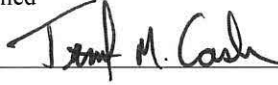


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

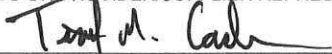
PRINTED: 04/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056394</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/22/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST. FRANCIS CONVALESCENT PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>99 ESCUELA DRIVE</b> <b>DALY CITY, CA 94015</b>		
(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 Standard Survey.  The investigation was limited to the specific incident investigated and does not represent the findings of a full inspection of the facility.  For Facility Reported Incident CA572641 regarding Resident/Patient/Client Abuse, the Department was able to substantiate a violation of Federal regulation and issued a deficiency.  Representing the California Department of Public Health: Surveyor 29915, Health Facilities Evaluatro Nurse Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)	F 000	The plan of correction is prepared in compliance with state and federal statutes and regulations, and is not intended to be an admission to or agreement with the allegations contained herein. This plan of Correction constitutes the facility's written credible allegation of compliance for the deficiencies noted. Signed 		
F 607 SS=D	§483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95, This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record reviews, the facility failed to implement its abuse prohibition and prevention policy when Resident 2	F 607	1. How corrective action was accomplished for those residents found to have been affected by the deficient practice  Resident 2's care plan was amended to reflect the monitoring plan to prevent Resident 2 from hurting any other Residents. Monitoring log was started to identify aggressive behavior and for staff to be able to implement interventions preventing potential abuse.	2/5/18	

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

TITLE

(X6) DATE



ADMINISTRATOR

5-2-19

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.

5/9/19 POC accepted & approved H/T/M

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F 607	<p>Continued From page 1</p> <p>kicked the back of Resident 1 and pulled her hair on 2/4/18.</p> <p>This deficient practice is a potential for harm to other residents.</p> <p>Findings:</p> <p>In an observation and interview on 3/21/18 at 9:15 AM, Resident 1 was alert, able to communicate her wants and needs. Resident 1 confirmed the reported incident last 2/4/18 when Resident 2 kicked her on her back and pulled her hair.</p> <p>Resident 1 was admitted to the facility with diagnoses including osteoarthritis (a progressive disorder of the joints, the most common form of arthritis sometimes called degenerative joint disease or "wear and tear" arthritis) and diabetes type 2 ( a metabolic or abnormal chemical reactions in the body resulting from the body's inability to make or properly use insulin).</p> <p>Review of Resident 1's MDS ( Minimum Data Set) an assessment tool, indicated a BIM's (Brief Interview of Mental Status) score of 11. Resident 1's functional status required extensive assistance with one person physical assist.</p> <p>In an observation and interview on 3/21/18 at 10:00 AM, Resident 2 was seated in her wheelchair and holding a doll talking non-stop about blood coming . . . , laughing and singing. Resident 2 is unable to engage in a meaningful conversation.</p> <p>Review of Resident 2's medical record indicated she is under the care of a psychiatrist with</p>	F 607	<p>2. How the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>DON/ designee reviewed care plan of all residents with history of aggressive behaviors. Care plan were all in place to assure that there was a monitoring component to prevent these residents from hurting other residents.</p> <p>3. What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur.</p> <p>All licensed staff were provided inservice training on existing policies and procedures for abuse monitoring and care planning on 5/3/19 by the facility DON/designee.</p> <p>Daily observational rounds by licensed nurses to monitor compliance with abuse prevention will be initiated and continued each shift for 2 weeks, then weekly for two weeks, monthly for 2 months and then after as determined by the QAPI Committee.</p> <p>4. How the facility plans to monitor its performance to make sure the 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 in the quality assurance system:</p> <p>The facility Social Worker or designee will monitor by reviewing the care plan for all residents with signs of aggression on a quarterly basis.</p>	5/3/19	5/3/19

MAY - 2 2019

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F 607	<p>Continued From page 2</p> <p>"impression" including psychosis (a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality) and dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury, personality changes, and impaired reasonings).</p> <p>Resident 2 was admitted to the facility with diagnoses including senile degenerative brain (progressive memory loss of mental abilities and noticeable personality changes), and a history of aggressive behavior.</p> <p>Review of Resident 2's MDS indicated a BIM's score of 11 dated 12/1/17 and a score of 4 dated 2/28/18 with mood and behavior changes occurred daily. Resident 2's functional status required extensive assistance with one person physical assist.</p> <p>Review of Resident 2's medical record indicated incidents on 1/31/18 when Resident 2 pulled the hair of another resident and on 2/5/18 when Resident 2 kicked another resident on the right foot.</p> <p>Review of the facility policy on "Abuse Prohibition and Prevention" Effective Date: November 2017. Page 1. Policy Statement 3. Prevention-The facility strives to provide an environment which prohibits and prevents abuse, . . . , Page 2. f. The assessment and care planning, and monitoring of residents . . . such as residents with a history of aggressive behaviors . . . , 4. Identification - The facility shall identify events such as . . . , occurrences, patterns and trends that may constitute abuse . . . "</p>	F 607	<p>Monitoring log will be started for residents with identified aggressive behaviors that have the potential for abuse.</p> <p>Results of observational monitoring rounds and audits will be reported to monthly QAPI Committee meeting.</p>		

MAY - 2 - 2019