

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

PRINTED: 07/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555892	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/11/2019
NAME OF PROVIDER OR SUPPLIER SELMA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2108 STILLMAN SELMA, CA 93662		
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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health - Licensing and Certification during an ABBREVIATED Survey for Facility Reported Event: CA00633752. Representing the California Department of Public Health by Federal ID: 39982 RN HFEN The ABBREVIATED Survey was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Facility Reported Event: CA00633752	F 000			
F 602 SS=D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents were free from misappropriation of resident money for one of two sampled residents (Resident 1) when Licensed Vocational Nurse (LVN) 1 did not follow the facility policy and procedure, "Abuse Policy-Investigate and Prohibitive Protocol" after borrowing one-hundred and sixty dollars from Resident 1 when LVN 1 had made the resident believe that	F 602	This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to long-term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the	6/21/19	

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

TITLE

(X6) DATE

Electronically Signed

06/21/2019

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 602	<p>Continued From page 1 she was in a financial crisis.</p> <p>This failure had the potential, as an entrusted caregiver, to use resident funds for own personal gain, thereby potentially destroying caregiver trust.</p> <p>Findings:</p> <p>During an interview with the Administrator (ADM), on 5/2/19, at 1:48 p.m., he stated he became aware of financial abuse involving Resident 1 on 4/12/19. The ADM stated Resident 1 told staff she gave money to LVN 1 when she heard LVN 1 say she had two children and needed rent money in order to not be evacuated from her home in the next three days. The ADM stated LVN 1 received one-hundred sixty dollars from Resident 1 after Resident 1 offered LVN 1 money to pay for LVN 1's rent. The ADM stated LVN 1 should have never accepted money from Resident 1.</p> <p>During a concurrent interview with the Business Office Manager (BOM) and facility document review of Resident 1's financial account titled, "Resident Statement," undated, on 5/2/19, at 2 p.m., she stated Resident 1 was aware of her money and knew how much she had in the facility. The BOM reviewed Resident 1's withdrawal request form and stated Resident 1 requested one-hundred sixty dollars on 4/4/19. The BOM stated one-hundred sixty dollars was made available for Resident 1 on 4/5/19. The BOM stated the one-hundred sixty dollar withdraw was posted on Resident 1's account on 4/8/19. The BOM stated on 4/12/19, Resident 1 made a deposit of one-hundred sixty dollars. The BOM stated the one-hundred sixty dollars was wrapped in a paper envelope with the signature of</p>	F 602	<p>facility that the surveyor's findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p>1.How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>One resident was found to be affected by the misappropriation of funds. Funds were returned to the resident 1 by the LVN 1 on 4/11/19 and deposited in the residents account on 4/12/19.</p> <p>2.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 deficient practice. Staff was in-serviced on 4/16/2019 on abuse with emphasis on financial abuse and who to report potential abuse to. When residents request funds from Business Office Manager or Social Services they will be informed that the funds are not to be given to any staff employed by the facility. Social Services interviewed additional residents to determine if they were affected by the deficient practice and no additional residents were affected by deficient practice.</p> <p>3.What measures will be put into place or what systemic changes will the facility</p>		

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F 602	<p>Continued From page 2</p> <p>Resident 1 and two licensed nurses with the date 4/11/19 handwritten on the envelope.</p> <p>During an interview with LVN 2, on 5/2/19, at 2:20 p.m., he stated Resident 1 was high functioning and knew her plan of care. LVN 2 stated LVN 1 was asking staff to borrow money around 4/7/19-4/8/19. LVN 2 stated Certified Nursing Assistant (CNA) 1 reported to him that Resident 1 told her a nurse took money from her and had not paid it back. LVN 2 stated he went to Resident 1 and asked her what had happened. LVN 2 stated Resident 1 was upset that LVN 1 did not pay her back the money on pay day. LVN 2 stated he contacted the Director Of Nurses, ADM, and the Social Service Director regarding the allegation. LVN 2 stated he called LVN 1 and asked her when she was going to pay the money back to Resident 1. LVN 2 stated LVN 1 called the facility and spoke with Resident 1. LVN 2 stated Resident 1 told him LVN 1 was going to pay her back when she received her paycheck. LVN 2 stated it was common sense not to accept money from residents in the facility.</p> <p>During an interview with Resident 1, on 5/2/19, at 2:49 p.m., she stated she had overheard LVN 1 telling staff that LVN 1 was going to be evicted from her house. Resident 1 stated she wanted to help LVN 1 and offered LVN 1 one-hundred sixty dollars. Resident 1 stated LVN 1 accepted the one-hundred sixty dollars from her. Resident 1 could not recall the date she gave the money to LVN 1. Resident 1 stated LVN 1 came to pay her back and the nurses put the money in a paper envelope and turned it into the business office for deposit. Resident 1 did not recall the date of when LVN 1 returned the money.</p>	F 602	<p>make to ensure that the deficient practice does not recur:</p> <p>Staff was in-serviced on abuse policy and procedures on 4/16/2019 at all staff meeting. New staff will be trained on abuse upon hire and current complete annual abuse training which includes all forms of abuse including misappropriation and financial abuse. Business Office Manager or Social Services will inform residents to not give funds to any staff members when residents request money from their resident trust account.</p> <p>4.How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC must be integrated into the quality assurance system:</p> <p>Business Office Manager will continue to keep a record of resident withdrawals and will monitor with each withdrawal request any questionable withdrawals. Any findings from the resident withdrawals will be brought to the QAPI committee meeting on monthly basis by the BOM until the QAPI committee determines it's no longer necessary. Upon hire new employees will be trained on elder abuse and misappropriation of resident funds by facility DSD. Annual staff trainings will be conducted each year by DSD to include staff training on abuse and</p>		

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F 602	<p>Continued From page 3</p> <p>During an interview with the Director of Staff Development (DSD), on 5/2/19, at 3:17 p.m., she stated staff should not take money from residents and LVN 1 should have not taken money from Resident 1.</p> <p>During a review of the clinical record for Resident 1, the Minimum Data Set (MDS) assessment (an evaluation of a resident's cognitive and functional status) under section C dated 2/11/19, indicated Resident 1 was cognitively intact.</p> <p>During a review of facility document titled, "Abuse Policy-Investigative and Prohibitive Protocol" dated 3/1/19 and signed by LVN 1, indicated, "1. It shall be the policy of this facility to fully protect the rights of the individuals for whom we provide care and treatment, any form of abuse and neglect will not be tolerated ... Screening and Training of Employee ... 1. Employees are trained through orientation and on-going educational sessions about ... What constitutes abuse, neglect, and misappropriation of resident property? Identify and intervene in situations in which abuse, neglect, and/or misappropriation of resident property are more likely to occur ...Financial Abuse means misappropriation of a resident's private funds ..."</p>	F 602	<p>misappropriation of resident funds. DSD will present staff abuse in-services that have been conducted to QAPI on a monthly basis until it is determined it is no longer necessary.</p> <p>5.Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the State Survey Agency:</p> <p>6/21/2019</p>		