department. During an interview on 1/23/15 at 10:55 a.m., the	F 514	*service training on 2/17/15 to license nurses and department heads regarding importance of resident's advance directive to accurate plan of care and treatment services delivery. The Social Service Director/Designee will conduct monthly audit, any discrepancy in the record during review will be communicated to Medical Record and will have corrective action and will be followed up for compliance.* **How will the facility monitor it's performance to make sure that solutions are sustained** *Any trends identified from record review and audits will be reported by Medical Record Director to the facility's QA and A committee monthly for further recommendations and interventions until compliance is sustained.* **The date the immediate correction of the deficiency will be accomplished** ***February 27. 2015***	

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F 514	Continued From page 7 Unit Manager (UM 1) stated that if a nurse was given an advance directive form by the resident or family, the nurse should inform either the medical records department, admissions department, or the social worker. The UM 1 was not sure if there was a written nursing policy for this situation. During an interview on 1/23/15, at 1:30 p.m., the Director of Staff Development (DSD/ICN) stated that if a certified nursing assistant (CNA) received an advance directive form from a resident or family, the CNA should give the form to a licensed nurse. The DSD/ICN didn't know if there was a written policy for this situation. The facility policy and procedure titled "Health Information/Record Manual, 1. Completing and Correcting Clinical Records," dated Rev. 5/5/09, indicated, "All entries shall be complete, concise, descriptive, and accurate."	F 514		