


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

PRINTED: 08/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555771	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/04/2015
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NAME OF PROVIDER OR SUPPLIER GLENWOOD GARDENS SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 350 CALLOWAY DRIVE, BUILDING C BAKERSFIELD, CA 93312
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(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an abbreviated standard survey.</p> <p>Entity reported incident: 450053</p> <p>Representing the Department:</p> <p>34510, HFEN 36041, HFEN</p> <p>The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was written as a result of entity reported incident 450053.</p>	F 000	<p>The following are the plans of corrections for Glenwood Gardens skilled care center regarding the statement of Deficiencies dated August 04, 2015. This plan of correction is not to be construed as an admission of or agreement with the findings and the conclusion in the statement of deficiencies, or any related sanctions or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.</p>	
F 226 SS=D	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement their own policy and procedure on abuse investigation for one of one sampled resident (1) with a fracture (a medical condition in which there is a break in the continuity of the bone) of unknown source was not investigated.</p>	F 226	<p>F226 Develop/Implement Abuse/Neglect, ETC Policies</p> <p><u>Corrective Action:</u> Our resident remains with us. Per Primary Physician and Orthopedic consultation resident is currently receiving conservative interventions for the pathological fracture.</p>	<p>2015 AUG 17 PM 12:50 RECEIVED STATE OF CALIF. DEPT. OF PUBLIC HEALTH</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8/12/15
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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 226	<p>Continued From page 1</p> <p>Findings:</p> <p>During a review of the clinical record for Resident 1, the nurses notes dated 7/9/15, at 5:15 AM, indicated certified nursing assistant (CNA) 1 was giving morning care and noted the resident had a swollen right knee. Registered Nurse (RN) 1 indicated Resident 1 complained of pain when the right knee was touched. Doctor on call ordered right knee x-ray. The x-ray result, dated 7/9/15, at 2:46 PM indicated Resident 1 had a right leg fracture.</p> <p>During a telephone interview with the Assistant Director of Nursing (ADON), on 7/29/15, at 11:45 AM, when asked if there was an investigation and if statements were gathered from the nurses, she said, "None." ADON was unsure as to which CNA was assigned to the resident when right knee swelling was noted.</p> <p>On 7/29/15, at 1:47 PM, ADON stated she spoke with RN 1 and confirmed that CNA 1 was assigned to Resident 1 during the occurrence. ADON stated "I haven't spoken with CNA 1."</p> <p>During a telephone interview with CNA 1 on 7/29/15, at 2 PM, she stated, "I was in the room changing the resident and she is hurting. I don't know why she was hurting when I was turning her. I notified the charge nurse. I didn't know the knee was swollen until the charge nurse assessed her and when I changed her."</p> <p>During a telephone interview with RN 1, on 7/30/15, at 8:18 AM, she stated CNA 1 reported to her that the resident was in pain when she was trying to lift her leg upon changing. When she</p>	F 226	<p>Director of Clinical Services (DCS) and/or designee reviewed residents with unusual occurrences noted and reported from 6/1/2015 to 8/10/2015 with no deficient practice noted. 8/10/2015</p> <p><u>Identification of other residents and Corrective Action:</u></p> <p>Director of staff developer re-in--serviced staff on the facility's policy on abuse investigation . Completed 8/10/2015.</p> <p>DCS reviewed the facility's Abuse Policy & Procedure with emphasis on timely initiation and completion of abuse investigation. Completed 8/12/2015</p> <p><u>Measures to prevent recurrences:</u></p> <p>Investigations and reporting must be issued to the Healthcare Administrator/Designee a re-in-service was issued to licensed staff with Reporting and Investigation of Abuse Prevention completion in a timely manner. Completed August 12, 2015</p>	

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GLENWOOD GARDENS SNF

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F 226	Continued From page 2 assessed Resident 1, she noticed her right knee was swollen. RN 1 stated she spoke with ADON yesterday (7/29/15) regarding the occurrence and nothing prior to that. The facility policy and procedure titled "Abuse Investigations" dated 4/1/11, indicated, "All reports of resident... injuries of unknown source shall be promptly and thoroughly investigated by community management. Should an incident or suspected incident of resident... injury of unknown source be reported, the Administrator, or his/ her designee, will appoint a member of management to investigate the alleged incident. The individual conducting the investigation will, as a minimum: Interview the person(s) reporting the incident; Interview any witnesses to the incident;... Interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident.... The individual in charge of the abuse investigation will notify the ombudsman that an abuse investigation is being conducted. The ombudsman will be invited to participate in the review process."	F 226	<u>Monitoring performance integration into quality assurance system:</u> The Director of Nursing will report all findings to the HCA and QAPI for compliance and any recapitulation of findings of the monthly compliance with plan of correction or review and action as indicated x 3 months. Completed 8/12/2015	

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