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	30258 28074 07598				
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= 272	Highest Scope and 483.20(b)(1) COMF	**	F 272		
SS=6	ASSESSMENTS The facility must co a comprehensive, a reproducible assess functional capacity.	indiact initially and periodically inccurate, standardized sment of each realidents		F 272 483.20(b) (1) Co Assessments Resident # J under Shortness of Bre Chapter 2, Section J110 to mark this section if no is noted. Medical records of breath for resident #11	11, MDS, Section ath. Per RAI Manual 0, Page J-21 states shortness of breath indicate no shortness
	resident assessment by the State. The a	sident's needs, using the of instrument (RAI) specified assessment must include at		Resident identified with o	January 19,2012 orders for Oxygen has
	Customary routine; Cognitive patterns;	emographic information;		Utilizing the physician on system will monitor those affected by this practice.	residents who may be
	Communication; Vision; Mood and behavior Psychosocial well-t			Resident #11: On Januar was electronically transm Quality Improvement and	ny 10, 2012 This MDS hitted and accepted by
	Physical functioning Continence;	g and structural problems; and health conditions;		Section V0200 CAA (car location and date of CAA	information was
RATOR		DERHORPLER REPRESENTATIVES BIG	MATURE	completed 12/28/2011, 1	ocation and date of the
_0	Dynally	Omy -	At the boding	CONTRICTOR SOMEORING	providing it is determined that
Amogu i	artin provide sufficient pro	es account () contracts a construction rection to the potients. (See instruction rect a plan of correction is provided. F ms are made available to the lacilly. It	m.) tuaning to	real the above findings and states of	correction are disclosable 14

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AME OF PROVIDER OR SUPPLIER FERNVIEW CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CO 128 N. SAN GABRIEL, BLYD.			
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	483.20(b)(1) COMPI ASSESSMENTS	REHENSIVE	F 27	F 272 483.20(b) (1) Co	January 19,2012 mprehensive	
	The facility must con	duct initially and periodically		Assessments Resident # J under Shortness of Bre	11, MDS, Section	
		curate, standardized		Chapter 2, Section J110	om, renka manuai 0. Paga J.21 states	
	reproducible saessi functional capacity.	ment of each resident's		to mark this section if no is noted. Medical records	shortness of breath indicate no shortness	
	A facility must make			of breath for resident #11		
- (resident aaseesment	dent's needs, using the Instrument (RAI) specified	*	Resident identified with o been reviewed for shortne	January 19,2012 rders for Oxygen has	
	by the State. The as east the following:	sessment must include at		www.ti.wa.macon.aos pitolitis	oos of Picadi.	
		nographic information;		Utilizing the physician ord	lers through auditing	
(Sustomary routine;			system will monitor those	residents who may be	
	Cognitive patterns;			affected by this practice.	January 19.2012	
	Communication; /ision;			Resident #11: On Januar	10, 2012 This MDS	
	food and behavior p	atterns;		was electronically transmi	tted and accepted by	
	sychosocial well-bei			Quality Improvement and	Evaluation Service.	
		ind structural problems;		Section V0200 CAA (care	OTAS SERVASAMAN	
	iontinence; Viscose diagnosis an	d health conditions;		iocation and date of CAA completed 12/28/2011, Lo	information was	
TORY	RECTOR'S OR PROMOER	UNCEPTUER REPRESENTATIVES SKINA	TURE	TITLE /	(ME) CATE	
0	Was 16	Mull		1 dminktin	40 2.21-1	
icioncy :	daminent enting with an	relation (") denotes a deficiency which	tion instituti	or many be excused from correcting pr	oviding it is determined that	

Feb. 9. 2012 5:01PM HEALTH SAN GABRIEL DESTRICT No. U004 ۲. ۵ PRINTED: 02/09/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0838-0391 (X1) PROVIDERSUPPLIER/CLIA CXS) DATE BURVEY STATEMENT OF DEFICIENCIES **FXX MULTIPLE CONSTRUCTION** IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A BUILDING B. WING 055056 01/11/2012 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP COOK 126 N. SAN GABRIEL BLVD. FERNVIEW CONVALESCENT HOSPITAL SAN GABRIEL, CA 91775 PROVIDER'S PLAN OF CORRECTION SURPLARY STATEMENT OF DEFICIENCIES Ю (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TEACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LIC IDENTIFYING INFORMATION TAG TAG DEFICIENCY) F272 CONTINUED FROM PAGE 1 F 272 Continued From page 1 F 272 Dental and nutritional status; Skin conditions; CAA information is located under the CAA notes Activity pursuit; on page 34 of 39 in the MDS. As an example. Medications: this information is located in the chart as denoted Special treatments and procedures; by "See CAA Note #8 12/28/2011" AS per RAI Discharge potential: manual page 4-6 to 4-7, Chapter 4, it states a Documentation of summary information regarding written documentation of the CAA findings and the additional assessment performed on the care decision making process may appear anywhere areas triggered by the completion of the Minimum in a residents records as an example in the CAA Data Set (MDS); and narrative. Documentation of participation in assessment. MRD will audit MDS for monitoring system of information, documentation, signatures and dates. This REQUIREMENT is not met as evidenced Based on interview and record review, the facility

Based on interview and record review, the facility failed to ensure that the comprehensive assessment identified and included that 1 of 15 sampled residents (Resident 11) was on continuous oxygen use, and that the data and location of the CAA assessment information was completed and signed as required.

Findings:

On January 10, 2011, at 8:30 a.m., a review of the admission and discharge summary of Resident 11, indicated the resident was admitted to the facility on August 1, 2010, with diagnoses that included diabetes melitus (high blood sugar), atony of bladder (inability to urinete properly due to a lack of muscular tone), depression and psychosis.

Event ID: D77R11

Facility ID: CA950000067

No. 0664 F. 4 PRINTED: 02/09/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICENCIES (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY AND PLAN OF CORRECTION PRENTIFICATION NUMBER: COMPLETED A BUILDING R WANG 055058 01/11/2012 NAME OF PROMOER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOK 126 M. SAN GABRIEL BLVD. FERNVIEW CONVALESCENT HOSPITAL SAN GABRIEL, CA 91775 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) (C) Ю (74) Pertika (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE Charge TAG TAG DEFYCIENCY) F 272 Continued From page 2 F 272 A review of the annual MOS dated December 25, 2011, Section O for Special Treatments and Procedures indicated that the resident was on oxygen therapy. However, Section J for shortness of Breath (dyspnea-condition where you are experiencing shortness of breath, or breathlessness.) was not marked to indicate that the resident had shortness of breath since the resident was on continuous oxygen use. Additionally, the MDS assessment Section V for Health Conditions and Care Area Assessment (CAA) Summary indicated the following areas of concerns were triggered: Delirium, Cognitive Loss/Dementia, Visual, Communication, Uninery Incontinence and Indwelling Catheter, Mood State, Fails, Nutritional Status, Dehydration/Fluid Maintenance, Dental Care, Pressure Ulcer, and Psychotropic Drug Use. However the section Location and Date of CAA information, which indicates where to locate in the resident's record the reason the care areas were triggered was not completed. Also the MDS nurse coordinator for the CAA process and the person who completed the care plans did not sign the form as required. On January 10, 2012, at 9 a.m., an interview was conducted with MDS Coordinator 1, MDS Coordinator 1 reviewed the record of Resident 11 and stated that Section J-1100 for Shortness of breath should have been marked since the resident is on continuos oxygen use. She also stated that date of the CAA information should ; had been completed and signed on both spaces

F 315 483.25(d) NO CATHETER, PREVENT UTI, SSME RESTORE BLADDER

at the bottom of Section V.

Based on the resident's comprehensive

F 315 F 315 483.25(d) No Catheter, Prevent Urinary Tract Infection. Restore Bladder Resident 2, 5, 10, 9 and 11 indwelling urinary

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

PRINTED: 02/09/2012 FORM APPROVED OMB NO. 0938-0391

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F 315 Continued From page 3

assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.

This REQUIREMENT is not met as evidenced by:

Based on record review and interview, the facility failed to ensure that that an indwelling catheter was properly positioned and securely anchored to prevent pain, accidental dislodgement and to facilitate urine drainage from the bladder to prevent urinary tract infection (UTI) for five of fifteen sample residents (2, 5, 9, 10, and 11) out of 15 total residents with indwelling catheters.

Findings.

a. During the initial tour on January 4, 2012, at 9 a.m. on Station Two accompanied by the Registered Nurse, Resident 2, 5, 10 and 11, were observed with indwelling catheters that were not anchored properly. A plastic tubing was connected to a urinary collection bag that was anchored to the frame of the bed. Upon further observation, it was noted that the indwelling catheter tubes were not anchored to the resident's upper leg or abdomen to ensure proper positioning of the catheter inside the bladder for proper drainage of urine.

F 315 CONTINUED FROM PAGE 3

catheter were secured using leg strap. Care plan updated to include prevention of pain, accidental dislodgement and to facilitate urine drainage to prevent urinary tract infections. Nursing staff were in-serviced on how to position and secure indwelling catheters.

January 27, 2012

The facility will identify other resident's having the potential to be affected by using the physician orders. No other residents were identified with orders of indwelling catheter.

Policy and Procedure of care of indwelling catheter was revised to include how to anchor the urinary tubing using leg strap to prevent accidental dislodgement. Nursing staff were in-serviced on how to properly position and secure indwelling catheters. License staff will check proper use of leg strap and positioning of indwelling catheters during routine rounds.

January 27, 2012

License Nurse will identify indwelling catheters need for a leg strap.
Staff Developer will report to Quality Assurance Committee the number and effectiveness of the leg straps.

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

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01/11/2012

NAME OF PROVIDER OR SUPPLIER

FERNVIEW CONVALESCENT HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE 126 H. SAN GABRIEL BLYO. SAN GABRIEL, CA 91775

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F 315 Continued From page 4

F 315

It is recommended that all urinary catheters should be secured to the thigh for women and to the upper thigh or lower abdomen for men. Unsecured urinary catheters can lead to bleading, trauma, pressure sores around the meatus, and bladder spasms from pressure and traction. (JoAnn Mercer Smith, Catheter Securement November 8, 2008).

During an interview with the Registered Nurse (RN) Supervisor on January 5, 2012, at 2 p.m., she stated the Foley catheter's were placed for management of Stage 3 pressure utcers (the skin breakdown tooks like a crafer) and Stage 4 pressure utcers (the pressure utcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints) and urinary retention. The RN supervisor further stated that the indwelling catheter tubes were positioned below the bladder at all times but was not sure about securing or anchoring them. She stated she would check the policy and procedure regarding the positioning of the tubing's.

The Treatment Nume was interviewed during the treatment of the wound on January 9, 2012, at 9:15 a.m. The Treatment Nurse stated that the urinary tubing was usually placed on top of the thigh and tucked under the thigh. She further stated that the urinary collection bag was always placed below the bladder. She also stated that the facility did not have a policy and procedure on how to properly anchor the urinary tubing's in order to prevent accidental dislodgement.

A review of the undated policy and procedure

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F315	did not include the dislodgement that curetima. According to the adwas admitted to the with diagnoses that melitus, pressure un hypertension (eleva depressive disorder During the initial total a.m., Resident 2 ha yellow colored fluid collection bag. According urinary or a Stage III pressure that the boglutest (one of the latest that a review of the initial 2011, indicated Resimpaired with cognit totally dependent on	re of the Indwelling Catheter, prevention of accidental can cause trauma to the imission record Resident 2 facility on October 10, 2011, included debility, diabetes ilcers, Alzheimer's disease, ted blood pressure) and	F	315			. Committee of the second seco

A review of the care plan titled, "Bowel and Bladder", dated October 10, 2011, did not include interventions for prevention of injury related to possible dislodgement of the indwelling urinary catheter.

According to the admission record Resident 5 was admitted to the facility on September 12, 2011, with diagnoses that included congestive heart failure (a condition where the heart can no

catheter.

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F 315 Continued From page 6

longer pump enough blood to the rest of the body) and pressure ulcers. A review of the MDS dated January 5, 2012, indicated the resident had the ability to understand others, and required extensive assistance with all activities of daily living. The MDS also indicated the resident had a Stage IV pressure sore and an indwelling catheter.

According to the admission record Resident 10 was admitted to the facility was admitted to the facility on September 13, 2011, with diagnosis that included debility, gastrostomy tubes (tube inserted surpically through a small incision in the abdomen into the stomach and is used for long term nutrition and medication administration.) A review of the MDS dated December 15, 2011, indicated Resident 10 had impaired cognitive skills in daily decision making, was totally dependent on staff for all ADL's, had an indwelling catheter and a Stage 3 pressure ulcer to sacrococcyx (joint pain occurs where the sacrum vertebrae in the spine connect to the coccyx, or tail bone)

According to the admission record Resident 11 was admitted to the facility on August 1, 2010, with diagnoses that included diabetes mellitus, atony of the bladder (lack of normal muscle tone). dementia and hypertension. A review of the MDS dated December 26, 2011, indicated Resident 11 was moderately impaired in daily decision making, required extensive assistance to total dependence on staff in ADL's. The MDS also indicated that the resident had an indwelling catheter. The physician's order dated August 1, 2010, included an order to use an indwalling catheter due to a diagnosis of stony (urinary

F 315

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	out catheter" detection	e plan titled, "history of pulling September 30, 2011, did not as to prevent of injury related to cent of the indwelling urinary					
							•
	4, 2012 at 10 a.m., admitted to the facil with diagnoses that	admission record on January indicated Resident 9 was lity on Decamber 30, 2011, included hypertansion essure), depression, and		4			,
	assessment and ca January 6, 2012, ind able to make hersel understand others, dependent on staff to daily living (ADL'S) and hygiene. The Maresident had an inch	et (MDS), a standardized re screening tool, dated dicated that the resident was f understood and was able to The resident was totally for transfers and activities of such as eating, dressing, DS also indicated that the veiling urinary catheter (a used to drain urine from the		,			

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

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F 315	January 5, 2012, at have a strap/device urinary catheter fro the urethra. A review of the care Bladder", dated De	ige 8 tion of a dressing change on t 10 s.m., the resident did not to secure the indwelling m becoming dislodged from s plan titled, "Bowel and camber 30, 2011, did not ts for prevention of injury	F	315	
	urinary catheter. During an interview a.m., certified nurse asked if Resident 9 to hold the urinary or prevent it from beconstated she had nevi device/strap on the CNA was asked if a device/strap to hold on any of the reside indwelling urinary or not seen any type of the residents in the 483.25(I) DRUG REUNNECESSARY DI Each resident's drug unnecessary drugs, drug when used in a duplicate therapy); o without adequate my indications for its use adverse consequence.	resident until that day. The he had ever seen a the urinary catheter in piece ints in the facility who had atheters, she stated she had a securing device on any of facility. GIMEN IS FREE FROM RUGS I regimen must be tree from An unnecessary drug is any excessive dose (including or for excessive duration; or onitoring; or without adequate as or in the presence of the continued; or any	F 3	F 329 483.25(i) Drug Regi Unnecessary Drugs Order for Dilantin level was 7 and was put on seventy t for signs and symptoms of activity. Care plan update to monitor Dilantin levels at subtherapeutic level. Orde	January 27, 2012 s obtained for resident wo hour monitoring toxicity and seizure d to include when nd to include

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F 329 Continued From page 9

Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to monitor serum blood levels for the anticonvulsant Dilantin and to hold the tube feedings 1-2 hours before the administration of phenyloin (Dilantin) for one (Resident 7) of 15 sampled residents. This failure had the potential to result in toxicity, as well as the possibility of having sub-therapeutic blood levels which could result in seizure activity.

Findings:

A review of the admission information on January 4, 2012, at 1:10p.m., indicated Resident 7 was admitted to the facility on August 2, 2011, with diagnoses that included Abheimer's (the most common type of dementia, a general term for memory loss and other intellectual abilities), seizure disorder (results from abnormal electrical activity in the brain in which the body shakes

F 329 F 329 CONTINUED FORM PAGE 9

hold tube feedings one hour before and after medication administration. Licensed staff was in-serviced on proper administration of Dilantin. January 27, 2012

Resident with orders for Dilantin medication are identified as having the potential for this same deficient practice. All residents with Dilantin medication have routine laboratory Dilantin level order.

January 27, 2012

The Licensed staff was in-serviced to ensure to obtain physician order for routine Dilantin level for residents with Dilantin medication. Medical Records designee will review physician orders monthly of residents who are on Dilantin medication to ensure that there is routine aboratory order for Dilantin levels.

January 27, 2012

Director of Nursing or her Designee, will be responsible for monitoring corrective action and document findings in quality assurance reports which will be reviewed by the Quality Assurance Committee quarterly for effectiveness.

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F 329		trollably), and contractures (the nt motion due to structural	, Fm	329		,	,	
	2011, indicated to milligrams (mg) 4i every day at noon On January 5, 201 was observed lyin feeding (Fibersous pump at a rate of	sician's order dated August 2, administer Dilantin 300 ml enteral tube (tube feeding) for convulsions. 12, at 11:50 a.m., Resident 7 g in her bed asleep. The tube ce) was infusing via a feeding socc (milliters) per hour.						
	concentrations ma If taken with enten concentrations ma feedings decrease	comp. Phenytoin serum by be altered if taken with food. al nutrition, phenytoin serum by be decreased. Tube bloavallability; hold tube before and 1-2 hours after tration.						
	assessment and c August 8, 2011, in or never able to ma to understand other dependent on staff	let (MDS), a standardized are screening tool, dated discated the resident was rarely ake herself understood or able are. The resident was totally for activities of daily living unsters, dressing, eating, ne.						
•	2011, indicated Re	atory report dated August 8, sident 7's Dilantin level was s/milliter (mog/ml). Normal						

levels are 10.0 - 20.0 mcg/ml.

VICES

PRINTED: 02/09/2012
FORM APPROVED
OMB NO 0038-0391

CENTERS FOR MEDICAL	RE & MEDICAID SERVICES			OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROMDERSUFFLER/CLIA IDENTIFICATION NUMBER:	(X2) MILLTIPLE CONSTRUCTION A. BUILDING		(XJ) DATE SURVEY COMPLETED	
	055056	8, WIN	\$	01/11/2012	
NAME OF PROVIDER OR SUPPLIER FERNVIEW CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 126 N. SAN GABRIEL, BLVD. SAN GABRIEL, CA 91775	5	
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC (DENTIFYING INFORMATION)	PREFO TAG	PROVIDER'S PLAN OF COHE ((EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE ALL (DEFICIENCY)	HOULD BE COMPLETION	

F 329 Continued From page 11

F 329

A review of the untitled care plan dated October 20, 2011, which addressed the resident's seizure disorder indicated as interventions pharmacy consultant to review medicationa during scheduled visits for recommendations, shake well prior to giving, and monitor for seizure activity. The interventions did not include monitoring of Dilantin blood levels. Nor did it include the laboratory result of the sub-therapeutic level that was obtained on August 8, 2011.

According to Davis's Drug Guide for Nurses, phenytoin levels should be routinely monitored. Signs of phenytoin toxicity include ataxis (lack of coordination during voluntary movements), confusion, nausea, slurred speech, and dizziness.

in an interview on January 5, 2012, at 9:40 a.m. licensed vocational nurse 1 (LVN 1) stated it is important to monitor Dilantin in order to make sure the levels are appropriate. The LVN also stated if there was a resident who was receiving Dilantin but was not having the levels monitored she would call the doctor and request an order to have the resident's levels checked.

In an interview on January 5, 2012 at 10:20 a.m., LVN 2 stated if she had a resident who was receiving. Dilantin, and blood levels of the medication were not being monitored, she would call the physician and obtain an order to monitor the blood levels. The LVN stated it was common for blood levels to be drawn every three months for residents who are taking Dilantin.

On January 5, 2012 at 10:50 a.m., in an interview,

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

PRINTED: 02/09/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES
AND PLAN O	FCORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING

(XX) DATE BURVEY COMPLETED

055058

SA 8. WING

01/11/2012

NAME OF PROVIDER OR SUPPLIER

FERNVIEW CONVALESCENT HOSPITAL

STREET ADORESS, CITY, STATE, ZIP CODE 126 N. SAN GABRIEL BLVD. SAN GABRIEL, CA 91778

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREPIX TAG PROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

COMPLETION DATE

F 329 Continued From page 12

the director of nursing (DON) stated Dilentin levels should be monitored. The DON stated if there are no orders from a resident's physician or recommendations from the pharmacist to monitor Dilantin levels then as a nurse she would call the doctor and obtain an order to check Dilantin levels. When asked if there was an order to monitor Dilantin levels for Resident 7, the DON stated there was not. The DON was also asked if there was a re-check done following the sub-therapeutic laboratory result of Resident 7 's Dilantin level in August 2011. The DON stated a re-check was not done. The DON was asked if the facility had a policy regarding the administration of Dilantin, she stated the facility did not have a policy regarding administration of Dilantin.

In an interview on January 6, 2012 at 1:40 p.m., LVN 3 stated it is important to monitor for toxicity and seizures when residents are taking Dilantin. The LVN stated if too much of the medication is given it can cause toxicity and if too little of the medication is given the resident can have seizures.

After having brought it to the attention of the facility that Dijantin blood serum lavels were not being monitored the physician was notified and levels were drawn. The laboratory result dated January 6, 2012, (during the annual recertification survey) indicated Dijantin level was low <2.5 mcg/ml (normal range is 10.0-20,0 mcg/ml).

According to the State Operations Manual (SOM) monitoring of serum medication concentrations for phenytoin should be done. Serum medication concentrations may help identify toxicity, but

F 329

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

PRINTED: 02/09/2012 FORM APPROVED QMB NO. 0938-0391

STATEME	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDENZIANOM NUMBER: DENTIFICATION NUMBER:		OCO MULTIPLE CONSTRUCTION A BUILDING B. WING		OS) DATE SURVEY COMPLETED	
	PROVIDER OR SUPPLIER EW CONVALESCENT		-	REET ADDRESS, CITY, STATE, ZIP COD 126 N. SAN GABRIEL BLVD. SAN GABRIEL, CA 91775		
(XM) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCES A NUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORNE (BACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE AU DEPICIENCY)	HOULD BE COMPLETION	
F 428	occur even at norm concentrations. 483.60(c) DRUG R IRREGULAR, ACT The drug regimen of reviewed at least or pharmacist. The pharmacist mustine attending physic	d symptoms of toxicity can all or low serum EGIMEN REVIEW, REPORT	F 428	F 428 483.60(c) Drug Regir Report Irregular, Act On An order for routine Dilantin obtained for Resident 7. Mo Dilantin blood levels includin result was added in the care consultant was informed of frecommendation for moniton Dilantin. All residents with orders for I are identified as having the p deficient practice. All resider medication have routine labolevel order.	serum was nitoring of g subtherapeutic plan. Pharmacy ailure to make ing blood serum for January 21, 2012 Dilantin medication sotential for this same	
, ,	by: Based on interview, pharmacist consultate recommendations to of nursing, for the relevals of the anticomfor one (Resident 7). This failure had the ptoxicity as well as the sub-therapeutic bloods eizure activity. Findings: A review of the admit 4, 2012 at 1:10p.m., admitted to the facility.	the physician, and director conitoring of blood serum ruisant Dilantin (phenytoin) of 15 sampled residents, cotential to result in Dilantin possibility of having d levels which could result in ssion information on January adicated Resident 7 was		Medical Records Designee worders monthly of residents worders monthly of residents worders will be reported to the Supervisor. Director of Nursing or her Desemble for monitoring counters and document findings in Quareport which will be reviewed The Committee will offer reconsidering the findings.	who are on Dilantin ne laboratory order putine laboratory Registered Nurse January 21, 2012 signee will be rective action ality Assurance by the Committee.	

common type of dementia, a general term for

PRINTED: 02/09/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0935-0391 STATEMENT OF DEFICIENCIES (X3) DATE SURVEY OCIT PROVIDER/SUPPLIER/SLIA DOD MEETIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTHICATION NUMBER COMPLETED A BUILDING B. WHIG 055056 01/11/2012 NAME OF PROVIDER OR SUPPLIER STREET ACOREDS, CITY, STATE, ZIP CODE 124 M. SAN GABRIEL BLVD. FERNVIEW CONVALESCENT HOSPITAL SAN GABRIEL, CA 91775 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES m (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ISACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 428 Continued From page 14 F 428 memory loss and other intellectual abilities), seizure disorder (results from abnormal electrical activity in the brain in which the body shakes rapidly and uncontrollably), and contractures (the chronic loss of joint motion due to structural changes in non-bony tissue). A Minimum Data Set (MDS), a standardized assessment and care screening tool, deted August 8, 2011, indicated the resident was rarely or never able to make herself understood or able to understand others. The resident was totally dependent on staff for activities of daily living (ADL ' a) such as transfers, dressing, eating, toileting, and hygiene. A review of a physician 's order dated August 2, 2011, indicated Dilentin 300 milliorams (mg) 4ml enteral tube (tube feeding) every day at noon for convulsions. A review of a laboratory report deted August 8, 2011, indicated Resident 7's Dilantin level was low 8.7 micrograms (mililitar (meg/ml), Normal levels are 10.0 - 20.0 mcg/ml. The pharmacy consultant's, Medication Regimen Review, for the months of August, September, October, November, and December 2011 were reviewed. During the five month period there were no recommendations to monitor Dilantin

blood serum levels for Resident 7.

A review of the untitled care plan dated October 20, 2011, which addressed the resident 's seizure disorder, indicated as interventions pharmacy consultant to review medications during scheduled visits for recommendations.

PRINTED: 02/09/2012 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICAR	E & MEDICAID SERVICES			OMB N	<u>0.0938-039</u>
	YT OF DEPICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XC2) MEJETIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		065054	A WNG	······································	01/	11/2012
NAME OF	PROVIDER OR SUPPLIER			ET ADDRESS, CITY, STATE, ZIP (
FERNVI	EW CONVALESCEN	T HOSPITAL		6 N. SAN GAMRIEL BLVD. NN GABRIEL, CA \$1775		
(X4) ID PREFIX TAG	ENCH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	OH SHOULD BE IE APPROPRIATE	(NB) COMPLETION DATE
F 428	. Continued From p	age 15	F 428			
	shake well prior to activity. The intervi monitoring of Dilar include the laborat	giving, and monitor for seizure entions did not include itin blood levels. Nor did it ory result of the aub rat was obtained on August 8,				ı
	phenytoin tevels at Signs of phenytoin coordination during	's Drug Guide for Nurses, lould be routinely monitored. toxicity include ataxia (lack of voluntary movements), sturred speech, and				
	licensed vocational important to monito sure the levels are stated if there was Dilantin but was no	lanuary 5, 2012 at 9:40 a.m. nurse 1 (LVN 1) stated it is r Dilantin in order to make appropriate. The LVN also a resident who was receiving t having the levels monitored loctor and request an order to levels checked.				
	a.m., LVN 2 stated receiving Dilantin, a medication were no call the physician ar the blood levels. The	on January 5, 2012 at 10:20 if she had a resident who was and blood levels of the t being monitored, she would ad obtain an order to monitor a LVN stated it was common a tirawn every three months e taking Dijantin.				
	the director of nursing	at 10:50 a.m., in an interview, og (DON) stated Dilantin nitored. The DON stated if			:	**************************************

there are no orders from a resident 's physician or recommendations from the pharmacist to monitor Dilantin levels then as a nurse she would call the

PRINTED: 02/09/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0301 OCS PROVIDENBUPPLIERCLIA (KZ) MULTIPLE CONSTRUCTION DUS) DATE BURIVEY ITATEMENT OF DEFICIENCIES WD PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A BUILDING B. WHIG 055054 01/11/2012 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 126 N. SAN GARRESL BLVD. FERNVIEW CONVALESCENT HOSPITAL San Gabriel, Ca 81775 PROVIDER'S FLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES OWNE Ħ, (AGA) EACH DEPICIENCY MUST BE PRECEDED BY FULL MONTH ATTION PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICENCY F 428 Continued From page 16 F 428 doctor and obtain an order to check Diantin levels. When asked if there was an order to monitor Ditantin levels for Resident 7 the DON stated there was not. The DON was also asked if there was a re-check done following the sub-therapeutic laboratory result of Resident 7 's Dilantin level in August 2011. The DON stated a re-check was not done. The DON was also asked if the facility had a policy regarding the administration of Dilantin, she stated the facility did not have a policy regarding administration of Dilentin. In an interview on January 5, 2012 at 3:30 p.m., the MDS nurse was asked if blood serum levels should be monitored for residents taking Dilantin. The nurse said "Yes, they should be monitored" . When asked why monitoring of Dilantin levels was not an intervention on Resident 7 's care plan the nurse stated. "We look at charmacy recommendations if there are no recommendations then we do not out it on the care plan ". The MDS nurse also stated if blood serum levels are drawn and the result is low/sub-therapeutic we notify the physician, ask for a re-check, and the result of the laboratory work would be added to the care plan. When asked if a re-check was requested following Resident 7 's sub-therapeutic level in August 2011, the nume stated a re-check was not raquested. The nurse was also asked if the sub-therapeutic level had been added to the care plan, she stated it had not.

On January 5, 2012 at 3:55 p.m., in an interview, the pharmacy consultant was asked what recommendations would be made for residents who were receiving the anti-convulsant Dilentin.

		AND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 02/09/201 FORM APPROVE OMB NO. 0838-039
STATEMENT OF DEPICIENCIES (X1) PROVIDENSUPPLIERCLIA NOD PLAN OF CORRECTION NUMBER:		(XZ) MA	LTIPLE CONSTRUCTION DING	(XI) DATE SURVEY COMPLETED	
		055054	# WW		01/11/2012
	PROVIDER OR SUPPLIER	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1	TREET ADDRESS, CITY, STATE, ZF COO 128 N. BAN GARMEL BLYD.	
rema	EW CONVALESCENT	NOOPIIAL		SAN GABRIEL, CA 91775	
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PREGEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN OF CORP (EACH COMMEDITIVE ACTION & CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD SE COMPLETION
F 428	monitoring of blood are no guidelines re when levels should	ted she would recommend the serum levels but that there garding a time frame for be checked.	F 42	THIS PLAN OF CORRECT CONSTITUTES MY WRITT CREDIBLE ALLEGATION DEFICIENCIES NOTED	TEN
	p.m., LVN 3 stated in toxicity and seizures Dilantin. The LVN state of the medication is given in the of the medication have seizures. 483.70(d)(1)(ii) SED LEAST 80 SQ FT/RIBedrooms must mean per resident in multip	sure at least 80 square feat te resident bedrooms, and at	F 45 8	F 458 483.70(d) (1) (ii) Bed at Least 80 SQ ft/resident A request for Room Waiver January 4, 2012.	
	This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility falled to ensure that 13 out of 31 multiple resident bedrooms (5, 7, 9, 11, 15, 16, 17, 18, 19, 20, 21, 22, and 23) measured at least 80 square feet per resident.			Daily room rounds by staff of ensure rooms remain in a functionment. This observation to ensure residents care and and provided for. Quality Assurance and Paties Committee shall review quality and make recommendations.	inctional, safe on will continue I needs are met January 4, 2012 ent Care Plan terly findings
	Findings:			•	
	a.m., resident rooms	on January 4, 2012, at 9:00 5, 7, 9, 11, 15, 16, 17, 18, i, were observed with three n.			, man
•	4, 2012, indicated that	iver request dated January the square footage of the			

		H AND HUMAN SERVICES E & MEDICAID SERVICES			PRINTED: 02/09/201 FORM APPROVES OMB NO. 0938-039
TATEME	NT OF DEFIDIENCIES OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION	COMPLETED
		055058	B. WING	A	01/11/2012
	PROVIDER OR SUPPLIER EW CONVALESCENT	HO8PITAL	*	TREET ADDRESS, CITY, STATE, ZIP CODE 126 N. SAN GABRIEL BLYD.	
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAS	SAN GABRIEL, CA 91776 PROVIDER'S PLAN OF CORRECT (BACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRINCED CONTRACT)	ALD ME COMPLETION
F 458	the requirement of resident room.	er resident) which fell short of 240 square feat for a 3 bed	F 458	3	
	interview meeting of a.m., and during in	rith residents during the group on January 9, 2012, at 10:30 dividual interviews, none of the diany problems regarding the			
	through 11, 2012, r with residents being or with staff being a treatments or admir	AINS EFFECTIVE PEST	F 45 9	F 469 483.70(h) (4) maintains	• Fffective
	control program so and rodents.	untain an affective pest that the facility is free of pests		Pest Control Program On January 4 th , 2012 Plant Su immediately placed two rubbe stripping (sweep) under the do ead	ipervisor, ar door xors that I
	by:	T is not met as evidenced on, interview and record		to basement. This was compli- January 4 th , 2012	eted on
;	review, the dietary si	aff stored the floor freezer in was not free from the entry		These doors shall be checked during rounds by Plant Super Administrator. They shall be of wear and tear. They shall be rineeded.	visor and served for
! ? {	During an environme at 2:00 p.m., a floor to pasement in a storag loors opening direct	intal tour on January 4, 2012, reezer was observed in the is room that had double y outside the fecility to the ser inspection of the doors, a		Plant rounds can be reported to Assurance Committee and Plant for any recommendations or conceptation Date: January 4th	nt Supervisor prections.

Completion Date: January 4th, 2012

		H AND HUMAN SERVICES E & MEDICAID SERVICES		-	FOR	D: 02/09/20 M APPROVE O: 0938-039
STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING		(XI) DATE SLAVEY COMPLETED	
		056056	D. WING	**************************************	01	/11/2012
	PROVIDER OR SUPPLIER EW CONVALESCENT	HOSPITAL	**************************************	TREET ADDRESS, CITY, STATE, 2P COD 128 N. BAN GABRIEL BLVD.		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATIONS	D PREFIX TAG	SAN GABRIEL, CA 91775 PROMOTERS PLAN OF CONS (EACH CORRECTIVE ACTIONS CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	COMPLETION
	doors and the floor tape measurer, the was one and a quar wide across the full to Salvato's "Enviror Sanitation" Third Ed pass through a one. The floor freezer conhash brown patties of zero degrees Fah observed to be clear time of the observation. During an interview, on January 24, 2012 reason the floor freezer.	between the bottom of the of the room. Using a metal evaluator determined the gap ter inch high and 71 inches width of the doors. According nmental Engineering And litton, page 937, mice can half inch diameter hole. Intained frozen vegetables and which were at a temperature trenheit. The freezer was a and in good repair. At the on, there was no syldence of with the dietary supervisor, at 2:30 p.m., she stated the zer was placed in the use there was no room	F 46			