

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

PRINTED: 07/17/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055388 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 07/15/2013 |
| NAME OF PROVIDER OR SUPPLIER SAN JOSE HEALTHCARE & WELLNESS CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 75 N. 13TH STREET SAN JOSE, CA 95112 | | |
| (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 survey regarding two entity reported incidents investigated on 6/27/13 to 7/15/13. Entity Reported incident CA00359371 regarding Infection Control, resulted in no deficiency identified. For Entity Reported Incident CA00359478 regarding Quality of Care/Treatment, a Federal deficiency was identified (see F279). Inspection was limited to the specific entity reported incidents investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 26952, Health Facilities Evaluator Nurse; and 33087, Health Facilities Evaluator Nurse. F 279 483.20(d), 483.20(k)(1) DEVELOP SS=D COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's | F 000 | San Jose Healthcare & Wellness Center submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. F279 483.20(d),483.20(k)(1) Comprehensive Care plans What corrective action will be accomplished for those residents found to have been affected by the same deficient practice: Resident 1 was discharged on 7/16/13. | | 7/16/13 |

LABORATORY REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____
Administrator 7/26/13

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 279 | <p>Continued From page 1</p> <p>highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a care plan for one of five residents (1) for the use of a Fentanyl transdermal patch (opioid pain medication) without addressing the Black Box Warning (BBW, an alert for certain prescription drugs for their significant risk or life threatening adverse effects) for severe and sometimes fatal breathing problems. Findings:</p> <p>Resident 1's clinical record was reviewed on 6/26/13. A 5/23/13 physician order indicated to administer a Fentanyl patch every 72 hours. A 5/23/13 care plan for pain indicated the use of a Fentanyl patch. No side effect warnings were documented on the care plan. An undated general care plan for Black Box Warning did not indicate the use of a Fentanyl patch.</p> <p>During an interview on 6/28/13, at 8:45 a.m., the director of nursing stated there was no Black Box Warning care plan for Fentanyl in Resident 1's clinical record.</p> <p>In a review on 6/28/13 of the medication information sheet for a Fentanyl patch it indicated under warning: Fatal respiratory distress could</p> | F 279 | <p>How the facility will identify other residents having the potential to be affected by the same deficient practice: Medical Records ran a report for residents currently with orders for a Fentanyl patch on 7/26/13.</p> <p>There are no residents currently with orders for a Fentanyl patch.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: The Director of Nurses (DON) in-serviced the Licensed Nurses (LN) regarding documenting the side effect warnings for Fentanyl patch on the care plan and to date and indicate the use of the Fentanyl patch on the general care plan for black box warning (BBW) on 7/16/13.</p> <p>Medical Records will inform the DON of any residents with new orders for Fentanyl patch. The DON/designee will then review the chart to ensure that there is a dated and labeled black box warning care plan for the Fentanyl patch that lists the side effect warnings.</p> | <p>7/26/13</p> <p>7/16/13</p> | |

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| F 279 | Continued From page 2 occur. On 6/28/13 during a review of the 11/2012 Food and Drug Administration "Guide to Drug Safety Terms at FDA", it indicated under "Boxed Warning": This type of warning is also commonly referred to as a "black box warning". It appears on a prescription drug's label and is designed to call attention to serious or life-threatening risks. | F 279 | <p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Medical Records will inform the DON of any residents with new orders for Fentanyl patch. The DON/designee will then review the chart to ensure that there is a dated and labeled black box warning care plan for the Fentanyl patch that lists the side effect warnings.</p> <p>The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.</p> | | |