

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

PRINTED: 11/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/03/2016
NAME OF PROVIDER OR SUPPLIER MOUNTAIN VIEW HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2530 SOLACE PLACE MOUNTAIN VIEW, CA 94040		
(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 regarding a complaint investigation conducted on 11/2/16 and 11/3/16. For Complaint CA00508280 regarding Quality of Care a federal deficiency was identified (see F313). Representing the California Department of Public Health: 35386, Health Facilities Evaluator Nurse.	F 000	This plan of correction constitutes the facility's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of 42 CFR 483 <i>et seq</i> and the health and safety code section 1280.		
F 313 SS=D	483.25(b) TREATMENT/DEVICES TO MAINTAIN HEARING/VISION To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident in making appointments, and by arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one resident (1) was transported to audiology and bone density scan appointments. These failures had the potential to result in the decline of the resident's health. Findings: A review of Resident 1's audiogram (test to measure hearing ability) on 9/7/16, indicated	F 313	Immediate Action for Affected Resident: Missed appointment for resident on 10/24/16 was rescheduled. New time and date communicated with transportation provider and family. Identification of other residents at risk: all residents with appointments of medical nature and requesting facility help for transportation have the potential to be affected.		

LABORATORY DIRECTOR'S

(X6) DATE

11-13-16

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.

11/30/16 2:45 pm [Signature]

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F 313	<p>Continued From page 1</p> <p>profound mixed hearing loss in both ears. It further indicated in a log, kept at the nursing station, she had an appointment at the audiology department on 10/24/16. It further indicated no transportation request form could be provided for the appointment on 10/24/16, and in an e-mail (send and receive messages via a network) from the administrator (ADM) to the resident's representative party (RP) stated, "we missed her appointments". It indicated there was a breakdown in communication between nursing and the scheduler.</p> <p>During an interview with the ADM on 11/2/16, at 2:30 p.m., she acknowledged the resident had an appointment scheduled on 10/24/16, and she stated the resident's RP provided the information about the audiology appointment to the nursing staff. She further stated it was "our error".</p> <p>A review of Resident 1's clinical record indicated she had a physician's order for a bone density scan. A log, kept at the nursing station indicated she had an appointment for a bone density scan on 10/4/16 at 3:10 p.m. A review of the facility transportation request form dated 9/23/16 had an appointment date of 10/4/16 which had been crossed out. Further, an appointment date of 10/5/16 at 9:20 a.m., with a pickup date and time of 10/5/16 at 8:50 a.m., had been scheduled with the transportation provider.</p> <p>During an interview with the ADM, on 11/2/16, at 3:10 p.m., she stated the resident missed the bone scan appointment on 10/4/16 due to transportation issues. ADM further stated the ride did not show up, and the appointment was subsequently canceled and rescheduled for the following day, which was 10/5/16.</p>	F 313	<p>Systemic Changes:</p> <p>Licensed nurses were in serviced 11/01/2016 to ensure that appointments of medical nature are communicated/ lodged on transportation referral form and coordinated with the front desk that will ensure transportation is booked with facility contracted providers.</p> <p>Families requesting facility to provide transportation also made aware that the charge nurse should be communicated for all medical appointments hence avoiding any miscommunications or missing any future medical appointments.</p> <p>Monitor: Nursing supervisor will do random audit to ensure that all residents with appointments of medical nature have transportation scheduled.</p> <p>DON report with findings and follow-up quarterly to QA.</p> <p>Completion date: 11/30/2016</p>		11/30/16

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F 313	Continued From page 2 During an interview with a representative from the Santa Clara Family Health Plan (SCFHP), on 11/3/16 at 1:15 p.m., she stated they received a call on 10/4/16 from the facility requesting transportation for the following day 10/5/16. She denied receiving requests for transportation for any other appointments in the month of October. A review of the facility policy and procedure titled, "Transportation", indicated when a resident has an appointment in the community of a medical nature, the nurses will initiate the Transportation Referral Form and provide a copy to the front desk. It further indicated the front desk will contact a transportation provider, and for managed Medi-Cal patients, transportation will be provided by and authorized by Santa Clara Family Health Plan.	F 313			