

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

PRINTED: 04/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055510	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/23/2012
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - REDDING			STREET ADDRESS, CITY, STATE, ZIP CODE 1836 GOLD STREET REDDING, CA 96001		
(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 for an entity reported incident. Entity reported incident: 302948 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: 28650, HFEN. One deficiency was written for entity reported incident 302948 at F 0258.	F 000	DISCLAIMER STATEMENT Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.		
F 258 SS=E	483.15(h)(7) MAINTENANCE OF COMFORTABLE SOUND LEVELS The facility must provide for the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to control the excessive noise generated by Resident 1, which bothered 8 out of 9 sampled confidential residents. This failure affected the residents ability to sleep at night and rest during the day. Findings: During an interview with Licensed Nurse A on 3/23/12 at 6 am, she reported that Resident 1	F 258	This Plan of Correction is submitted as the facility's credible allegation of compliance. CA302948 F258 Maintenance of Comfortable Sound Levels. Affected Residents: Residents 1 Potentially Affected Residents: All residents are potentially affected.		5/4/12

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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F 258	<p>Continued From page 1</p> <p>frequently becomes anxious and calls out often throughout the night.</p> <p>During an interview with Licensed Nurse B on 3/23/12 at 7:15 am, she reported that Resident 1 frequently becomes anxious and calls out often throughout the day.</p> <p>During confidential interviews on 3/23/12 beginning at 9 am, 8 out of 9 sampled residents residing in Wing 1 reported that Resident 1 calls out frequently throughout the day and night. Those interviewed were alert and oriented and reported that the noise generated by Resident 1 bothered them during the day and had the potential of affecting their sleeping patterns at night.</p> <p>A review of Resident 1's nursing progress notes, dated 3/18/12 and timed 11 pm, indicated, "Resident has difficulty making herself understood as she yells and cries out." Another progress note, dated 3/22/12 and timed 6:06 am, indicated, "Screams instead of using call light when she needs something."</p> <p>During an interview with Administrative Nurse C on 3/23/12 at 11 am, she confirmed that Resident 1 had a history of crying out and yelling. She was unaware that other residents were being affected by Resident 1's behaviors.</p>	F 258	<p>Immediate Correction: Resident 1 will be encouraged to use the call light system to notify staff of her needs. Patient will be assessed for pain, Resident psychiatric evaluation performed on 5/02/12 and recommendations for medication changes based on the Psychiatrist evaluation. Affected patients will be offered the opportunity for room changes.</p> <p>Long Term Correction: IDT team will review and assess patient for current and future interventions and revise as needed per IDT team recommendations. SSD or designee will visit patient 3x per week, and will review current and potential interventions to assist patient with communicating her needs. Facility will monitor noise level through resident council and guardian angel program.</p> <p>Person(s) Responsible: The SSD/designee will be responsible for monitoring the psychosocial needs of the residents.</p> <p>Monitoring: SSD will bring all trends and patterns to facility's QA&A to establish trends and evaluate for need for further education of staff.</p>		