

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

PRINTED: 03/06/2012
FORM APPROVED
OMB NO. 0938-0391

OKed 3/30/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055956	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2012
NAME OF PROVIDER OR SUPPLIER BRIARWOOD HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA 95824	
(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 a recertification survey conducted 2/21/2012 through 2/24/2012. Representing the Department of Public Health: HFEN 29421 HFEN 14362 The facility census was 42 and the sample size was 11.	F 000	This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted. Preparation and/or execution does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because it is required by the provisions of the Health and Safety Code Section 1280 and 42 C.F.R. 483 et seq.	
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 and staff and resident interview, the facility failed 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 for 1 of 11 sampled resident (1) and 1 of 1 Random Residents (A). This requirement was not met when: 1. Certified Nurse's Assistant (CNA) 1 entered Resident 1's room while Resident 1 was out of her room and removed a pack of cigarettes and a lighter without Resident 1's permission. 2. Activity staff 1 responded to Random Resident (RR) A's request for cigarettes and to go outside	F 241		

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

TITLE

(X6) DATE

[Signature] Administrator 3/15/12

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 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	<p>Continued From page 1</p> <p>to smoke in a manner which was abrupt, harsh and dismissive of RR A's request.</p> <p>Findings:</p> <p>1. On 2/24/12 at 11:35 a.m. Resident 1 stated that on 2/23/12 she had a pack of cigarettes and a lighter stored in the drawer of her bedside table. Resident 1 stated that CNA 1 assisted her out to the patio to smoke and while she was out of her room, CNA 1 took the pack of cigarettes and her lighter. When asked how she knew it was CNA 1 who took her cigarettes and lighter, Resident 1 stated that CNA 1 told her that she had removed them because it was the facility's policy that residents not keep cigarettes or lighter in their possession. Resident 1 stated that the items were her personal property and the CNA violated her rights when she took them without her permission.</p> <p>On 2/24/12 at 11:40 a.m. CNA 1 was interviewed regarding Resident 1's allegation of taking her cigarettes and lighter without her permission. CNA 1 stated that approximately two weeks ago, she assisted Resident 1 out to the patio to smoke. While in Resident 1 room earlier that day, she notice a pack of cigarettes and a light in the open drawer of Resident 1's bedside table. CNA 1 stated that it was against facility policy for a resident to keep cigarettes and a lighter in their room or in their possession. CNA stated that for that reason she returned to Resident 1's room while Resident 1 was on the patio smoking, and removed the cigarettes and lighter and put them at the nurse's station. CNA 1 stated that she later told Resident 1 that she had removed the items and put at the nurse's station for safety. CNA 1</p>	F 241	<p>All residents will be treated with dignity and respect.</p> <p>Staff member who yelled at resident has been terminated. Staff member who removed the lighter from resident #1 room has been counseled.</p> <p>All residents are at potential risk.</p> <p>All staff will be inserviced on treating residents with dignity and respect by DSD.</p> <p>Residents will be interviewed during at random monthly as to how they are being treated by Social Services.</p> <p>Results of these interviews will be reviewed monthly with the QA Committee for patterns and trends. Process improvements will be determined at that time. Once it is determined by the QA members that compliance with this tag has been met, the QA members will determine whether auditing of this practice will continue. The Administrator</p>		

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F 241	<p>Continued From page 2</p> <p>denied getting Resident 1's permission before she removed the items from her room.</p> <p>On 2/24/12 at 11:50 a.m. the Administrator was interviewed. The Administrator acknowledged that CNA 1 should have gotten Resident 1's permission before she removed the cigarettes and lighter from her room.</p> <p>2. On 2/22/12 at 1:05 p.m. on the hall where the Administrator's office is located, RR A was heard telling Activity Staff (AS) 1 that he didn't have any cigarettes and wanted to smoke. AS 1 replied that it was only 1 p.m. and wasn't time for smoking and "I'm not going to hear anything else about smoking, that's it."</p> <p>At 1:07 p.m. RR A was interviewed. RR A stated that he didn't have any cigarettes or any money to buy cigarettes but wanted to smoke. He stated that he asked AS 1 for a cigarette.</p> <p>At 1:10 p.m. AS 1 was interviewed. AS 1 was informed that her comment to RR A was overheard. AS 1 was informed that she was overheard saying to RR A that it was only 1 p.m. and wasn't time for smoking and "I'm not going to hear anything else about smoking, that's it." AS 1 acknowledged that she had made the comment to RR A. AS 1 agreed that her comment to RR A was not a dignified and respectful way to treat RR A and that it was wrong and inappropriate.</p> <p>At 1:20 p.m. the Administrator was interviewed. She stated that AS 1 came to her and reported the above incident. The Administrator stated that AS 1 behavior was unacceptable, would not be tolerated and that AS 1 was suspended until</p>	F 241	<p>is responsible to ensure this action occurs.</p> <p>Completion date 3/24/12</p>		

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F 241 F 281 SS=D	<p>Continued From page 3 further notice.</p> <p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to meet professional standards of quality for 1 of 11 sampled residents (8) when Resident 8 was observed to have an indwelling Foley catheter without a physician's order for the Foley catheter.</p> <p>Findings:</p> <p>On 2/21/12 at approximately 8:30 a.m. a tour of the facility was conducted. During the tour, Resident 8 was observed to have an indwelling urinary catheter (a tube inserted into the bladder to empty urine into a collection bag).</p> <p>A review of Resident 8's clinical record revealed that she was originally admitted to the facility on 12/5/11 and re-admitted on 1/4/12 with diagnoses which included senile dementia, was incontinent of urine, receiving Hospice services and had a pressure sore on the tailbone area of her back. Resident 8's clinical record indicated that the indwelling urinary catheter was necessary to manage the pressure sore on her back due to her urinary incontinence.</p> <p>A review of Resident 8's physician's orders dated Feb. 1-29 2012 revealed the absence of an order</p>	F 241 F 281	<p>Resident # 8 now has an order for the indwelling catheter and the maintenance of the catheter.</p> <p>All residents with indwelling catheters are at potential risk have been reviewed and are in compliance</p> <p>DON or designee will audit the medical record monthly to ensure residents with indwelling catheters have appropriate orders.</p> <p>Results of these audits will be reviewed monthly with the QA Committee for patterns and trends. Process improvements will be determined at that time. Once it is determined by the QA members that compliance with this tag has been met, the QA members will determine whether auditing of this practice will continue. The Administrator is responsible ensure this action occurs.</p> <p>Completion date 3/24/12</p>		

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F 281	Continued From page 4 for the use of the indwelling urinary catheter. On 2/24/12 at 10:45 a.m. the Director of Nurses (DON) was interviewed. The DON stated that a physician order for the use of an indwelling urinary catheter was required if a resident admitted to the facility with an indwelling urinary catheter already in place or if the catheter was inserted after they were admitted to the facility. The DON stated that she was unable to find any documented evidence of an order by Resident 8's physician for the use of a indwelling urinary catheter. Review of the "Nursing Practice Act Rules and Regulations" revealed "Article 2. Scope of Regulation 2725 (b). The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following: (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code." (Nursing Practice Act Rules and Regulations Issued by Board of Registered Nursing 1997 State of California Department of Consumer Affairs. pp. 5.)	F 281			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS	F 329			

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F 329	<p>Continued From page 5</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility failed to ensure that 1 of 11 sampled residents (1)'s drug regimen was free from unnecessary drugs when a gradual dose reduction (GDR) was not attempted within the previous 12 months for Resident 1's prescribed Cymbalta (a medication used to manage depression). Resident 1's clinical record did not include documentation that a GDR was clinically</p>	F 329	<p>The facility will ensure that residents are free from unnecessary drugs .</p> <p>Resident #1's medications have been reviewed by the attending physician. Doctor has advised that due to significant medication changes within the last 6 months (Geodon, Paxil and Methadone) he does not want to attempt a GDR at this time. The Cymbalta is not only for the diagnosis of Depression but is also being utilized to treat neuropathic pain. DON and MD will attempt GDR of Cymbalta within the next 3 months.</p> <p>All residents receiving psychotropic medications are at potential risk.</p> <p>DON or designee will audit all medical records of residents on psychotropic medications to ensure all regulatory requirements are being met for the use of these medications, including the need for the medication, the physician's need to evaluate and document the risk vs benefit of these</p>	

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F 329	Continued From page 6 contraindicated. Findings: Resident 1 was admitted to the facility on 1/26/10 with diagnoses which included depression. A review of Resident 1's physician's orders dated Feb. 1-29 2012 revealed an order dated 7/7/10 for Cymbalta 30 milligrams (mg) twice daily for depression. Further record review failed to reveal documented evidence that Resident 1's Cymbalta dosage had been adjusted since it was ordered on 7/7/10, or that a GDR was clinically contraindicated. On 2/22/12 at 12:45 p.m. the Director of Nurses was interviewed regarding Resident 1's GDR/ documented clinical contraindications. The DON stated that there was no GDR or documented clinical contraindication for Resident 1's Cymbalta.	F 329	The facility will ensure that residents are free from unnecessary drugs . Resident #1's medications have been reviewed by the attending physician. Doctor has advised that due to significant medication changes within the last 6 months (Geodon, Paxil and Methadone) he does not want to attempt a GDR at this time. The Cymbalta is not only for the diagnosis of Depression but is also being utilized to treat neuropathic pain. DON and MD will attempt GDR of Cymbalta within the next 3 months.		
F 428 SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by:	F 428	All residents receiving psychotropic medications are at potential risk. DON or designee will audit all medical records of residents on psychotropic medications to ensure all regulatory requirements are being met for the use of these medications, including the need for the medication, the physician's need to evaluate and document the risk vs benefit of these		

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F 428	<p>Continued From page 7</p> <p>Based on staff interview and clinical record review, the facility failed to ensure that the drug regimen for 1 of 11 sampled (1)'s residents was reviewed and any irregularities were reported to the attending physician and the director of nurses when a gradual dose reduction (GDR) was not attempted within the previous 12 months for Resident 1's prescribed Cymbalta (a medication used to manage depression). Resident 1's clinical record did not include documentation that a GDR was clinically contraindicated.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on 1/26/10 with diagnoses which included depression. A review of Resident 1's physician's orders dated Feb. 1-29 2012 revealed an order dated 7/7/10 for Cymbalta 30 milligrams (mg) twice daily for depression. Further record review failed to reveal documented evidence that Resident 1's Cymbalta dosage had been adjusted since it was ordered on 7/7/10, or that a GDR was clinically contraindicated.</p> <p>On 2/22/12 at 12:45 p.m. the Director of Nurses (DON) was interviewed. The DON was asked if their consultant pharmacist had made a recommendation to Resident 1's physician regarding Resident 1's GDR or need for documented clinical contraindication if GDR wasn't attempted. The DON stated that there was no GDR or documented clinical contraindication for Resident 1's Cymbalta.</p> <p>On 2/24/12 at 8 a.m. the DON was asked if she could provide any documentation that their consultant pharmacist had recommended GDR</p>	F 428	<p>medications and monitoring for possible adverse drug reaction in the black box warning and GDR.</p> <p>DON or designee will audit the medical record monthly to ensure all regulatory requirements are being met for the use of these medications.</p> <p>Results of these audits will be reviewed monthly with the QA Committee for patterns and trends. Process improvements will be determined at that time. Once it is determined by the QA members that compliance with this tag has been met, the QA members will determine whether auditing of this practice will continue. The Administrator is responsible to ensure this action occurs.</p> <p>Completion date 3/24/12</p>	

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F 428	Continued From page 8 or clinical contraindication if GDR wasn't attempted. The DON stated that she did not recall seeing a recommendation for GDR or contraindication by their consultant pharmacist to the attending physician about Resident 1's Cymbalta. The DON did not provide and documentation that their consultant pharmacist had identified this irregularity.	F 428	<p>Facility will ensure that the consultant pharmacist identifies drug therapy irregularities during the monthly medication regimen review process, that they are appropriately reported and acted upon.</p> <p>Resident #1's medications have been reviewed by the attending physician. Doctor has advised that due to significant medication changes within the last 6 months (Geodon, Paxil and Methadone) he does not want to attempt a GDR at this time. The Cymbalta is not only for the diagnosis of Depression but is also being utilized to treat neuropathic pain. DON and MD will attempt GDR of Cymbalta within the next 3 months.</p> <p>All residents receiving psychotropic medications are at potential risk.</p> <p>Medical Record Designee will audit all medical records of residents receiving psychotropic medication monthly for pharmacy consultations.</p>		

F428 (cont)

Results of these audits will be reviewed with the QA Committee for patterns and trends. Process improvements will be determined at that time. Once it is determined by the QA members that compliance with this tag has been met, the QA members will determine whether auditing of this practice will continue. The Administrator is responsible to ensure this action occurs.

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BALWOOD Healthcare
#055956-

2/24/12 - Rectification Survey