

April 04, 2024
CA Department of Public Health
Licensing and Certification Program
Stock District Office
3121 West March Lane, Suite 250
Stockton, CA. 95219

Re: **CA00885416**

Mr. Jie Wang:

Please review attached documents of our plan of correction and evidence of compliance for the above abbreviated survey that was conducted on March 4th. 2024

- Signed State 2567
 - F-585
- Plan Of Correction
- Copy of resolved grievance regarding sling for Resident 3 (M1, M2)
- Audit review statement from facility Social Service Director (Document 1)
- Weekly grievance tracker tool by Administrator
 - F-677
- Documents of current number of patients needing slings for transport (Number of resident needing slings for transport)
- Evidence of purchase of additional slings (Sling Procurement 1, Sling Procurement 2)
- Document of Sling Audit for March (March Sling Audit)
- In-service to staff about proper documentation (In-service sheet)

Please let us know if more information is needed regarding this matter.

Sincerely,

Ron Reyes

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

PRINTED: 03/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555307		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2024	
NAME OF PROVIDER OR SUPPLIER CLEARWATER HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1517 EAST KNICKERBOCKER DRIVE STOCKTON, CA 95210			
(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 survey for the investigation of complaint #CA00885416. Representing the Department of Public Health: Health Facilities Evaluator Nurse, 43071 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.			F 000			
F 585 SS=D	Grievances CFR(s): 483.10(j)(1)-(4) §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.			F 585			

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



TITLE

Administrator

(X6) DATE

04.04.24

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 585	Continued From page 1 §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to	F 585			

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F 585	<p>Continued From page 2</p> <p>prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow up on a grievance (cause for complaint) for one of four sampled residents (Resident 3) when Resident 3's grievance of two</p>	F 585			

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F 585	<p>Continued From page 3</p> <p>missing slings (part of a mechanical lift used to transfer residents between surfaces) was not followed up on appropriately or timely.</p> <p>This failure resulted in Resident 3's grievance to go unresolved.</p> <p>Findings:</p> <p>During an interview on 3/4/24 at 12:59 p.m., Resident 3 stated he purchased two of his own slings in 2022. Resident 3 stated the facility put his slings in the laundry, the facility started using the slings for other residents, and he never saw his slings again. Resident 3 stated he informed the facility when his slings went missing. Resident 3 stated the Administrator (ADM) told him last year that they would replace his slings and for him to send them his purchase receipt. Resident 3 stated he still has not gotten the replacement slings. Resident 3 showed the purchase history of the slings on his tablet to the Department which indicated Resident 3 purchased 2 slings on 6/1/2022, for a total cost of \$130.76.</p> <p>During an interview on 3/4/24, at 4:01 p.m., the Social Services Director (SSD) stated when a resident filed a grievance with the facility, the grievance was discussed in a department head meeting (facility management staff) to determine who should follow up. The SSD stated the facility would search for the missing item and if the item was not found, then the ADM had to repurchase or reimburse the resident for the item. The SSD stated if a missing item was not listed on a resident's inventory list, then it was up to the ADM to either replace or reimburse the resident</p>	F 585			

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F 585	<p>Continued From page 4</p> <p>for the missing item. The SSD stated she was aware of the grievance filed by Resident 3 about the missing slings, but she could not recall what the resolution was since she was not the one who followed up on it. The SSD stated staff from the activities department followed up on Resident 3's grievance for the missing slings.</p> <p>During a concurrent interview and record review on 3/4/24, at 4:19 p.m., the Activities Assistant (AA) stated Resident 3 filed a grievance that his 2 slings went missing. Resident 3's grievance report was reviewed with the AA. The AA verified Resident 3 filed the grievance on 11/8/23. The AA confirmed the grievance report indicated on 12/5/23, one of Resident 3's slings were found which he gave to his roommate. The AA stated she thought staff found his second sling as well. The AA verified there was no record indicating Resident 3's second sling was found, or any further follow up was done on finding the second sling. The AA stated both slings were found but then recently both slings were lost again. The AA stated they were in the process of looking for both slings again. The AA stated if they could not find the slings then they would let Resident 3 know and have staff from the central supply department order new ones. The AA stated she did not know how long the facility looked for a resident's missing item before they decided to replace it.</p> <p>During a concurrent interview and record review on 3/4/24, at 4:47 p.m., the Administrator in Training (AIT) stated after a grievance of a lost item was filed, the facility looked for the missing item for up to 14 days. If the item was not found then the facility would choose reimbursement or</p>	F 585			

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F 585	Continued From page 5 replacement of the item, or accommodate accordingly. Resident 3's grievance was reviewed with the AIT. The AIT verified the grievance was filed on 11/8/23, and one of the two slings was found on 12/5/23. The AIT verified it took 30 days to find one sling and did not know about the second sling, it was still missing. The AIT stated the facility staff needed to discuss it. The AIT stated follow up should have been done the very next day after the grievance was filed. The AIT stated he did not know why there was a delay. The AIT stated it was important to follow up and resolve resident's grievances as it was a resident's right, and to reimburse for the missing property. Review of facility policy titled "Grievances/Complaints, Filing" revised April 2017, indicated, "...Residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff ...The Administrator and staff will make prompt efforts to resolve grievances to the satisfaction of the resident and/or representative...Upon receipt of a grievance and/or complaint, the Grievance Officer will review and investigate the allegations and submit a written report of such findings to the Administrator within five (5) working days of receiving the grievance and/or complaint...The Grievance Officer, Administrator and Staff will take immediate action to prevent further potential violations of resident rights while the alleged violation is being investigated...The Administrator will review the findings with Grievance Officer to determine what corrective actions, if any, need to be taken..."	F 585			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)	F 677			

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F 677	<p>Continued From page 6</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure necessary care and services were provided for two of four sampled residents (Resident 1 and Resident 2), when</p> <p>1a. Resident 1 did not get a shower on 2/20/24, due to a sling (part of a mechanical lift used to transfer residents between surfaces) not being available,</p> <p>1b. Resident 1 received bed baths (sponge baths) instead of showers on 1/2/24, 1/19/24, 1/26/24, 1/30/24, 2/9/24, and 2/27/24, and there was no documentation which indicated Resident 1 had refused the 6 showers, and,</p> <p>2a. Resident 2 received bed baths instead of showers on 1/31/24, 2/4/24, 2/21/24, and 3/2/24, and there was no documentation which indicated Resident 2 had refused the 4 showers, and,</p> <p>2b. There was no record of a shower or bed bath being given to Resident 2 on 1/10/24, 1/13/24, 2/7/24, 2/10/24, and 2/28/24.</p> <p>These failures resulted in Resident 1 and Resident 2 not receiving showers, Resident 1 to feel unclean, and had the potential of poor hygiene and poor skin integrity for Resident 1 and Resident 2.</p>	F 677			

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F 677	<p>Continued From page 7</p> <p>Findings:</p> <p>1. Review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility in 2022 with multiple diagnoses including muscle weakness, absence of the left leg above the knee, peripheral vascular disease (a disorder that causes leg pain due to poor blood flow particularly when walking), and broken right leg bones.</p> <p>Review of Resident 1's Minimum Data Set (MDS, a standardized assessment tool that measures health status in nursing home residents) dated 12/18/23, indicated Resident 1 had intact cognition and was dependent on staff for shower and bathing activities.</p> <p>During an interview on 3/4/24, at 12:35 p.m., Resident 1 stated he had only seven showers this year. Resident 1 stated he was disabled and was supposed to be getting showers twice a week on Tuesdays and Fridays. Resident 1 stated his roommate got more showers than him because his roommate could walk. Resident 1 stated he had right sided weakness and had his left leg amputated (removed surgically). Resident 1 stated staff would tell him that he could not get a shower because they did not have the right equipment available. Resident 1 stated he needed something to sit on to transfer from the bed to the wheelchair. Resident 1 stated he received sponge baths instead of showers. Resident 1 added, "For me a sponge bath is not a bath, I would always take a shower over a sponge bath." Resident 1 stated he felt dirty and did not feel clean when his showers were missed.</p>	F 677			

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F 677	<p>Continued From page 8</p> <p>During an interview on 3/4/24, at 12:59 p.m., Resident 3 stated his roommate (Resident 1) was getting bed baths instead of showers. Resident 3 stated he heard staff tell Resident 1 that they did not have a sling available to get him out of bed for his shower.</p> <p>During a concurrent interview and record review on 3/4/24, at 2:25 p.m., Certified Nursing Assistant (CNA) 1 stated residents received showers twice a week as per their shower schedule. CNA 1 stated the facility did not have enough slings for the residents who needed them. CNA 1 stated many times staff were not able to give showers to the residents because there were not enough slings and would have to give the resident a bed bath instead. CNA 1 added that was all she could do. CNA 1 stated it was an ongoing issue. CNA 1 stated at least once a week slings were not available. CNA 1 further stated staff raced to get the slings. CNA 1 stated Resident 1 missed showers because a sling was not available. CNA 1 stated Resident 2 missed showers as well due to a sling being unavailable. Resident 1's shower record was reviewed with CNA 1. CNA 1 verified the shower sheet dated 2/20/24, indicated Resident 1 received a bed bath instead of a shower because a sling was unavailable.</p> <p>During a concurrent interview and record review on 3/4/24, at 3:06 p.m., Licensed Nurse (LN) 1 stated residents received showers twice a week. LN 1 stated there had been times when slings were not available because they were being washed and staff gave the residents bed baths instead. LN 1 stated she did not think Resident 1</p>	F 677			

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F 677	<p>Continued From page 9</p> <p>ever refused to take a shower. LN 1 further stated Resident 1 liked to take showers during her shift. LN 1 stated if a resident refused a shower, then staff would document by checking the "refused" box on the shower sheet and would check the "bed bath" box as given instead. Resident 1's shower record was reviewed with LN 1. LN 1 stated Resident 1's shower days were Tuesdays and Fridays. LN 1 confirmed Resident 1 was given a bed bath on 1/2/24, 1/19/24, 1/26/24, 1/30/24, 2/9/24, and 2/27/24. LN 1 verified there was no record that indicated Resident 1 refused a shower on those days. LN 1 stated Resident 1 loved to take a shower unless he really did not feel good. LN 1 stated residents should receive a shower on his/her shower days unless the resident refused, then they would be given a bed bath. LN 1 stated showers were important to prevent skin issues and for hygiene. LN 1 stated if a resident did not get a shower then the resident would "Feel filthy".</p> <p>2a. Review of Resident 2's Admission Record indicated Resident 2 was admitted to the facility in 2022 with multiple diagnoses including weakness on one side of the body, and muscle weakness.</p> <p>Review of Resident 2's MDS assessment dated 1/24/24, indicated Resident 2 had moderately impaired cognition and was dependent on staff for shower and bathing activities.</p> <p>Review of Resident 2's shower schedule indicated Resident 2 was scheduled to receive showers in the morning on Wednesdays and Saturdays.</p>	F 677			

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F 677	<p>Continued From page 10</p> <p>During a concurrent interview and record review on 3/4/24, at 3:06 p.m., Resident 2's shower record was reviewed with LN 1. LN 1 confirmed Resident 2 was given a bed bath on 1/31/24, 2/4/24, 2/21/24, and 3/2/24. LN 1 confirmed there was no record that indicated Resident 2 refused a shower on those days. LN 1 stated staff should record that a resident refused a shower and a bed bath was given if the resident refused to shower. LN 2 confirmed there was no record of a shower or bed bath being given to Resident 2 on 1/10/24, 1/13/24, 2/7/24, 2/10/24, and 2/28/24, his scheduled shower days. LN 2 stated a resident should receive their shower as per their shower schedule to prevent skin issues and for hygiene.</p> <p>During a concurrent interview and record review on 3/4/24, the Director of Nursing (DON) verified Resident 1 did not receive a shower on 2/20/24 due to a sling being unavailable. The DON stated that was not acceptable. The DON verified a shower was not recorded for Resident 2 on 1/10/24, 1/13/24, 2/7/24, 2/10/24, and 2/28/24. The DON stated Resident 2 did not really refuse anything. The DON stated residents should receive a shower as per their shower schedule, or on any day they wanted a shower. The DON stated showers should be given to residents so they would feel clean, showers were a good way to look at the residents skin, moisten the skin, and prevent skin issues. The DON stated residents would feel dirty and/or neglected if a shower was not given.</p> <p>Review of a facility policy titled "Activities of Daily Living (ADL), Supporting" revised March 2018, indicated, "...Residents who are unable to carry</p>	F 677			

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NAME OF PROVIDER OR SUPPLIER CLEARWATER HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1517 EAST KNICKERBOCKER DRIVE STOCKTON, CA 95210		
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F 677	Continued From page 11 out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene...Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with...Hygiene (bathing, dressing, grooming, and oral care)..." Review of a facility policy titled "Shower/Tub Bath" revised October 2010, indicated, "...The purposes of this procedure are to promote cleanliness, provide comfort to the resident and to observe the condition of the resident's skin...The following information should be recorded on the resident's ADL record and/or in the resident's medical record...The date and time the shower/tub bath was performed...The name and title of the individual(s) who assisted the resident with the shower/tub bath...All assessment data (e.g., any reddened areas, sores, etc., on the resident's skin) obtained during the shower/tub bath...If the resident refused the shower/tub bath, the reason(s) why and the intervention taken...The signature and title of the person recording the data...Notify the supervisor if the resident refuses the shower/tub bath..."	F 677			
F 907 SS=E	Space and Equipment CFR(s): 483.90(d)(1) §483.90(d) Space and Equipment The facility must-- §483.90(d)(1) Provide sufficient space and equipment in dining, health services, recreation,	F 907			

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F 907	<p>Continued From page 12</p> <p>and program areas to enable staff to provide residents with needed services as required by these standards and as identified in each resident's assessment and plan of care; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a sufficient number of slings (part of a mechanical lift used to transfer a resident between surfaces) were available for 45 of 45 residents who used a mechanical lift for transfers, when the facility did not have enough slings for all 45 residents and did not have a system to evaluate the amount of slings needed for residents.</p> <p>As a result, Resident 1 did not receive a shower on 2/20/24 due to a lack of slings and placed other residents who required mechanical lift transfers at risk of not receiving quality care and needed services.</p> <p>Findings:</p> <p>During an interview on 3/4/24, at 12:35 p.m., Resident 1 stated he had only seven showers this year. Resident 1 stated he was disabled and was supposed to be getting showers twice a week on Tuesdays and Fridays. Resident 1 stated his roommate got more showers than him because his roommate could walk. Resident 1 stated he had right sided weakness and had his left leg amputated (removed surgically). Resident 1 stated staff would tell him that he could not get a shower because they did not have the right equipment available. Resident 1 stated he needed something to sit on to transfer from the bed to the wheelchair. Resident 1 stated he</p>	F 907			

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F 907	<p>Continued From page 13</p> <p>received sponge baths (bed bath) instead of showers. Resident 1 added, "For me a sponge bath is not a bath, I would always take a shower over a sponge bath." Resident 1 stated he felt dirty and did not feel clean when his showers were missed.</p> <p>During an interview on 3/4/24, at 12:59 p.m., Resident 3 stated his roommate (Resident 1) was getting bed baths instead of showers. Resident 3 stated he heard staff tell Resident 1 that they did not have a sling available for him to receive a shower. Resident 3 stated he had purchased two of his own slings. Resident 3 stated the facility put his slings in the laundry, started using them for other residents, and he never saw his slings again.</p> <p>During an interview on 3/4/24, at 1:20 p.m., Certified Nursing Assistant (CNA) 2 stated they had about 5 mechanical lifts and had 15 or more slings. CNA 2 stated sometimes CNA's would keep the slings instead of returning them to the laundry department after they used them. CNA 2 stated slings were kept in the laundry department.</p> <p>During a concurrent observation, interview, and record review on 3/4/24, at 1:31 p.m., with CNA 2 and the Housekeeping Manager (HM) in the laundry room, The HM and CNA 2 verified there were no slings available in the laundry room for the mechanical lifts. The HM stated all slings were out on the floor or may be in the washing machine. The HM stated staff should sign out in a binder when they took the slings for use. "Residents slings log checkout binder" was reviewed with CNA 2. CNA 2 verified only one</p>	F 907			

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F 907	<p>Continued From page 14 staff signed out one sling this morning.</p> <p>During a concurrent interview and record review on 3/4/24, at 2:25 p.m., CNA 1 stated residents received showers twice a week as per their shower schedule. CNA 1 stated they did not have enough slings. CNA 1 stated many times they were not able to give showers to residents because there were not enough slings, and the resident received a bed bath instead. CNA 1 added that was all she could do. CNA 1 stated it was an ongoing issue. CNA 1 stated at least once a week slings were not available. CNA 1 further stated staff raced to get the slings. CNA 1 stated Resident 1 missed showers when a sling was unavailable. CNA 1 stated Resident 2 missed showers as well due to slings being unavailable. Resident 1's shower record was reviewed with CNA 1. CNA 1 verified Resident 1's shower sheet dated 2/20/24, indicated Resident 1 received a bed bath instead of a shower because a sling was unavailable.</p> <p>During a concurrent interview and record review on 3/4/24, at 3:06 p.m., Licensed Nurse (LN) 1 stated Licensed Nurse (LN) 1 stated residents received showers twice a week. LN 1 stated there had been times when slings were not available because they were being washed and staff gave the residents bed baths instead. LN 1 stated she did not think Resident 1 ever refused to take a shower. LN 1 further stated Resident 1 liked to take showers during her shift. LN 1 stated if a resident refused a shower, then staff would document by checking the "refused" box on the shower sheet and would check the "bed bath" box as given instead. Resident 1's shower record was reviewed with LN 1. LN 1 stated Resident 1's</p>	F 907			

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F 907	<p>Continued From page 15</p> <p>shower days were Tuesdays and Fridays. LN 1 confirmed Resident 1 was given a bed bath on 1/2/24, 1/19/24, 1/26/24, 1/30/24, 2/9/24, and 2/27/24. LN 1 verified there was no record that indicated Resident 1 refused a shower on those days. LN 1 stated Resident 1 loved to take a shower unless he really did not feel good.</p> <p>During an interview on 3/4/24, at 5:42 p.m., Central Supply Staff (CSS) stated a lack of slings had always been an issue. CSS stated staff should sign out the slings in the binder in the laundry department and return the sling to the laundry after use to be washed. The CSS stated she constantly bought slings and there should be enough slings for each resident. The CSS stated there should be two slings for each resident, one to get them up in a wheelchair and one for a shower. The CSS stated they had 20 slings including shower slings for residents who required mechanical lift transfers. The CSS stated she did not know exactly, but thought they had about 8-10 residents who required mechanical lift transfers. The CSS confirmed she did not know how many residents needed the mechanical lifts. The CSS added the Director of Nursing (DON) or Assistant Director of Nursing (ADON) would tell her when to buy more slings.</p> <p>During a concurrent interview with the Administrator in Training (AIT) and the DON on 3/4/24, at 5:32 p.m., the AIT and the DON stated they did not know how many slings they had. The AIT stated there should be a sufficient amount for each resident. The DON stated they had 45 residents in the facility who were using the mechanical lifts for transfers. The DON stated 20 slings were insufficient. The DON added that was</p>	F 907			

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F 907	<p>Continued From page 16</p> <p>"less than half". The DON stated a sufficient amount of slings would be at least 45, if there was an emergency and all 45 residents needed to be transferred, there should be enough slings for each one of them. The DON stated they should have the same amount of both types of slings (slings for the shower/slugs for transfers), 45 each of both types.</p> <p>During a concurrent interview with the AIT and the DON on 3/4/24, at 5:51 p.m., the AIT stated they should have at least one sling per resident who required the use of a mechanical lift. The AIT stated they should also have one shower sling per resident as well. The AIT and the DON stated they did not have a system/process to evaluate how many residents needed slings, how many they had in use, and how many more were needed. The AIT stated there should be sufficient slings in case of an emergency and the residents needed to be relocated. The AIT stated a lack of slings could prohibit the care residents needed such as showers, relocating in an emergency, and getting up out of bed daily.</p> <p>Review of a facility policy titled "Assistive Devices and Equipment" revised January 2020, indicated, "...Our facility maintains and supervises the use of assistive devices and equipment for residents...Certain devices and equipment that assist with resident mobility, safety and independence are provided for residents..."</p>	F 907			

**Clearwater Healthcare Center
Plan of Correction (POC)**

This Plan of Correction is submitted as the facility's credible allegation of compliance.

This Plan of Correction is prepared as part of the Quality Assurance process for the provider. This Plan of Correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such protected from discovery.

This Plan of Correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes, and/or guidelines. As this transmission is required by law it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations.

F 585 Grievances

How Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

As of 06. March.2024, Resident 3 was provided with his second missing sling, ensuring he now has access to both required slings for his care needs. (See attachment M1, M2)

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

On April 3rd 2024, the facility's Social Service Director conducted a comprehensive review of all grievances filed in 2024, confirming no outstanding issues remain unresolved. (See Document 1)

What measures will be put into place or what systemic changes will the facility make to ensure that deficient practice does not recur:

Starting April 1st, 2024, the facility administrator initiated a protocol for tracking grievances received each week, with progress updates to be shared in the Friday morning meetings. This ensures timely and transparent handling of all grievances. (See Admin Grievance Tracker Attachment)

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system:

Quarterly QAPI Reporting: The Social Service Director will present a detailed report on grievances filed and their resolutions during quarterly QAPI meetings, ensuring thorough oversight and resolution of all concerns.

Administrator Oversight: Additionally, the administrator will oversee the reporting of grievances and their resolutions, fostering accountability and comprehensive grievance management.

Date when corrective actions will be completed. **April 4th, 2024**

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F 677 ADL Care Provided for Dependent Residents

How Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

As of March 7th, and April 3rd, 2024, the facility has procured additional slings, ensuring adequate availability for the 44 residents requiring sling assistance for transfers. (See "Sling Procurement 1 and 2" attachment and document of "resident needing slings")

How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:

Starting March 15th, 2024, a bi-weekly audit of sling inventory is conducted by the housekeeping supervisor, with findings reported to the administrator. (See March Sling Audit)

Additionally, quarterly reviews by the MDS Nurse will align the needs for Hoyer lifts and shower slings with the current inventory, ensuring all patient needs are met adequately.

What measures will be put into place or what systemic changes will the facility make to ensure that deficient practice does not recur:

Initiating on April 3rd, 2024, the Director of Staff Development has commenced ongoing in-service training for nursing staff, focusing on proper documentation of showers, handling refusals, and providing alternative bathing options. (See In-service document)

Starting April 3rd, 2024, CNAs are instructed to report any shower refusals and alternative measures to the assigned nurse, who will then document these incidents in the patients' health records under progress notes. This ensures comprehensive documentation and facilitates better care planning.

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system:

The effectiveness of the corrective actions will be regularly evaluated as part of the facility's Quality Assurance and Performance Improvement meeting, ensuring the sustainability of the improvements made.

Date when corrective actions will be completed. April 3rd. 2024