

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

PRINTED: 03/19/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056410		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/13/2020	
NAME OF PROVIDER OR SUPPLIER WHITNEY OAKS CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 3529 WALNUT AVENUE CARMICHAEL, CA 95608			
(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)		
F 000	INITIAL COMMENTS			F 000			
	<p>The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of one (1) complaint #CA00671754 and two (2) facility reported incidents #CA00672535 and #CA00672539.</p> <p>Representing the Department of Public Health: Health Facilities Evaluator Nurse, 40019</p> <p>The inspection was limited to the specific complaint and facility reported incidents investigated and does not represent the findings of a full inspection of the facility.</p>				<p>Preparation and/or execution of this Plan of Correction, inclusive of pages 1-3, does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by provisions of 42 CFR 483, et seq., and Health and Safety Code Section 1280. In response to the Department's findings we submit the following Plan of Correction which shall constitute Whitney Oaks Care Center's credible allegation of compliance.</p>		
F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure Physician Orders were followed for one resident (Resident 1) for a census of 114, when:</p> <p>1. A PPD (purified protein derivative, a skin test that determines if you have tuberculosis [an infectious disease that mainly affects the lungs]) was not read after 72 hours of administration; and</p> <p>2. A 2-step PPD was not done 7 days after a negative PPD result.</p> <p>These failures had the potential for delayed</p>			F 658	<p>F 658</p> <p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Physician of Resident 1 was notified by the Director of Nursing (DON) on 03/27/2020 regarding a PPD that was not read after 72 hours of administration and a 2- step PPD not done 7 days after a negative PPD result. No new orders received.</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>		

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

TITLE

(X6) DATE

mneyesrn

DON

03/27/2020

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 658	<p>Continued From page 1 treatment and spread of tuberculosis infection.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility in late 2019 with diagnoses including acute cholecystitis (inflammation of the gallbladder).</p> <p>Review of Resident 1's Physician Order Report dated 1/2/20 indicated, "PPD - 1 Step On Admission (TB Screening)... Special Instructions: Inject 0.1 ML Intradermal [within or between the layers of the skin]... READ RESULTS IN 72 HRS... Once A Day on the 2nd, 5th of the Month; PM".</p> <p>Review of Resident 1's Medications Administration History dated 1/1/20 - 1/31/20 indicated PPD - 1 Step On Admission was administered on 1/2/20. There was no documented evidence the result was read on 1/5/20 which was 72 hours after administration.</p> <p>Review of Resident 1's Physician Order Report dated 1/7/20 indicated, "PPD - 2 Step After The Initial PPD in 7 Days (TB Screening) - If 1st Test Negative... Special Instructions: Inject 0.1 ML Intradermal... READ RESULTS IN 72 HRS..."</p> <p>Review of Resident 1's Medications Administration History dated 1/1/20 - 1/31/20 indicated, "PPD 2 - Step After The Initial PPD in 7 Days (TB Screening) - If 1st Test Negative..." was administered on 1/7/20 and the result was read on 2/10/20. Further review indicated the PPD was also administered on 1/23/20 (16 days after ppd administration) and the result was read on 1/26/20.</p>	F 658	<p>The Director of Nursing (DON) and/or designee conducted an in house audit starting 03/27/2020 of PPD orders of residents admitted since 01/2020. Findings will be corrected as identified.</p> <p><i>What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</i></p> <p>The Director of Nursing (DON) will in-service licensed nurses and unit clerks regarding correctly entering PPD orders starting 03/27/2020. The Director of Nursing (DON) will in-service licensed nurses regarding verifying PPD orders and PPD administration starting 03/27/2020.</p> <p>The Desk or Supervisor nurse will verify that the 2 step PPD orders are entered correctly for new residents on the day of admission.</p> <p>The Interdisciplinary Team (IDT) will review that first step PPD was given on the day of admission during clinical IDT review of new admissions from Monday to Friday.</p>	<p>03/30/20</p> <p>03/30/20</p>	

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F 658	<p>Continued From page 2</p> <p>In an interview with the Infection Preventionist (IP) on 3/12/20 at 8:48 a.m., the IP confirmed there was no documented evidence the PPD result was read on 1/5/20 as ordered. The IP further confirmed the PPD was administered on 1/7/20 and then on 1/23/20, which is more than 7 days after the first negative PPD result.</p> <p>In an interview with the Director of Nursing (DON) on 3/12/20 at 9:00 a.m., the DON stated the PPD result should have been read 72 hours after PPD was administered on 1/3/20. The DON further stated 2-step PPD should have been administered in 7 days after the first initial negative PPD result administered on 1/7/20.</p> <p>Review of a facility policy titled, "Tuberculosis Screening - Administration and Interpretation of Tuberculin Skin Test (TST)," revised 3/20, indicated, "Interpret the TST forty-eight (48) to seventy-two (72) hours after administration... Unless otherwise indicated, administer a booster of 0.1 ml... of PPD one to two weeks after the initial TST for individuals with < 10 mm of induration..."</p> <p>Review of a facility policy titled, "Administering Medications," revised 8/19, indicated, "Medications must be administered in accordance with the orders, including any required time frame."</p>	F 658	<p>The Infection Preventionist (IP) nurse will audit PPD orders weekly to ensure that orders are entered correctly and that skin test was administered timely. Findings of the audit will be forwarded to the Director of Nursing (DON) for review.</p> <p><i>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that the corrective action is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into quality assurance system; and</i></p> <p>The Infection Preventionist (IP) nurse will report concerns for trending to the Quality Assurance (QA) Committee quarterly for review.</p> <p><i>Include the dates when corrective action will be completed. The corrective action dates must be acceptable to the State agency.</i></p> <p>03/30/2020</p>		