Accepted 5-13-13 ad

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

PRINTED: 04/24/2013
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
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 represents the findings of the California Department of Public Health during a recertification survey. Representing the Department of Public Health: HFEN, 29750 HFEN, 22210 HFEN, 31709 HFEN, 32501 HFEN, 27788 HFEN, 32515 The facility census was 113 the sample size was 23.	F 000	This Plan of Correcton constitutes this facilities allegation of compliance.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interview, and facility policy and procedure review, the facility failed to provide care and maintain an environment that ensured each resident's dignity when: 1) 1 of 23 sampled residents (13), who was visually impaired, was not assisted with his meal in a dignified, respectful manner. 2) Signs that included confidential and personal information were posted in resident rooms for 2 of 23 sampled residents (5 and 6) and 1 random resident (A).	F 241	F 241 Temporary and Permanent Correction It is the policy of this facility to promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect, in full recognition of his or her individuality. 5/13/2013 CNA for resident 13 was instructed by Staff Development Coordinator on communicating to visually impaired resident's what is on their tray and location of food, so that they will be informed of what is being served.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kristen Lee Patrick — TITLE: Administrator — (X6) DATE: 5/5/2013

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 241	Continued From page 1 These failures had the potential to result in decreased self-esteem and self-worth affecting each resident's quality of life. Findings: 1. Resident 13 was readmitted to the facility on 1/21/10. His diagnoses included dementia and blindness. During a dining observation on 4/8/13 at 12:45 p.m., Resident 13 was observed sitting in a chair with an overbed table sitting in front of him. Resident 13 was waiting for the lunch tray to be served. Certified Nurses Aid (CNA 1) stated Resident 13 was blind and could not see. When his food cart arrived, CNA 1 removed the tray from the food cart and placed the tray in front of Resident 13. The tray was uncovered and revealed pureed food (food blended resulting in smooth texture). CNA 1 placed Resident 13's hand on the fork and said, "Your food is here." She then walked away and proceeded to remove the next resident's tray. An interview with conducted with CNA 1 on 4/8/13 at 12:55 p.m. CNA 1 was asked if Resident 13 was informed of what he was served. CNA 1 said, "No." CNA 1 acknowledged Resident 13 should have been informed of what he was served and he should have known what the daily menu was. During a dining observation on 4/9/13 at 12:30 p.m., Resident 13 was observed sitting in a chair with his overbed table sitting in front of him. Resident 13 was eating without assistance. CNA 2 was in the room. When asked if she had	F 241	Staff Development Coordinator will provide Inservice to Direct Care Staff on communicating with visually impaired residents, including explaining what food items are on their tray and where food is located on the tray. Staff Development Coordinator will monitor visually impaired residents daily 5 x per week for one month to ensure that they are being communicated to concerning what they are being served and location of food on tray. If good compliance is maintained, monitoring will be reduces to annual inservice on communicating with visually impaired residents, and charge nurse direct supervision of direct care staff during daily routine care. 5/13/2013 Visually impaired residents will have an alert on diet card to ensure the staff knows to explain location of the food on plate to all visually impaired residents.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 241	Continued From page 2 informed Resident 13 of what he was served, she said, "No. I only tell [Resident 13] what he's eating if he asks. He did not ask today, so I didn't tell him." An interview was conducted with Resident 13 on 4/9/13 at 2 p.m. When asked if he would like to be informed of what he was eating at meal times, he said, "Yes, that would be great!" An interview was conducted with the Administrator on 4/10/13 at 12:30 p.m. When asked about their policy regarding staff serving the visually impaired, she stated all visually impaired residents should be informed of what food was on their plates. The Administrator acknowledged all CNA's should know how to assist the visually impaired. An interview was conducted with the Director of Staff Development (DSD) on 4/11/13 at 9 a.m. regarding the CNA's not informing Resident 13 about what food was on his plate. The DSD stated the staff would be expected to know how to help the visually impaired identify where and what their food was. The DSD acknowledged CNA's should always know the menu and communicate with the residents. In the facilities policy titled Care of the Blind or Visually Impaired Resident, dated 8/94, under Procedure: (5) the policy directs, "Explain the location of food on the tray when needed." 2a. Resident 5 was readmitted to the facility on 7/23/11. She had diagnoses including dementia with behavioral disturbance.	F 241	Signs in resident rooms that displayed personal information removed. In-service was provided to direct care staff that covered facility privacy policy including not displaying resident personal information. Administrator will monitor resident rooms daily 5 days each week for one month, if good compliance monitoring will be reduced to quarterly monitoring of resident areas by Administrator which is documented and reported to Quality Assurance Committee to ensure continued compliance.	5/13/2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 241	Continued From page 3 During an observation on 4/8/13 at 11 a.m. in Resident 5's room, a sign was noted posted above the bed that included Resident 5's name and the following personal information: "Needs assistance to brush her teeth. 1. Have resident remove partial 2. Caregivers brush her teeth..." An interview was conducted with Licensed Nurse (LN) 1 on 4/11/13 at 9 a.m. She acknowledged the sign above Resident 5's bed included personal information. She stated the message above the bed was to let staff know how to care for Resident 5's teeth. She also stated the sign was there because sometimes CNA's (Certified Nurse Aides) from different stations or shifts worked with Resident 5. 2b. Resident 6 was readmitted to the facility on 12/5/11. She had diagnoses including Alzheimer's with behavioral disturbance. During an observation on 4/8/13 at 12 p.m. in Resident 6's room, two signs were noted posted above the bed that included the following personal information: 1) "[Resident's name]... Do not put pillow under knees. Use small pillows to float heels at all times." 2) "This is [Resident's name]. Please bring her clothing to her. All of her [clothing] has her name." An interview was conducted with LN 2 on 4/11/13 at 10:30 a.m. He acknowledged the signs posted above Resident 6's bed included personal information and they should have been removed.	F 241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 241	Continued From page 4 2c. Resident A was readmitted to the facility on 8/20/12. His diagnoses included dementia and diabetes. The Admit Bladder Incontinence Evaluation, dated 8/24/12, indicated Resident A was continent. An Annual Bladder Incontinence Evaluation, dated 11/6/12, indicated he was continent. Bowel Retraining Progress Notes or Reevaluation Notes, dated 11/6/12, indicated, "He remains continent of bowel." CNA ADL (Activities of Daily Living) Tracking Forms, dated 03/13, were reviewed. On these forms, CNA's documented what the resident can do for himself and how much support is needed from the CNA's. The forms indicated Resident A was continent of bladder and bowel on all shifts during 03/13. A sign addressed to the CNA's was posted above Resident A's nightstand. The sign indicated, "Please don't forget to put diaper before going to church." An interview was conducted with Resident A on 4/11/13 at 12:20 p.m. Resident A stated it was embarrassing to have the sign posted on the wall above his nightstand. An interview was conducted with CNA 4 on 4/11/13 at 12:35 p.m. CNA 4 stated Resident A was always continent and did not know who posted the sign.	F 241		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility	F 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 281	Continued From page 5 must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to administer medications two hours apart for 1 of 23 sampled residents (17) which increased the risk of adverse drug consequences. Findings: Resident 17 was admitted to the facility on 4/3/13. On 4/8/13, Resident 17 was diagnosed with a urinary tract infection. During a review of the clinical record for Resident 17, the Physician's Order, dated 4/8/13, indicated Amoxicillin (an antibiotic used to treat urinary tract infections) 500 milligrams twice daily for 7 days and Culturelle (lactobacillus - a supplement used to promote normal bacterial flora of the intestinal tract) one capsule twice daily for 10 days. Review of Resident 17's Medication Administration Record, dated April 2013, indicated both the Amoxicillin and the Culturelle were administered at 8 a.m. and 5 p.m. daily. During an interview with the Licensed Nurse (LN) 2, on 4/11/13, at 9 a.m., he acknowledged the Amoxicillin and Culturelle were administered concurrently. He stated he was unaware Culturelle should not be administered within two hours of an antibiotic. During an interview with the facility Pharmacy	F 281	F 281 Temporary and Permanent Correction It is the policy of this facility that services Provided for or arranged by the facility Meet professional standards of quality. Resident #17 order was changes to ensure that Culturelle would not be given within 2 hours of the time that the antibiotic was given. Director of Nursing will provide in-service to Licensed Staff that covers the interaction between antibiotics and lactobacillus. Director of Nursing will monitor residents on antibiotics daily 5 days each week for one month to ensure that antibiotics and lactobacillus and not given within 2 hours of each other. If good compliance is maintained, monitoring will be reduced to monthly drug regimen reviews that are completed by the Pharmacist monthly and reported to the Pharmacy Committee Quarterly. 5/13/2013 Administrator discussed use of lactobacillus and antibiotics with Pharmacist and agreed to monitor antibiotics to ensure there is a 2 hour span between when an antibiotic and lactobacillus is given.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 281	Continued From page 6 Consultant, on 4/11/13, at 10 a.m., she stated she was unable to locate information related to the administration of Culturelle and antibiotics two hours apart. She stated there was nothing on the insert and Culturelle is usually "Just ordered to be given twice daily with an antibiotic." Antibiotics are used to reduce harmful bacteria in the body. Antibiotics can also reduce friendly bacteria in the body. Lactobacillus is a type of friendly bacteria. Taking antibiotics along with lactobacillus can reduce the effectiveness of lactobacillus. To avoid this interaction, take lactobacillus products at least 2 hours before or after antibiotics (http://www.nlm.nih.gov/medlineplus/druginfo/natural/790.html; retrieved 4/15/13).	F 281	F329 Temporary and Permanent Correction It is the Policy of this facility that each Resident's drug regimen must be free from Unnecessary drugs. Resident 1's medication was reviewed and Seroquel and Ativan were reduced. Resident 18's drug regimen was reviewed and a risk vs. benefit was documented. It was documented that a gradual dose reduction is not appropriate due to resident's increased behaviors. Resident 18 is being given Seroquel due to hitting behaviors. Resident behaviors have increased from 15 behaviors in February to 45 behaviors in April. It is documented that the risk of the behavior outweighs the benefit of reducing the medication. In-service will be provide to Licensed Staff on facility's dose reduction policy. Pharmacy Committee met and discussed dose reductions and ensuring that Physicians provide risk vs. benefit documentation when a recommendation by the pharmacist to reduce medication is declined by the Physician. 5/13/2013	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. 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	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 329	Continued From page 7 behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and facility policy review, the facility failed to ensure 2 of 23 sampled residents (1 and 18) had a gradual dose reduction attempted for the continued use of psychotropic medications. Findings: 1. Resident 1 was admitted to the facility on 6/17/08. Her diagnoses included dementia with behavioral disturbance. Physician Orders, dated 2/14/11, included an order for Seroquel (an antipsychotic), 100 milligrams (mg) twice a day for dementia with agitated behaviors manifested by resistive to care and being verbally abusive towards staff. Resident 1's Psychopharmacologic Drug Summary Sheet for Seroquel was reviewed. Documentation on this sheet covered June 2012 through March 2013. The number of behaviors documented included: 1 for 6/2012 2 for 7/2012 2 for 9/2012 5 for 11/2012 3 for 12/2012	F 329	Pharmacist will monitor drug regimens for residents at least monthly to ensure that dose reductions are attempted as required and appropriate documentation is maintained in residents' clinical record. Pharmacist will report to Quality Assurance Committee Quarterly. Pharmacy committee meets quarterly and will review Pharmacy recommendations to address any recommendations that have been declined by PCP, to ensure drug reductions are completed or appropriate documentation is in the resident record. 5/13/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 329	Continued From page 8 2 for 2/2013 1 for 3/2013 No other behaviors were documented. There was no documented evidence in the clinical record to indicate the facility had attempted a gradual dose reduction of Resident 1's Seroquel since the 2/14/11 order. Physician Orders, dated 10/5/09, included an order for Ativan (an anti-anxiety medication), 0.5 mg every day for anxiety manifested by restlessness. Resident 1's Psychopharmacologic Drug Summary Sheet for Ativan was reviewed. Documentation on this sheet covered May 2012 through February 2013. The number of behaviors documented included: 1 for 5/2012 1 for 7/2012 No other behaviors were documented. There was no documented evidence in the clinical record indicating the facility had attempted a trial dose reduction of Resident 1's Ativan since the 10/5/09 order. The facility policy titled Psychotropic Medication Policy and Procedure, undated, was reviewed on 4/9/13. The policy directed a gradual dose reduction would be attempted when appropriate. A gradual dose decrease or discontinuation of psychotropic medications would be attempted after no more than 3 months unless clinically contraindicated. An interview was conducted with the Director of Nursing (DON) on 4/10/13 at 8:15 a.m. She acknowledged the facility had not attempted a	F 329		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 329	Continued From page 9 gradual dose reduction of Resident 1's Seroquel or Ativan. 2. Resident 18 was admitted to the facility on 9/26/07. Her diagnoses included dementia with behavioral disturbances. Physician Orders, dated 10/21/11, included an order for Seroquel 75 mg daily and 100 mg at bedtime for dementia with hitting behaviors manifested by striking out. There was no documented evidence in the clinical record to indicate the facility had attempted a gradual dose reduction of Resident 18's Seroquel since the 10/21/11 order. An interview was conducted with the DON on 4/11/13 at 10:40 a.m. She acknowledged the facility had not attempted a gradual dose reduction of Resident 18's Seroquel.	F 329	F 441 Temporary and Permanent Correction It is the policy of this facility to establish and maintain an Infection Control Program as required. CNA 3 was instructed on facility policy to wash hands when going from one resident to Employee was instructed to open bag and let Resident grab bread when possible. Deficient practice could affect all residents. Expired items on Treatment Cart were removed.	
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective	F 441	Staff Development Coordinator will provide inservice to all Direct Care Staff on Infection Control Policy including washing hand between residents, and assisting w/meals and serving bread. Director of Nursing or her designee will provide inservice to all licensed staff of Infection Control Policy including removing Expired items from treatment carts and medication carts. 5/13/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 441	Continued From page 10 actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility policy review, the facility failed to ensure: 1. Proper food handling practices when food items were touched with bare hands for 1 of 23 sampled residents (6). 2. Supplies on treatment carts were removed when they expired. These failures increased the risk of cross contamination and infection. Findings: 1. During an observation on 4/8/13 at 12:15 p.m.	F 441	Staff Developer will monitor Direct Care care staff 5 days per week for one month to ensure that good infection control is being maintained. If good compliance,monitoring will be reduced to continued inservice training and charge nurse monitoring of direct care staff. Director of Nursing will monitor treatment carts 5 days each week for one month to ensure that expired items are removed. If good compliance, monitoring will be reduced to Quarterly review by Pharmacy Consultant and reported to Quality Assurance Committee for continued compliance. 5/13/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 441	Continued From page 11 Certified Nurse Aide (CNA) 3 went to Resident 6's bedside table and reached into a clear plastic bag containing bread. With bare hands, CNA 3 pulled off a large section of the bread and handed it directly to Resident 6. CNA 3 was then observed feeding another resident in the same room. Resident 6 attempted to communicate to CNA 3. CNA 3 responded by again going to Resident 6's bedside table. CNA 3 reached into a second plastic bag, again with bare hands, and pulled out a handful of grapes. CNA 3 then placed the grapes on Resident 6's plate. CNA 3 went from one resident to another without washing her hands and did not wash her hands prior to touching the food items. An interview was conducted with CNA 3 on 4/8/13 at 1 p.m. She acknowledged she handled food items with her bare hands. CNA 3 stated, "That is not how staff are trained." She stated staff use the inside of the bag when serving bread to avoid contact with their hands. An interview was conducted with the Director of Staff Development (DSD) on 4/11/13 at 8:15 a.m. She indicated all CNA's should know not to touch food items with bare hands. Review of the undated facility policy and procedure titled Infection Control, indicated the following: "It is the policy of this facility to establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment in which residents reside and to help prevent the development and transmission of disease and infection.	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 441	Continued From page 12 This facility will maintain an infection control program that: ...Will prevent the spread of infection..." "Tracking, monitoring and avoiding infections within the facility will reduce the risk of litigation for claims resulting from facility acquired infections. Infections acquired within a facility can be introduced through many methods: ...improper handling and serving food." 2. Treatment carts for the 40-50's hall and the 60-70's hall were surveyed with LVN 1 on 4/10/13 beginning at 12:20 p.m. Expired items found on the treatment carts included 11 dressings, 2 pairs of gloves, and 3 culture swabs. An interview was conducted with LVN 1 on 4/10/13 at 12:40 p.m. LVN 1 stated the items were expired and should have been removed.	F 441	Request Continued Waiver	5/13/2013
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide at least 80 square feet per resident in 32 rooms of the facility. Findings: The requirement that bedrooms must measure at least 80 square feet per resident was waived for	F 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 458	Continued From page 13	F 458		

the previous certification period for the following resident rooms:

Room #	Beds	Square Feet
21	3	218.4
22	3	218.4
23	3	218.4
24	3	218.4
25	3	218.4
26	3	218.4
27	3	218.4
28	3	223.9
29	3	218.4
31	3	219.6
32	3	220.8
33	3	219.6
34	3	220.8
35	3	219.6
36	3	220.8
37	3	226.9
38	3	226.3
40	3	230.2
42	3	217.2
43	3	220.8
44	3	217.2
45	3	220.8
46	3	217.2
47	3	220.8
48	3	217.2
49	3	220.8
53	3	218.4
55	3	218.4
56	3	218.4
57	3	218.4
58	3	225.7
59	3	225.7

The required square footage for each of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056495	A. BUILDING _____ B. WING _____	04/11/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA COLOMA HLTH CARE CENTER	10410 COLOMA RD RANCHO CORDOVA, CA 95670

(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 458	Continued From page 14 above 32 rooms was 240 square feet. The square footage of these rooms provided less than 80 square feet per resident. An interview was conducted with the Administrator on 4/8/2013 at 10 a.m. The Administrator stated the facility requested to continue the room size waiver. Observations made during the survey indicated no concerns regarding the facility's ability to provide care or adverse affects to residents' health and safety. Residents did not voice complaints related to room size. Recommend continuance of room waiver.	F 458		