

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

STATE DEPT. OF  
HEALTH SERVICES

PRINTED: 03/21/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13 APR -3 PM 2:00 055619		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING LIC. & CERT SAN BERNARDINO COUNTY		(X3) DATE SURVEY COMPLETED  C 03/20/2013	
NAME OF PROVIDER OR SUPPLIER  PLOTT NURSING HOME LIC. & CERT SAN BERNARDINO COUNTY				STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST FIFTH STREET ONTARIO, CA 91764			
(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><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated survey to investigate an entity reported incident.</p> <p>Entity reported incident: CA00347681</p> <p>Representing the Department of Public Health: HFEN federal ID # 22232</p> <p>The inspection was limited to specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>For complaint #CA00347681, a deficiency was written at Long Term Care Facilities.FED.F.1300, 483.25.</p>			F 000	<p>Plott Nursing Center ("PNC") makes its best effort to operate in full compliance with both Federal and State Law. Nothing included in this Plan of Correction is an admission otherwise. PNC has submitted this Plan of Correction in order to comply with its regulatory obligations and does not waive any objections to the merits or form of any allegations contained herein. Please note that PNC may contest the merits and/or form of any deficiency or findings alleged below and may take reasonable steps to appeal them. This Plan of Correction constitutes PNC's allegation of substantial compliance.</p>		04/19/13
F 309 SS=D	<p>Sample size: 2</p> <p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide the necessary care and services to attain or maintain the highest practicable</p>			F 309	<p><b>Corrective Action</b></p> <p>On or before April 19, 2013, under the supervision of the DON, licensed nursing staff will be in-serviced regarding providing the necessary care and services to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, including knowing and being familiar with patients' trigger behaviors and what makes patients agitated; and telephoning a resident's physician if a physician-ordered treatment or intervention does not result in a positive response by the resident within a reasonable time. In addition, for patients who have regular orders for Ativan, the facility will confirm that or arrange for a consult with a psychiatrist.</p>		

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

TITLE

(X6) DATE

Administrator

04/01/13

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 309	<p>Continued From page 1</p> <p>physical, mental, and psychosocial well-being, in accordance with the assessment for 1 of 2 sampled residents (Resident 1), by not calling the physician when Resident 1 had exhibited signs of extreme agitation. The resident subsequently slid off the wheel chair onto the floor, which had the potential for serious injury.</p> <p><b>Findings:</b></p> <p>A record review, of Resident 1's medical record, was conducted on March 20, 2013. Resident 1 was admitted to the facility on February 1, 2010 with diagnoses which included chronic obstructive pulmonary disease (lung disease), dementia (a brain disorder which can affect memory and behavior), depression, and anxiety.</p> <p>A review of the nurses' notes revealed a note, dated March 12, 2013 at 4:30 PM, that Resident 1 was, "extremely agitated" and had stated to the social worker (SW) that a certified nursing assistant (CNA 1) had shoved her and told her to, "make the bed". The SW then began an investigation process and interviewed the CNA, who denied the allegation.</p> <p>Continued review of the nurses' notes showed a note documented on March 12, 2013 at 6:30 PM, "Resident continues to be extremely agitated" and, "Resident striking out at staff". The note continued that the physician was called and an anti-anxiety medication was ordered and given.</p> <p>The next nurses' note was dated March 12, 2013 at 9:00 PM. The nurse documented that Resident 1, "continued to be very agitated; Resident refused to let staff help her. Resident</p>	F 309	<p><b>Procedure for Identifying Potentially Affected Patients</b></p> <p>As all residents may be potentially affected by the alleged deficient conduct contained herein, PNC will take corrective action in relation to all residents, such that, whenever a physician-ordered intervention does not result in a resident's attaining or maintaining the highest practicable physical, mental, and psycho-social well-being within a reasonable time, the physician will be called again.</p> <p><b>Corrective Action for Potentially Affected Patients</b></p> <p>On or before April 19, 2013, under the supervision of the DON, licensed nursing staff will be in-serviced regarding providing necessary care and services to attain or maintain the residents' highest practicable physical, mental, and psycho-social well-being, in accordance with the comprehensive assessments and plans of care, including knowing and being familiar with patients' trigger behaviors and what makes patients agitated; and telephoning a resident's physician again if a physician-ordered intervention does not result in a positive response by the resident within a reasonable time. In addition, for patients who have regular orders for Ativan, the facility will confirm that or arrange for a consult with a psychiatrist.</p> <p><b>Measures Adopted for Systemic Change</b></p> <p>Systemic change will be achieved through the new procedure for monitoring corrective action and quality assurance, as stated below. Nonetheless, on or before April 19, 2013, under the supervision of the DON, licensed nursing staff will be in-serviced regarding providing necessary care and services to attain or maintain the resident's highest practicable physical, mental, and psycho-social well-being, in accordance with the comprehensive assessment and plan of care, including knowing</p>		

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F 309	<p>Continued From page 2</p> <p>unfastened foot rest and threw it at the Registered Nurse (RN) on duty. Resident making inappropriate sexual remarks. While this resident was becoming more &amp; more agitated, she slid off of her wheelchair and was eased to the floor by CNA. Unable to assess body for bruising.....". There was no further intervention taken. The nurse documented, " Will cont. to monitor".</p> <p>An interview was conducted with the SW on March 20, 2013 at 9:20 AM. The SW relayed that Resident 1 had initially approached her with the complaint about CNA 1. The SW explained the investigation the facility had completed.</p> <p>During an interview with Resident 1 on March 20, 2013, at 9:30 AM, she confirmed she felt safe and denied any abuse by staff.</p> <p>An interview was conducted with RN 1 on March 20, 2013 at 9:40 AM. RN 1 was questioned regarding Resident 1's continued agitation, sliding out of her wheelchair, and the nurse not being able to assess her body for bruising, as documented on March 12, 2013 at 9:00 PM.</p> <p>RN 1 was asked if there was any additional nursing actions taken when this occurred. RN 1 was unable to provide any documentation that the physician was called when the resident continued to be agitated and slipped out of her wheelchair. RN 1 was asked if she would expect the nurse caring for the resident to phone the physician when the resident remained agitated and fell out of her wheelchair two and a half hours after the anti-anxiety medication had been given. RN 1 replied, "I don't know, I don't know.</p>	F 309	<p>and being familiar with patients' trigger behaviors and what makes patients agitated; and telephoning a resident's physician again if a physician-ordered intervention did not result in a positive response within a reasonable time. In addition, for patients who have regular orders for Ativan, the facility will confirm that or arrange for a consult with a psychiatrist.</p> <p><b>Monitoring of Corrective Action and Quality Assurance</b></p> <p>The Quality Assurance Nurse or designee will observe staff's provision of care and services necessary to attain or maintain a resident's highest practicable physical, mental, and psycho-social well-being, in accordance with the comprehensive assessment and plan of care, to prevent recurrence of the deficient conduct. Observations will be unannounced and a report of the findings will be submitted to the DON, who will review the results and bring the report to the Quarterly Quality Assurance Committee, which will also review the results and recommend changes as necessary for compliance.</p>		