

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

02/19/2014
APPROVED
0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555060
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DATE SURVEY COMPLETED
11/2014

NAME OF PROVIDER OR SUPPLIER
WINDSOR THE RIDGE REHABILITATION CENTER

SALINAS, CA 93906

(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
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F 000	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey regarding investigation of an entity reported incident and complaint conducted on 2/11/14.</p> <p>For Entity Reported Incident CA00385782 regarding misappropriation of property and Complaint CA00386524 regarding resident rights, the Department identified a violation of Federal regulations (see F224).</p> <p>Inspection was limited to the specific entity reported incident and complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: 17536, Health Facilities Evaluator Nurse.</p>	F 000	<p>"Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1200 and 42 CFR 483 et seq."</p>	
F 224 SS=D	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents were free from misappropriation of personal properties when the facility's housekeeper (HKP) allegedly stole</p>	F 224	<p>OF PUBLIC HEALTH</p> <p>MAR 3 - 2014</p> <p>L & C DIVISION SAN JOSE</p> <p>F224</p> <p><u>Corrective Action:</u></p> <p>On 01/27/14, Facility Housekeeper was suspended pending investigation on alleged theft by Resident. Investigation conducted by Administrator and key staff through 01/30/14. Housekeeper was terminated on 01/30/14 from employment by the Administrator. Social Service Department visited with both residents daily from 01/28/14 through 02/07/14 to ensure they felt safe at facility and encouraged them to express any feelings they may be having as a result of this incident. Both residents stated they felt safe and appreciated their concern.</p>	<p>1/27/14</p> <p>1/30/14</p> <p>1/30/14</p> <p>1/28/14</p> <p>2/17/14</p>

LABORATORY DIRECTOR'S OR PROVIDER'S SIGNATURE

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555060	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/11/2014
NAME OF PROVIDER OR SUPPLIER WINDSOR THE RIDGE REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 350 IRIS DRIVE SALINAS, CA 93906		
(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 224	<p>Continued From page 1 money belonging to Residents 1 and 2 on 1/24/14 and 1/26/14 respectively.</p> <p>Findings:</p> <p>1. Resident 1 was admitted to the facility with diagnoses including kidney failure. The Minimum Data Set (MDS, an assessment form describing the resident's condition) dated 1/30/14 indicated Resident 1 was alert and oriented and was responsible for himself. On the date of the complaint visit (2/11/14), Resident 1 was scheduled for a few days of evaluation/treatment at the acute care hospital.</p> <p>During an interview on 2/11/14 at 11:45 a.m., licensed nurse (LN) A stated she documented the interview she had with Resident 1 on 1/28/14 at 5:00 p.m. LN A stated Resident 1 said a woman came into his room on 1/24/14 at 3:30 p.m. Resident 1 described the woman as between 35 to 40 years old, with dark skin, and wearing scrubs (clinical uniform) clothing.</p> <p>The woman gave Resident 1 his sweat pants which had no pockets. Resident 1 handed the woman his wallet and the woman told Resident 1 she would put his wallet in a plastic bag. As Resident 1 was sitting on his bed with his back towards her, Resident 1 heard the woman going through his wallet and plastic bag.</p> <p>As the woman was leaving his room, Resident 1 saw her put something in her shirt near her chest. A few minutes later, Resident 1 checked his wallet to find his \$97 missing. Resident 1 told LN A the woman was so nice to him, she offered to buy him a soda.</p>	F 224	<p><u>Identification:</u></p> <p>The facility identified that all the residents in the section the housekeeper was working could have been affected by the same deficient practice. Therefore a visit by Activity and Social Services Department was completed. Each resident in that unit was asked questions to make sure all their personal items were safe and secure. Rounds started on 01/28/14 and were completed on 02/03/14. No further lost items reported.</p>	<p>1/28/14 2/3/14</p>


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F 224	<p>Continued From page 2</p> <p>When LN A showed Resident 1 a picture of staff members, Resident 1 identified the woman who allegedly took his money as HKR.</p> <p>During an interview on 2/11/14 at 10:00 a.m., the administrator (ADM) stated Resident 1 confirmed through a signed statement HKR took his money from his wallet and put it in her chest area on 1/24/14.</p> <p>2. Resident 2 was admitted to the facility with diagnoses including fracture of the lower leg. Resident 2's MDS dated 12/24/13 indicated Resident 1 was alert, oriented and was responsible for himself.</p> <p>During an interview on 2/11/14 at 10:15 a.m., Resident 2 spoke through an interpreter who was certified nurse assistant (CNA) B. Resident 2 stated the "HKR" was in his room in the morning on 1/26/14. Resident 2 wanted to buy a soda, but he did not have the exact change because all he had was a twenty and a five-dollar bills in his wallet, so he asked HKR if she could get him a soda.</p> <p>HKR told Resident 2 to meet her at the vending machine after she was finished cleaning at which time she would give him \$1 to buy his soda. Resident 2 left his room without his wallet, and HKR went to the breakroom near where the vending machine was and gave Resident 2 \$1.</p> <p>Later that night, Resident 2 checked his wallet to find his \$25 missing. The ADM indicated in her investigation report Resident 2 suspected HKR took his money because she was the only one who saw and knew where his money was.</p>	F 224	<p><u>Measures to prevent reoccurrence:</u></p> <p>All staff were in-serviced on Abuse Prevention, Recognition and Reporting, on Policy and Procedure regarding Theft and Loss of Resident's Personal Property, and Mandated Reporting-Theft and Loss on 01/30/14 and 01/31/14 by DSD.</p> <p>During the morning "A La Carte" program the Activity Staff conducts room to room rounds visiting and offering each resident activities and snacks. When they observe any valuable in Resident's room they will report immediately to Social Services and/or Charge Nurse for safekeeping of valuables ongoing.</p> <p><u>Monitoring and incorporation into the QA system:</u></p> <p>The QA&A system the facility put into place to ensure the correction and to prevent reoccurrence was achieved:</p>	1/30/14 1/31/14	

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F 224	Continued From page 3 The ADM prepared an employee corrective action notice dated 1/30/14 which indicated Residents 1 and 2 alleged HKR stole their money and the local law enforcement detective validated the accusation.	F 224	All department heads, nursing staff, administration, activity department, admission department, and therapy staff shall monitor compliance by: a.) Monitoring all staff closely. b.) Upon admission, the Admissions Director will make the family and Resident aware of the Facility Policies and Procedures for safeguarding personal items. This will include what should or should not be kept by bedside. c.) During care conferences, the Social Services Director will remind family that there is a safe for valuable items. d.) All lost items will be documented on Theft and Loss Form for further investigation. e.) All Theft and Loss forms will be brought to monthly QA&A for discussion and recommendation by Social Services Director <u>Completion date:</u> 02/07/14.	2/7/14 	

MAR 3 - 2014

L & C DIVISION
SAN JOSE