3005

PRINTED: 04/22/2019
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055750	A. BUILDING _____ B. WING _____	C 04/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMBERWOOD GARDENS	1601 PETERSEN AVENUE SAN JOSE, CA 95129

(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 (CDPH) during a standard abbreviated survey regarding investigation of a complaint conducted on 4/10/19. For complaint CA00631168 regarding Quality of Care/Treatment, a federal deficiency was identified (see F684). Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the CDPH: 10918, Health Facilities Evaluator Nurse.	F 000	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MAY - 2 2019 L & C DIVISION SAN JOSE	
F 726 SS=D	Competent Nursing Staff CFR(s): 483.35(a)(3)(4)(c) §483.35 Nursing Services The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.	F 726		

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

P Greene LHA | Executive Director | 05/02/2019

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.

5/6/19 POC accepted c ADM.

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F 726	Continued From page 1 §483.35(a)(4) Providing care includes but is not limited to assessing, evaluating, planning and implementing resident care plans and responding to resident's needs. §483.35(c) Proficiency of nurse aides. The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a licensed nurse performed a neurological check (test to assess sensory skills, motor skills, speech, hearing, vision, balance, coordination, and mood to detect if a person has an evolving medical condition such as a stroke) after a physician wrote an order to do so for one of three sampled residents (Resident 1). This failure had the potential of not timely detecting deterioration of the resident's health status. Findings: Review of Patient 1's record indicated she was admitted to the facility with diagnoses including subdural hemorrhage (bleeding in the space between the outer layer (dura) and middle layers of the covering of the brain) and craniotomy (brain surgery). Review of Resident 1's evening shift (3 p.m. to 11:30 p.m.) Nurses Note dated 2/21/19, indicated the resident had vomited previously ingested food and had a temperature of 101.8 degree Fahrenheit (F). At 10:00p.m., Resident 1 had a	F 726		

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F 726	Continued From page 2 temperature of 101.7 F. Review of Resident 1's night shift (11 p.m. to 7:30 p.m.) Nurses Note dated 2/22/19, indicated the resident was given Tylenol a medication for pain and elevated temperature) at 6:30 a.m. for temperature of 100.5 F and Zofran (medication used to treat nausea and vomiting) at 7:02 a.m. after she had vomited. Review of Resident 1's record indicated a physician's untimed order was written on 2/22/19 to conduct neurochecks every four hours for 24 hours. During an interview on 4/10/19 at 4:30 p.m., registered nurse (RN) A who reviewed the record stated she signed off on Resident 1's 2/22/19 physician's order on 2/22/19 between 2:30 to 3:30 p.m. Review of Resident 1's evening shift Nurses Note dated 2/22/19 indicated the resident at 3:30 p.m. was alert and verbally responsive and she was on neurochecks every four hours. At 5:30 p.m. a family member reported to a licensed nurse that Resident 1 was more confused, looked weak and the request to send the resident to the hospital was declined by the physician. At 6:30 p.m., Resident 1 received Tylenol for a headache and she was described as weak and more confused. At 7:45 p.m. the family member insisted and Resident 1 was transferred to the hospital at 10 p.m. There was no evidence indicating neurochecks were performed for Resident 1. During an interview on 4/10/19 at 4:30 p.m., RN B who reviewed the record stated there was no evidence neurochecks were done for Resident 1	F 726		

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F 726	Continued From page 3 on 2/22/19. Review of the "Neurological Assessment" policy, dated October 2010, indicated neurological assessments where indicated upon physician order and and when indicated by resident's condition. Any change in vital signs (temperature, pulse, respiration and blood pressure) or neurological status in a previously stable resident should be reported to the physician immediately.	F 726		

Preparation and/or execution of this Plan of Correction does not constitute admission or agreement of the truth of the facts alleged or set forth on this Statement of Deficiencies. This Plan of correction is prepared and/or executed solely because it is required by various provisions of the Code of Federal Regulations and/or by various provisions of the California Health and Safety Code.

This Plan of Correction serves as the facility's credible allegation of substantial compliance.

F726 **Completion Date: May 10, 2019**

Corrective Action: A 1:1 in-service will be done for the nurse responsible regarding the implementation of physician orders.
All LN will be in-serviced by the DSD regarding the implementation of physician orders, Documentation of Neuro Checks, and use of Neuro Check form.

Other Residents: There were no other residents involved with this issue.

Systemic Changes: Medical Records Designee will be assigned to monitor on a daily basis for implementation of physician orders by the LN, including the initiation of Neuro Checks.

Monitoring: Medical Records Designee will monitor on a daily basis for implementation of physician orders by the LN, including the initiation of Neuro Checks.

QA Reporting: The Medical Records will report findings quarterly to the Quality Assurance Performance Improvement (QAPI) Committee for facility compliance with implementation of physician orders by the LN, including the initiation of Neuro Checks.

Laboratory Director's or Provider/Supplier Representative Signature	Title	Date
P Weeks MHA	Executive Director	05/02/2019