

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

PRINTED: 01/09/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/09/2020
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NAME OF PROVIDER OR SUPPLIER

COPPER RIDGE CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

201 HARTNELL AVENUE
REDDING, CA 96002

(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 an abbreviated standard survey for two complaints and five facility reported incidents.</p> <p>Complaint numbers: 664366 and 664584. Facility reported incidents: 629774, 634687, 637016, 636341, and 664425.</p> <p>The inspection was limited to the specific complaints and facility reported incidents investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department: 29391, Health Facilities Evaluator Nurse</p>	F 000	<p>Preparation and/or execution of this Plan of Correction, inclusive of pages 1 through 4, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code Section 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute Copper Ridge Care Center's credible allegation of compliance.</p>	
F 656 SS=E	<p>A deficiency was written for complaint number 664366 at F656. No deficiencies were written for complaint 664584 and facility reported incidents 629774, 634687, 637016, 636341, and 664425.</p> <p>Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <p>\$483.21(b) Comprehensive Care Plans \$483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at \$483.10(c)(2) and \$483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable</p>	F 656		

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

TITLE

(X6) DATE

ADMINISTRATOR

1/31/2020

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 656	<p>Continued From page 1</p> <p>physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to develop, implement, review and revise, a comprehensive person-centered care plan for one of 14 sampled residents (Resident 1) when no care plan was in the record to treat severely painful rectal hemorrhoids (a swollen vein or group of veins in the region of the anus) that the resident endured during most of his stay in the facility.</p>	F 656	<p>F 656</p> <p>How corrective actions will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Resident 1 is no longer in the facility.</p> <p>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.</p> <p>An audit of orders and care plans for hemorrhoids has already been completed for all residents in the facility and corrections were completed as needed</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur</p> <p>The DON or ADON designee interviewed licensed nursing staff when the issue was raised and on February 13, 2020 will interview licensed nursing regarding care plans and orders for residents with hemorrhoids.</p>		

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F 656	<p>Continued From page 2</p> <p>This failure may have contributed to Resident 1's pain and dissatisfaction / withdrawal from facility involvement, that resulted in Resident 1 refusing to get out of bed, participate in therapy, and eat his meals.</p> <p>Findings:</p> <p>Resident 1's record was reviewed. He was admitted to the facility on 3/20/19 with diagnoses that included a recent stroke that involved weakness with his right dominant side of his body, as well as a previous below the knee left amputated leg.</p> <p>Resident 1's physician had ordered on 6/21/19, hemorrhoid cream (to reduce swelling and pain) prn (as needed) three times a day.</p> <p>Resident 1's progress note dated 6/12/19 at 2:21 pm read, "The resident is asked to toilet every 2 hours and refuses stating "IT HURTS ME TO SIT on the toilet and I am not going to do it!"</p> <p>A resident progress note dated 7/3/19 at 12:52 pm read, "He has redness to his rectum and a very large bleeding hemorrhoid on which hemorrhoid cream was applied as ordered." On 7/31/19 an 10:29 am, a resident progress note read that Resident 1 refused to get out of bed to take a shower. "He says he has trouble with hemorrhoids."</p> <p>Resident 1's PRN Medication Administration Record (MAR) identified no use of the hemorrhoid cream on 6/21/19 (the date it was ordered) or the rest of 6/2019. The 7/2019 PRN MAR identified that he had a total application of the hemorrhoid cream seven times over 31 days.</p>	F 656	<p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Medical Records Supervisor or Medical Records Assistant will audit orders for hemorrhoids to confirm that they have a care plan.</p> <p>The results will be reported to the QA committee for action plan until compliance is achieved for two consecutive quarters.</p> <p>Date when corrective action will be completed.</p> <p>February 13, 2020</p>		

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F 656	<p>Continued From page 3</p> <p>The 8/2019 PRN MAR identified only two applications over 31 days. The 9/2019 PRN MAR identified only one use in 30 days. The 10/2019 PRN MAR identified one use in 31 days. All hemorrhoid treatments were identified as "effective."</p> <p>A resident progress note dated 9/17/19 at 2:42 pm, read that a meeting occurred with Resident 1 and the Director of Nursing (DON) "To discuss frequent refusals to participate with RNA. He validates that he often doesn't participated because it's 'not a convenient time for him.' States he would like to be offered treatment before noon and will be more compliant."</p> <p>During an interview and concurrent record review, on 12/5/19 at 3:42 pm with DON, she stated that the Resident 1's record, physician notes, and PRN MAR for treatment of his hemorrhoids did not reflect a comprehensive plan of care for treatment. DON stated that no care plan was developed to treat and monitor the hemorrhoids that were causing Resident 1 pain and may have limited his function and affected his relationship with care staff.</p> <p>During a interview on 12/5/19 at 5 pm, with Licensed Nurse (LN) A, she stated that Resident 1 had pain but would not take any narcotic medication for relief. LN A stated that she had identified his hemorrhoids, and they were large. She stated that he would yell when sitting on the toilet. LN A could not explain why the prn hemorrhoid cream was not documented as used the day it was ordered or any other day the month it was identified. LN A stated that she had asked about his hemorrhoids each shift she worked.</p>	F 656			