

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

PRINTED: 07/31/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555309		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/29/2015	
NAME OF PROVIDER OR SUPPLIER  CHERRY VALLEY HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 5800 WEST WILSON STREET BANNING, CA 92220			
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of one complaint.</p> <p>Complaint number: CA00449416.</p> <p>Representing the California Department of Public Health: Surveyor 25624, HFEN.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for complaint number: CA00449416.</p>			F 000	<p>This Plan of Correction (POC) constitutes the licensee's credible allegation of compliance. Preparation and/or execution of this POC do not constitute an admission of liability or an agreement by the licensee of the facts alleged or the conclusions set forth in the statement of deficiencies. The POC is submitted as part of the statutory requirements set forth in the California Health and Safety Code and other State and Federal Regulations. By submitting this plan of correction, the licensee does not waive any objection to the merits of the deficiency or the allegations and the basis of the allegation contained in the deficiency. Furthermore, the licensee does not waive its right to contest the merits of the deficiency nor does it waive its rights to pursue an appeal of the deficiency as allowed under the State and Federal Law.</p>		
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure accurate bowel and bladder assessments and documentation of the assessments were completed by facility staff for one resident (Resident A).</p> <p>This failure could affect the psychosocial and physical well-being of facility residents.</p>			F 309	<p>Acceptable Be 8-10-15 mm</p> <p>F309 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING.</p> <p>Resident A's pressure ulcer on the sacro coccyx was healed on 07/27/15. There was an attempt to discontinue Resident A's Foley catheter but it had to be kept due to urinary retention. Resident was discharged to home on 07/28/15.</p>		

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 309	<p>Continued From page 1</p> <p>Findings:</p> <p>On July 13, 2015, at 1:45 p.m., an unannounced visit was made to the facility to investigate a complaint.</p> <p>On July 13, 2015, at 3:33 p.m., Resident A's wife was interviewed. The wife stated Resident A was continent prior to the resident's admission to the facility.</p> <p>On July 13, 2015, Resident A's record was reviewed. Resident A was admitted to the facility on June 10, 2015, with diagnoses that included rehabilitation procedure (physical therapy for strengthening).</p> <p>The facility document titled, "Bowel and Bladder Program Screener," dated June 11, 2015, was reviewed. The document indicated the following:</p> <ul style="list-style-type: none"> <li>a. Voids appropriately without incontinence (unable to sense the urge to urinate) always;</li> <li>b. Incontinent of Stool never; and,</li> <li>c. Condition of skin no redness.</li> </ul> <p>Further review of Resident A's record indicated the following:</p> <ul style="list-style-type: none"> <li>a. The facility documents titled, "Progress Notes," dated from June through July 2015, indicated there were two episodes of urinary continence not rated due to a catheter and documentation indicated bowel continence. There were five episodes of urinary continence not rated due to a catheter and documentation</li> </ul>	F 309	<p>All residents with urinary catheter have been reviewed by the RN supervisor, treatment nurse and DON (Director of Nurses) for appropriate use. This was completed on July 14, 2015.</p> <p>RN 1 and the treatment nurse were both given an inservice by the DON for appropriate use of urinary catheter on July 13, 2015.</p> <p>Foley catheter will only be inserted if the resident has a Stage III or Stage IV pressure ulcer on the trunk and contamination of the wound will impede healing.</p> <p>All licensed nurses will be given an inservice by the DON on the appropriate use of urinary catheter on 08/07/15.</p> <p>To prevent recurrence of this deficient practice, all residents with urinary catheter on admission will be reviewed for its appropriateness by the DNS, RN Supervisors, QA nurse and treatment nurse. All residents that will be admitted will be assessed for bladder and bowel elimination within 72 hours of admission and re-assessed for accuracy by the MDS nurse before the 14<sup>th</sup> day of admission. Furthermore, all residents that will be admitted will be placed on 14 days bowel and bladder (B &amp; B) retraining program when appropriate. An assessment will be</p>		

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 AUG 12 PM 4:27  
 CA DEPT OF  
 HEALTH & CERT.  
 CALIFORNIA COUNTY

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F 309	<p>Continued From page 2</p> <p>indicated frequently incontinent of bowel;</p> <p>b. A fax document to the physician, dated June 26, 2015, indicated, "Spoke with (name) tx (treatment) nurse, who felt it would be beneficial for resident &amp; sacro/coccyx (lower end of spine) extending to R (right) &amp; L (left) buttocks Stage II (the skin blisters or forms an open sore) to have Foley (catheter, a tube passed into the bladder that drains urine) inserted temporarily. Both wife and patient agreed to have Foley. Dr. would you like to order for indwelling Foley catheter?"; and,</p> <p>c. Progress Notes dated June 26, 2015, at 9:45 a.m., written by Registered Nurse 1 (RN 1) indicated, "Resident noted with sacro coccyx stage 2 that extends to right and left buttocks. Treatment nurse felt that the resident would benefit from a Foley being inserted due to pressure sore. Obtained order from MD (doctor) for may insert Foley catheter. Wife and resident made aware and agreed to categorization..."</p> <p>On July 28, 2015, at 11:40 a.m., RN 1 was interviewed. RN 1 stated Resident A's physician had been to the facility on June 25, 2015, and requested RN 1 speak with the treatment nurse and Resident A's wife and discuss the option of a Foley catheter insertion.</p> <p>On July 13, 2015, at 3:50 a.m., the Treatment Nurse was interviewed. The Treatment Nurse stated she inserted the Foley catheter on June 26, 2015, and 2,200 cc (cubic centimeters) of urine was returned. The Treatment Nurse stated she did not document the insertion of the catheter or Resident A's tolerance of the procedure.</p> <p>On July 13, 2015, the facility policy and procedure</p>	F 309	<p>done by the licensed nurse when B &amp; B retraining is completed. If the B &amp; B retraining is unsuccessful and the resident remains incontinent, resident will be placed on toileting program.</p> <p>Implementation of this plan of correction will be monitored by the MDS nurses, QA nurse &amp; medical records.</p> <p>This plan of correction will be included in the QA study and will be discussed in the quarterly QA meetings to evaluate its effectiveness and make revisions as appropriate.</p> <p>Correction to this deficiency will be completed on 08/12/2015.</p>		

15 AUG 12 PM 4:27  
FACILITY CERT.  
FACILITY ID: CA240000619  
FACILITY NAME: CHERRY VALLEY HEALTHCARE  
FACILITY ADDRESS: 5800 WEST WILSON STREET  
FACILITY CITY: BANNING, CA 92220  
FACILITY STATE: CA  
FACILITY COUNTY: RIVERSIDE COUNTY

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F 309	Continued From page 3 titled, "Policy on Indwelling Urethral and Suprapubic Catheters," was reviewed. The policy indicated, "Contamination of Stage III or Stage IV pressure ulcers which will impede healing..."	F 309			

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15 AUG 12 PM 4:27  
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SOUTHERN CALIFORNIA  
COUNTY