

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

PRINTED: 10/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/26/2012
NAME OF PROVIDER OR SUPPLIER NORTHGATE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 40 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	
(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 the investigation of Entity Reported Incident # CA00322032. Representing the California Department of Public Health: Surveyor #13773; Health Facilities Evaluator Nurse. The inspection was limited to the specific incident and does not represent the findings of a full inspection of the facility.	F 000		
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 interview and record review, the facility failed to implement an "altered psychosocial well-being" care plan, related to the Resident's history of verbally and physically striking out at others, for one of one resident care plan reviews conducted (Resident 1). The care plan called for care to be provided by two nurse aides, but on 8/14/12 a nurse aide (CNA A) attempted to provide care without two aides present. The Resident resisted the aide's care attempts, grabbed the aide, pulled the aide close, and the Resident sustained two facial bruises. Findings:	F 281	F281 The facility will ensure that Resident 1's care plan for "altered psychosocial well-being" is implemented as written 10/31/2012 The DSD in-serviced the licensed nurses and CNA's to ensure that all are aware that Resident 1's care plan called for care to be provided by two nurse's aides. 11/1/2012 Each licensed nurse on shift will ensure 2 aides are assigned to Resident 1 for care. Ongoing An audit will be conducted by medical records, quarterly, to collect from the patient's records all careplans for "altered psychosocial well-being plan." The DON will then review the careplans and ensure that the careplans are being followed as written. The DON will do so by conferring with the licensed nurses, certified nursing assistants and resident when appropriate and review the patient record for documentation and follow up. 12/1/2012	

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

TITLE

(X6) DATE

Chloé's Remeoborgu, NHA

Administrator

10/29/12

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.

DEC 05 2012

POC accepted 1/29/13. Administrator
notified 1/29/13. S. Koehler HFEN

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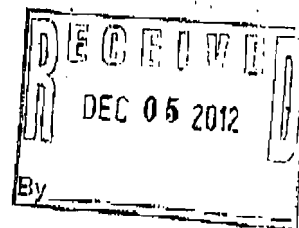
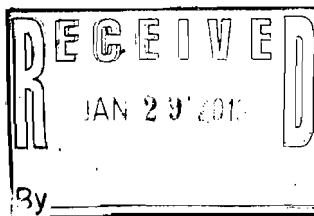
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/26/2012
NAME OF PROVIDER OR SUPPLIER NORTHGATE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 41 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903		
(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 281	<p>Continued From page 1</p> <p>Resident 1 was admitted to the facility with diagnoses including heart and lung disease, and dementia. The Resident's 8/10/12 minimum data set (a state-mandated assessment form) indicated that the Resident had a short-term memory problem, and had moderately impaired cognition e.g., needed supervision with decisions regarding tasks of daily life. The assessment also indicated that the Resident had physical and verbal behavioral symptoms such as physically or verbally striking out at others.</p> <p>Resident 1's 8/1/12 care plan for "altered psychosocial well-being," related to dementia and striking out at others, included a 7/11/12 intervention calling for "[two nurse's aides] to provide care."</p> <p>An 8/14/12, 10:00 PM nursing note indicated that, during CNA A's attempt to provide "care" to Resident 1, the Resident "grabbed" the aide and the aide's "name tag" collided with the Resident. The note indicated that the Resident acquired an "abrasion" and "bruising" on the left cheek bone and left nose tip.</p> <p>An 8/19/12, 4:00 PM observation and interview with Resident 1 indicated that the left cheek bone and nose bruises were still evident. The left cheek bone bruise was noted to be a half-circle shape below the left eye, indicating a possible mark left by eyeglasses. A brief interview with the Resident indicated that the Resident responded to questions about the cause of the facial bruising, and whether or not staff had hurt or had not been nice to the Resident, by indicating that the Resident did not know how the bruising occurred and that "I must have fallen down." The</p>	F 281	<p>An audit will be conducted by medical records to ensure other resident's "altered psychosocial well-being care plan" is being followed as written.</p> <p>11/15/12 SR Ongoing</p> <p>Ongoing issues regarding will be referred to the QA Committee, quarterly for follow up and recommendations for improvement. Ongoing</p> <p>The Director of Nurses is responsible for ongoing compliance.</p> <p>Ongoing</p>		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: J2LH11

Facility ID: CA220000078

If continuation sheet Page 2 of 3



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F 281	<p>Continued From page 1</p> <p>Resident 1 was admitted to the facility with diagnoses including heart and lung disease, and dementia. The Resident's 8/10/12 minimum data set (a state-mandated assessment form) indicated that the Resident had a short-term memory problem, and had moderately impaired cognition e.g., needed supervision with decisions regarding tasks of daily life. The assessment also indicated that the Resident had physical and verbal behavioral symptoms such as physically or verbally striking out at others.</p> <p>Resident 1's 6/1/12 care plan for "altered psychosocial well-being," related to dementia and striking out at others, included a 7/11/12 intervention calling for "[two nurse's aides] to provide care."</p> <p>An 8/14/12, 10:00 PM nursing note indicated that, during CNA A's attempt to provide "care" to Resident 1, the Resident "grabbed" the aide and the aide's "name tag" collided with the Resident. The note indicated that the Resident acquired an "abrasion" and "bruising" on the left cheek bone and left nose tip.</p> <p>An 8/16/12, 4:00 PM observation and interview with Resident 1 indicated that the left cheek bone and nose bruises were still evident. The left cheek bone bruise was noted to be a half-circle shape below the left eye, indicating a possible mark left by eyeglasses. A brief interview with the Resident indicated that the Resident responded to questions about the cause of the facial bruising, and whether or not staff had hurt or had not been nice to the Resident, by indicating that the Resident did not know how the bruising occurred and that "I must have fallen down." The</p>	F 281	<p>An audit will be conducted by medical records to ensure other resident's "altered psychosocial well-being care plan" is being followed as written.</p> <p style="text-align: right;">11/15/12 <i>SR</i> Ongoing</p> <p>Ongoing issues regarding will be referred to the QA Committee, quarterly for follow up and recommendations for improvement. Ongoing</p> <p>The Director of Nurses is responsible for ongoing compliance.</p> <p style="text-align: right;">Ongoing</p>	

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