

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

PRINTED: 10/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 10/24/2014
NAME OF PROVIDER OR SUPPLIER  GRAMERCY COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GRAMERCY DRIVE SACRAMENTO, CA 95825		
(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 an abbreviated survey for the investigation of complaint number CA00416244.  Representing the Department of Public Health: HFEN, 26663	F 000			
F 157	The inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.	F 157	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;	11/24/14	
SS=D	(INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in		<p>Resident 1 received continuation of therapy services on 9/15/14,</p> <p>Resident 1 responsible party has not been charged and/or had to pay for therapy services.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>All residents have the potential to be affected by this deficient practice of failing to notify the resident and/or resident's responsible party that therapy services are being terminated.</p> <p>The Director of Rehab audited all residents receiving physician ordered therapy orders and found that all physical therapy orders were being provided and had not been terminated without notification to the patient and/or responsible party.</p>		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	Continued From page 1 resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.	F 157	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; <ul style="list-style-type: none"> <li>The Director of Rehab shall provide the "Resident Notification of Non -Coverage of Therapy Services" form to the Business Office Manager when therapy services are terminating 72hrs.</li> </ul>		
	This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to notify the responsible party for 1 of 3 sampled residents (Resident 1) of the termination of physical therapy services for non-coverage. This failure denied the responsible party her right to appeal for payment of therapy.		<ul style="list-style-type: none"> <li>The Business Office Manager shall provide notification to the patient and/or responsible party 72hrs prior to the end of therapy services.</li> </ul>		
	Findings:  Resident 1 was admitted to the facility on 8/7/14, according to the Resident Admission Record.  In an observation of Resident 1, on 10/14/14 at 11 a.m., she was awake and in bed. In a concurrent interview Resident 1 stated, "Someone has to help me get up."  Review of a physicians order, dated 8/7/14, indicated the resident did not have capacity to make health care decisions for herself.  Review of a physicians order, dated 9/15/14 for physical therapy, indicated evaluation and treatment 3 to 5 times weekly for 4 weeks.  The clinical record also included a physical therapy Observation Report, dated 9/15/14, which documented the therapy evaluation by the		<ul style="list-style-type: none"> <li>The Director of Rehab shall in- services therapy staff members (11/6-11/21/14) on the facility revised "Resident End of Therapy Services Notification P &amp; P"</li> <li>Therapy staff who are not in- serviced by 11/21/14 shall be taken off schedule until in-serviced on the facility "Resident End of Therapy Services Notification P &amp; P.</li> </ul>		

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F 157	Continued From page 2 Physical Therapist, which included, "Patient was just in therapy and is being referred back to therapy for short duration of skilled therapy and [caregiver/RNA] training." The assessment indicated the resident required maximum assistance to sit up in bed; she was unable to stand and had poor balance while seated. The report section titled, "Progress Report for end of billing period," included: "D/C [discontinued] PT [physical therapy] due to lack of improvement in functional mobility. Now ready for RNA [restorative nursing aide] maintenance program to try to maintain current functional status." The report described the resident as requiring maximum assistance to sit up in bed and to stand.	F 157	How the facility plans to monitor its performance to make sure solutions are sustained: <ul style="list-style-type: none"> <li>The Rehab Director shall conduct monthly in-services on the facility "Resident End of Therapy Services Notification P &amp; P" and forward the in-services to Quality Assurance &amp; Assessment Committee until the IDT substantiates compliance; once confirmed compliant, End of Therapy P &amp; P in-services shall be conducted randomly to sustain compliance.</li> <li>The Administrator shall ensure rehab personnel are being in-serviced by the Rehab Director on the facility "Resident End of Therapy Services Notification P &amp; P".</li> </ul>		
	Therapy treatment notes, dated 9/15/14 to 9/26/14, indicated the last PT session was on 9/26/14.  In an interview with the Business Office Manager (BOM) on 10/14/14 at 9:55 a.m., she stated, "Therapy didn't tell me she ended PT." The BOM stated her files did not include a copy of a non-coverage notification to the responsible party about the discontinuance of PT. She stated, "Notice was not given to the family."  In an interview with Physical Therapist 1 (PT 1) on 10/14/14 at 10:15 a.m., he stated he did not notify Resident 1's responsible party that PT was discontinued on 9/26/14. PT 1 stated, "I told [BOM] 'she's done with therapy,' 2 days before 9/26. I don't do denials, [BOM] does." PT 1 verified the responsible party had not been notified therapy was discontinued on 9/26/14, as required.				