STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555376	A. BUILDING _____ B. WING _____	C 04/17/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE REHABILITATION	336 DIABLO ROAD DANVILLE, CA 94526

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of complaint: CA00438114. Representing the Department: Health Facilities Evaluator Nurse 94236 and Health Facilities Evaluator Nurse 15335. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000	The preparation and/or execution of this plan of correction does not constitute admission of 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 the provisions of Federal and State Law require it.	
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow their policy on documenting a complete inventory of a resident's belongings on admission and failed to do a thorough search for a missing item timely for loss of a wedding ring for one of three sampled residents (1) resulting in Resident 1 and the responsible party experiencing distress over a lost wedding ring. Resident 1 was admitted to the facility on 3/13/15 wearing a wedding ring but it was documented on the inventory list. The RP last saw the wedding ring on Resident 1 on 3/14/15, informed staff on 3/16 that it was missing but facility did not investigate until 3/19/15.	F 226	F226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES *How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:* Resident 1 was discharged from the facility. Prior to discharge, the facility conducted additional thorough searches of the facility to locate the missing item. Staff members were interviewed who had direct care for Resident 1. The missing item was not found. The family declined to have the facility replace the missing item.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	05/26/15

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.

Accepted POC 5/28/15.D

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F 226	Continued From page 1 Findings: On 4/15/15, review of Resident 1's clinical record showed admission date of 3/13/15. Resident 1 had memory problems and had a family member empowered to make health care decisions for her. During an interview on 4/16/15, at 1 p.m., the RP (responsible party) stated Resident 1 was wearing her wedding ring and a jade ring when admitted to the facility from the acute care hospital on 3/13/15, but when she was discharged on 3/24/15 she had only the jade ring. Her wedding ring was missing. The RP said she returned to the facility to sign more admission paperwork on 3/14/15 and that was the last time she saw Resident 1 wearing the wedding ring. The RP stated she informed a staff member on 3/15/15 or 3/16/15 that Resident 1's wedding ring was missing. The RP said she spoke to an Occupational Therapist (OT), and the Social Services Director (SSD) about the missing ring a few days later, when she hadn't heard anything about the ring. After she spoke with the SSD, a search of the facility rooms and laundry was completed, but the wedding ring wasn't found. This search was verified by the SSD during an interview on 4/15/15, at 12:55 p.m. The SSD said the investigation began 3/19/15 with the identification and interview of RN 1 (the staff member that received the original report of the missing wedding ring), completion of a search of the facility, and review of the "Inventory of Personal Effects," for Resident 1. The SSD stated there was no further action or investigation until 3/24/15, when she interviewed Certified Nursing Assistant 1 (CNA 1) the staff member who completed Resident 1's admission inventory list on 3/14/15. The SSD did not have notes from the interviews with RN 1 or CNA 1, but stated she	F 226	*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:* The Medical Records Director conducted an audit to review all current resident inventory sheets. This audit included, but was not limited to verification of completed Inventory Sheets being in the medical record. No other residents were identified. *What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:* The facility Compliance/QA and the Policy and Procedure Committee met to review the current policy titled, "Theft and Loss Program/Inventory Sheet." The policy was amended and changed to coincide with the requirements of F226 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES.	

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F 226	Continued From page 2 recalled RN1 knew about the lost ring on on 3/16/15, but had forgotten to report the missing ring. The SSD said she recalled CNA 1 had told her the RP was not present on admission to sign the inventory list on 3/13/15. The SSD stated the loss of the wedding ring was not reported to any agency outside the facility. During an interview on 4/15/15, at 1:30 p.m., the SSD stated the wedding ring was probably worth more than 100 dollars, but that the facility policy only required reporting of cash losses over 100 dollars to the police department. A review of the "Inventory of Personal Effects," for Resident 1, dated 3/14/15, signed only by CNA 1, indicated only items of clothing, and eyeglasses were present; no jewelry or rings were indicated as present. During an interview on 4/16/15, at 2:50 p.m., CNA 1 stated she did not complete the form on 3/13/15 because she was busy, and she did not recall exactly what Resident 1 was wearing, or if she had any jewelry. CNA 1 stated the resident did not have any clothing other than what she wore, but that the RP said she would be bringing more clothing later. CNA 1 said it was her signature on the, "Inventory of Personal Effects," for Resident 1, dated 3/14/15, but she did not recall filling out the list. During a review of the clinical record for Resident 1, the "Nurse's Notes," dated 3/13/15 at 10:18 p.m., indicated Resident 1 arrived directly from the general acute care hospital by ambulance. A review of the clinical record for Resident 1 from the general acute care hospital, the "Belongings Tracking Record," dated with 3/9/15 admission date, and 3/13/15 discharge date, indicated Resident 1 had only eyeglasses, and was, "Wearing watch, jade ring, diamond ring," upon discharge; clothing and other listed items were	F 226	Facility staff members were in-serviced on the revised policy and procedure entitled, "Theft and Loss Program/Inventory Sheet." Additionally, licensed nurses and certified nursing assistants were in-serviced on how to properly complete the Inventory Sheet of personal items. This included, but was not limited to timeliness, completeness, description, quantity and color of items listed on the inventory sheet, required signatures and notification to their supervisors of any abnormalities associated with completing the inventory sheet. Additionally, the Director of Social Services was in-serviced on the timelines of conducting theft and loss investigations as well as notification to the resident, family member or responsible party on the outcome of the investigation.	

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F 226	Continued From page 3 indicated as not present. During an interview on 4/16/15, at 1 p.m., the RP stated Resident 1 had severe mental impairment due to her dementia, but that Resident 1 had commented her ring was missing a day or so after the RP noticed the ring was gone. During an interview on 4/15/15, at 8:10 a.m., the RP stated the facility had offered to reimburse the ring's cost, but the family declined, as the value of the ring lay in its sentimental value. The family was hoping the ring would be found and returned. A review of the facility form, "Theft and Loss Report Form," dated 3/19/15, signed as completed by the SSD, indicated, the name and room number of Resident 1, a date of 3/16/15 "approximately" for loss of item, and described the item as a yellow ring with three white stones with no estimated value given. The section of the Theft and Loss Report form titled, "Follow-up Action by Appropriate Department," indicated facility locations searched for the item, but did not indicate if the inventory list included the missing item, nor were there any comments in the Follow-Up Action area. The section of the Theft and Loss form titled, "Administrator: Reported to police department (cash only) amount over $100?" was checked "N/A" (not applicable). A review of the facility policy and procedure, "Administrative Manual, Theft/Loss," dated rev. 3/2/2011, indicated, "Policy ...9. All alleged violations involving misappropriation of a resident's property shall be reported immediately to the Administrator or to a person delegated this responsibility by the Administrator and to other officials in accordance with state law. 10. Any resident's property valued at $100 or more (not replacement value) that is stolen shall be reported to the local enforcement agency within thirty-six (36) hours ....13. The investigation will	F 226	*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 Facility medical records staff will conduct random audits on the inventory sheets and Theft and Loss Reports. These audits will include, but not be limited to following the Theft and Loss Program policy. Special review and emphasis will be placed on reviewing the completed Inventory Sheets for residents, including all required signatures. The information from these random audits will be reviewed by the QA Committee at the quarterly meeting. Correction date: May 27, 2015	

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F 226	Continued From page 4 be completed within a timely manner of discovery of the alleged violation ....Procedure, 1. Upon receipt of initial report of missing articles: ...b. Licensed Nurse reports to social Services ....3. Responsibility-Administrator or Designee: a. Thoroughly investigate to determine the location of the missing item(s) or the probability of misappropriation, theft or loss by: interviewing the person(s) reporting the missing items; interviewing any witnesses that may have knowledge of the missing items ..." A review of the undated facility procedure, "Prevention of Abuse, Procedure" indicated, "B. Training: 1. Orientation program will include review of facility's policy on what constitutes abuse, neglect, and misappropriation of resident property ...G. Reporting ...4. Administrator or designee, and Director of Nursing must be notified as soon as possible but no later than 24 hours after the incident is reported ...."	F 226		