

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

Poc accepted
Alicia Henry HFEN
6/2/12

PRINTED: 06/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555785	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/29/2012
NAME OF PROVIDER OR SUPPLIER COURTYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1880 DAWSON AVENUE SIGNAL HILL, CA 90806		
(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 Department of Public Health during a Recertification Survey visit.</p> <p>Representing the Department of Public Health:</p> <p>[REDACTED] RN - HFEN [REDACTED] - HFEN [REDACTED] - HFEI</p> <p>Total resident census: 52 Total resident sample: 13</p> <p>Highest Scope and Severity: E</p> <p>F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES SS=E</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the resident environment remains as free of accident hazards as possible by not having protective covers on light fixture bulbs, by not having a plan for the use, handling, clean up and disposal related to mercury laden bulbs and by not securing cabinets in five of 26 residents' rooms. This deficient practice had the potential for accidents.</p>	F 000	<p>COURTYARD CARE CENTER</p> <p>Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also is not to be construed as an admission of interest against the facility, the Administrator, or any employees, agents or other individuals who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the facility.</p> <p>This Plan of Correction shall constitute the facility's written credible allegations of compliance for the deficiencies noted.</p> <p>F 323 483.25 (h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES Maintenance Supervisor replaced the light fixtures in Rms. 51, 52, 53, 54 and 55. These fixtures now have protective covers and mercury-free light bulbs are being used.</p>	2012 JUN 25 PM 1:24 RECEIVED HEALTH FACILITIES INSPECTION DIVISION ADMINISTRATION	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Julie Javier	Administrator	6/22/12

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 323	<p>Continued From page 1</p> <p>Findings:</p> <p>1. On 5/24/12, from 3:20 p.m. to 4 p.m., Rooms 51, 52, 53, 54 and 55, were observed to have light fixtures with unguarded compact fluorescent mercury laden bulbs. The light fixtures were positioned over the residents' beds.</p> <p>At the time of the observation, when interviewed, the maintenance supervisor could not explain why the fluorescent bulbs had no protective cover to prevent injuries in the the event of accidental breakage.</p> <p>The compact fluorescent bulbs container box indicated the bulbs contained mercury (a liquid metal toxic to humans) and had to be managed according to local, federal disposal laws.</p> <p>On 5/24/12, at 3:47 p.m., during an interview, the director of staff development (DSD) stated she was not aware the light bulbs contained mercury. The DSD also indicated she was not aware of handling, clean up and/or disposal precautions related to the mercury laden bulbs.</p> <p>The facility was unable to provide policy and procedures related to the mercury laden bulbs.</p> <p>2. On 5/24/12, at 4:28 p.m., Room 8 was observed to have two cabinet closets detached from the wall and easily moved and rocked when touched. The cabinets measured 5 feet 11 1/2 inches tall, 1 foot 11 3/4 wide and 1 foot 11 1/4 deep.</p> <p>It was also noted that Rooms 4, 5, 6, and 7 had</p>	F 323	<p>Maintenance Supervisor checked and replaced all compact fluorescent mercury laden lamps with mercury-free light bulbs throughout the facility. We also made sure that all light fixtures in the residents' rooms have protective covers.</p> <p>Maintenance Supervisor immediately secured all the cabinet closets in Rooms 4, 5, 6, 7, 8 to prevent accidents. Maintenance Supervisor checked all cabinet closets in residents' rooms to ensure that cabinet closets are properly secured.</p> <p>As part of our CQI process, staff will routinely monitor defective equipment identified during facility rounds and report their findings to the Maintenance Supervisor and the Administrator for immediate repair and/or replacement.</p>		

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F 323	Continued From page 2 cabinet closets that were not properly secured and could fall over. On 5/24/12, at 4:35 p.m., when interviewed, the maintenance supervisor could not explain the lack of properly secured cabinets.	F 323			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was stored, prepared and distributed under sanitary conditions by failing to ensure persons entering the kitchen wore hair nets. This deficient practice had the potential for food contamination. Findings: On 5/24/12, at 11:37 a.m., Licensed Vocational Nurse 1 (LVN 1) was observed entering the kitchen without covering her hair with a hair net. LVN 1 walked by food tray carts, food preparation area and the steam table. At the time of the observation, when interviewed,	F 371	F 371 483.35 (i) FOOD PROCURE, STORE/PREPARE/SERVE- SANITARY Dietary staff received in-service training on 6/18/2012 on the following: 1) Identified authorized personnel who are allowed to enter the kitchen (Administrator, DON, RD, Maintenance Personnel, Delivery person, State or Federal surveyors), with a hair net, to prevent chances of outside contamination; 2) Unauthorized personnel will be directed to stay behind boundaries as identified by the facility. The red tape, used to identify the boundaries, has been moved to the front entry of the kitchen door. In-service training of facility staff was also provided on 6/21/2012 by Director of Staff Development to ensure awareness of Sanitation and Infection Control practices in the dietary department.		6/18/12 6/21/12

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F 371	Continued From page 3 the dietary service supervisor (DSS) stated non-dietary staff were allowed in the kitchen, without a hair net, if they remained in an area bordered by red tape attached to the kitchen floor. However, the DSS acknowledged the staff member was in close proximity with food preparation areas.	F 371			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted	F 441	F 441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The two shower carts (by Rooms 15 and 24) are now fully covered to prevent contamination. The laundry staff received in-service training on 6/21/12 regarding handling, storage, processing and transporting of linens to prevent the spread of infection. The laundry staff has to make sure that clean linen carts have to be covered and that closets have to be closed at all times. The three wire baskets, which are used only in the laundry room to hold the clean linen when drying time is completed, have now been labeled to identify the linen as clean. In-service training of facility staff was provided by Director of Staff Development on 6/21/12 regarding Infection Control, Preventing Spread of Infection, and Handling of Linens to prevent the spread of infection.	6/21/12 6/21/12	

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F 441	<p>Continued From page 4 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to handle, store, process, and transport linens so as to prevent the spread of infection. Clean was not properly stored and handled. This deficient practice had the potential for cross contamination and spread of infections.</p> <p>Findings:</p> <p>1. On 5/23/12, at 2:39 p.m., and at 3:10 p.m., two of two shower rooms (by Rooms 15 and 24) were observed with stacks of uncovered, un-protected linen in multi-leveled carts.</p> <p>At the time of the observation, when interviewed, the maintenance supervisor stated linen is added to the cart each day for the nursing staff to use them during morning showers. However, the maintenance supervisor could not explain how the clean linen would be protected from contamination when it was uncovered and stored in a soiled area.</p> <p>2. On 5/23/12, at 5:07 p.m. a laundry aide was observed transporting a 32-gallon container with soiled linen to the laundry room. The laundry aide unloaded the soiled linen in a laundry area in</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>close proximity to uncovered clean linen placed on nearby tables, carts and opened closet.</p> <p>On 5/24/12, at 11:05 a.m., during an interview, the laundry supervisor stated staff were to cover all the clean linen to provide protection and prevent contamination.</p> <p>3. On 5/24/12, at 10:55 a.m., three wire baskets were observed with linen in the laundry/clean linen storage room. The baskets did not have label to identify the linen as clean or soiled.</p> <p>According to the facility's laundry policies and procedures, all clean linen transport carts shall be covered. Careful precautionary procedures must be followed by laundry personnel to prevent the spread of infectious diseases to other staff member, residents and visitors.</p>	F 441			