

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPrinted: 03/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555082	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/19/2016
NAME OF PROVIDER OR SUPPLIER PROVIDENCE VALLEY POINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 20090 STANTON AVENUE CASTRO VALLEY, CA 94546		
(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 the Annual Recertification Survey conducted from 2/17/16 to 2/19/16. Representing the Department: Health Facilities Evaluator Nurse(s): Federal ID numbers 33811,05189,15335,33375,36593,36736 The resident census at the time of survey was 40.	F 000	This plan of correction is being submitted pursuant to the applicable federal and state regulations. Nothing contained herein shall be construed as an admission that Valley Pointe Nursing and Rehab has violated any federal or state regulation or failed to follow any applicable standard of care. This Plan of Correction is the facilities credible allegation that it is in substantial compliance.	
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe. This Requirement is not met as evidenced by: Based on observation, interview and records review, the facility failed to ensure that one of two unsampled Residents (11), was assessed to determine if it was safe for to self-administer her medications. Resident 11 had the Over-the-counter medication Dristan(nasal spray) at her bedside. This failure resulted in Resident 11 self administering a medication without an assessment to show she was safe to self administer her medication. Findings: During the initial observation of the facility on 2/17/16, at 9:30 a.m., Dristan nasal spray was found at the bedside of Resident 11. During an interview with Resident 11 on 2/17/16, at 9:35 a.m., she stated, " Sometimes I get so plugged up, I will use it (Dristan nasal spray)." During an interview with the director of nurses, on	F 176	F 176 483.10 (n) Resident Self-Administer Drugs if Deemed Safe Facility practice is to implement written Policies & Procedures, that which will be followed, in order to prevent improper and unsafe self-administration of drugs. What corrective action(s) for those patients identified to have been affected by the deficient practice. Resident 11 is a custodial patient at Valley Pointe with physician permission to go out on pass (OOP). During a leave she acquired the	3/1/2016

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.

acceptable 4/29/16 B DZ.

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F 176	Continued From page 1 2/18/16, at 10:10 a.m., she stated that a self-administration of medication form is completed on the residents, discussed with the interdisciplinary team and the doctor is notified for approval if a resident wanted to have self administer medication. During a concurrent review of Resident 11's record and interview with the director of nurses, on 2/18/16 at 10:15 a.m., she was unable to provide the assessment conducted by the facility saying Resident 11 was safe to self-administer her medications. She said the assessment was not done. A review of the facility's policy and procedure titled "Self -Administration of Medications" dated 12/2012 read, "Residents in our facility who wish to self-administer medication may do so, if it is determined that they are capable of doing so."	F 176	over-the-counter medication and did not inform any facility staff. Department managers, including the DON, have since informed resident of facility P&P regarding self-administration of meds. See Attachment 1 for documentation. Further, resident was informed of facility P&P regarding resident inventory, which necessarily includes over-the-counter medications obtained outside the facility.	
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 interview, the facility had three multiple resident bedrooms (Rooms 19, 20 and 21) that provided less than 80 square feet per patient for the residents who occupied those rooms. This failure had a potential to limit the space for providing resident care by facility staff and increased risk for residents not being able to have sufficient space to accommodate their personal belongings and equipment. Findings: According to the Statement of Deficiencies and	F 458	Identification of other residents having the potential to be affected by the deficient practice All residents who reside in the facility have the potential to be affected by the alleged deficient practice. Measures that will be put in place to ensure deficiency does not recur As part of ongoing facility improvements, and this Plan of Correction, Valley Pointe will amend our Room Rounds checklist, which is currently in use, to require facility staff identify medications at bedside.	3/19/16

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F 458	<p>Continued From page 2</p> <p>Plan of Correction report dated, 12/11/14 and observations during the survey, the identified room measurements in Rooms 19, 20 and 21 showed the following:</p> <ol style="list-style-type: none"> 1. Room 19 measured 16 feet 6 inches by 19 feet 6 inches. The room had four beds, which provided 73.56 square feet of space for each resident. 2. Room 20 measured 16 feet 6 inches by 19 feet 6 inches. The room had four beds, which provided 73.56 square feet of space for each resident. 3. Room 21 measured 16 feet 6 inches by 19 feet 6 inches. The room had four beds, which provided 73.56 square feet of space for each resident. <p>These rooms showed clutter-free areas, and useable living space that provided sufficient space to move. Further, there were no complaints during the group and/or individual resident interviews.</p> <p>Recommend a waiver renewal.</p>	F 458	<p>See Attachment 2, line items 9 & 10 for Checklist. Moreover, our DON and acting DSD have already conducted an in-service regarding self-administration of meds. See Attachment 3. They will continue educate our entire nursing staff not less than quarterly on facility P&P regarding self-administration of medications.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action to ensure ongoing compliance</p> <p>The facility Quality Assurance Committee, aka QA, will meet at least quarterly to evaluate and discuss the progress of Room Rounds, and the education of our staff for the presence of medications at the bedside and self-administration of medications.</p> <p>F 458 483.7 (d) (1) (ii) Bedrooms Measure at Least 80 Sq ft/Resident</p> <p>The facility will respectfully request a room waiver from CMS to allow the facility to continue to operate with the current bed square footage. See Attachment 4 for the letter provided to survey staff for submission to State Supervisor and CMS.</p>	2/19/2016