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

PRINTED: 09/06/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055318	A. BUILDING _____ B. WING _____	C 09/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKYLINE HEALTHCARE CENTER - SAN JOSE	2065 FOREST AVENUE SAN JOSE, CA 95128

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
SEP 29 2017

(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 a standard abbreviated survey regarding investigation of a complaint conducted on 8/10/17, 8/11/17, 8/22/17, and 9/5/17. For Complaint CA00547588 regarding Quality of Care and Treatment, the Department did not substantiate a violation of federal or state regulations. However, a federal deficiency was identified for a violation unrelated to the complaint (see F281). Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 35091, Health Facilities Evaluator Nurse and 39238, Health Facilities Evaluator Nurse.	F 000	This Plan of Correction constitutes a written credible allegation of compliance for the deficiency noted. Preparation and/or execution of this Plan of Correction does not constitute admission and/or agreement by the provider of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State laws.	
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS (b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide services for the treatment of pressure ulcers (injury to the skin and underlying tissue resulting from prolonged pressure on the skin) according to the accepted standards of	F 281	**F 281 483.21 (b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS** *Director of Nursing (DON) and/or designee will be responsible for corrective action.* Corrective action for resident found to have been affected by this deficiency: Resident 1 is still in the facility.	09/15/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

[redacted] 09/15/17

(X4) 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.

9/17/17 [redacted]

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F 281	Continued From page 1 clinical practice for one of three sampled residents (1). For Resident 1, there was no repositioning schedule and the facility had no evidence indicating the resident was turned and repositioned every two hours. This failure had the potential to cause or worsen a pressure ulcer. Findings: Review of Resident 1's clinical record indicated diagnoses including general body weakness and multiple sclerosis (nerve disease which could cause numbness and weakness on one side of the body). Her minimum data set (MDS, an assessment tool) dated 7/10/17 indicated she was totally dependent with her bed mobility (ability to change position while in bed). Review of Resident 1's Resident Data Collection dated 7/3/17 indicated she had pressure ulcers on the left and right buttocks, and on her sacral area (triangular bone in the lower back). Review of Resident 1's Pressure Ulcer Risk care plan indicated staff should assist in turning and repositioning if needed. Review of Resident 1's clinical record indicated there was no repositioning schedule and there was no evidence indicating the certified nursing assistant (CNA) had turned and repositioned her every two hours. The licensed nurses (LNs) did not consistently document the changing of positions in their daily or weekly notes. During an interview with registered nurse A (RN A) on 8/11/17 at 1 p.m., she stated Resident 1 had no repositioning schedule. She stated Resident 1 should have a repositioning schedule	F 281	Corrective action for other residents that may be affected by this deficiency: All residents are at risk, and, therefore the DON, Nurse Supervisors and/or designee will conduct regular observations of residents needing to be re-positioned during their daily facility rounds and ensure that no residents with pressure ulcers are affected by this deficiency. Measures that will be put in place to ensure that this deficiency does not recur: DON, DSD, Nurse Supervisors and/or designee will hold additional in-services to all staff regarding F 281 Services Provided Meet Professional Standards with emphasis on ensuring that residents needing to be re-positioned are done. Measures that will be implemented to monitor continued effectiveness of the correction actions taken to ensure that the deficiency has been corrected and will not recur: All Department Managers will monitor compliance through direct observations in their daily facility rounds n the next 3 months and/or until 100% compliance is achieved. ADMTR will be notified of any deficient practice. All results will be evaluated and corrective action taken, if necessary. All findings will be integrated in the facility's quarterly Quality Assurance (QA) Meetings.	10/05/17 10/05/17 On-going On-going

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F 281	Continued From page 2 to ensure all staff would turn and reposition the resident every two hours. During an interview with RN B on 8/11/17 at 4 p.m., she stated the CNA should turn and reposition Resident 1 and it needed to be documented. RN B stated she did not have the evidence to prove the CNA was turning and repositioning Resident 1 every two hours. RN B stated the LN could also monitor and document if the resident was turned and repositioned, however the LN had not consistently documented it in their daily notes or weekly summary. During an interview with the director of nursing (DON) on 8/22/17 at 3:15 p.m., she stated Resident 1 had multiple pressure ulcers and it was important to turn and reposition her. The DON said staff should document the time and the position of the resident when she was turned. Review of the facility's 3/2000 policy, "Pressure Ulcer and Skin Care Management", indicated the facility should establish a repositioning schedule. Chair and bed bound (confined mostly to chair or bed) residents should be repositioned every two hours. Staff need to document on the treatment record the care rendered and the adjustment to the intervention. Review of the National Database of Nursing Quality Indicators (NDNQI, nursing database which utilizes nursing measures to promote quality patient care) program website (https://members.nursingquality.org/ndnqipressureulcertraining/Module3/PressureULcerSurveyGuide_16.aspx), indicated it was a common practice for patients who were unable to turn or reposition themselves to be turned every two hours in bed.	F 281	PAGE LEFT INTENTIONALLY BLANK	

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F 281	Continued From page 3 A patient who was a higher risk of pressure ulcer would likely need to be turned more frequently than every two hours. It also indicated to document the time the patient was turned and repositioned, and the position adopted.	F 281	PAGE LEFT INTENTIONALLY BLANK	