STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055656	A. BUILDING _____ B. WING _____	C 12/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE CONVALESCENT HOSPITAL	375 COHASSET RD CHICO, CA 95926

(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 Standard Survey for one complaint. Complaint: 551711 The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 36893 Health Facilities Evaluator Nurse (HFEN) 36616 HFEN Three deficiencies were written for complaint number 551711 at F 226, F241, and F425.	F 000	Riverside Convalescent Hospital submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. *The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.*	
F 226 SS=E	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES CFR(s): 483.12(b)(1)-(3), 483.95(c)(1)-(3) 483.12 (b) The facility must develop and implement written policies and procedures that: (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, (2) Establish policies and procedures to investigate any such allegations, and (3) Include training as required at paragraph §483.95, 483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation	F 226		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 1/25/18

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	Continued From page 1 requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on- (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12. (c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property (c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure its Abuse policy was followed for two of three sampled residents (Residents 1 and 2) when: 1. Resident 1 reported to two staff members that she felt threatened by Licensed Nurse (LN) A when she told Resident 1 that she would draw a bull's-eye on her stomach and use it for target practice. 2. Resident 2 reported to a licensed nurse that Resident 3 had threatened to hurt her. The allegations were not reported to the Facility Administrator (FA) for a thorough investigation by the facility, the residents were not protected from further potential abuse, and the incidents were not reported to the California Department of Public Health (CDPH) and the Long-Term Care Ombudsman (a resident advocacy agency) as potential abuse.	F 226	**F 226** **How corrective actions will be accomplished for the residents found to have been affected by the deficient practice:** There was no harm to either of the residents due to this deficient practice. Resident 1 and Resident 2 are no longer in the facility. Both have been transferred to other facilities at their request. **How facility will identify other residents having the potential to be affected by the deficient practice and what corrective actions will be taken:** All residents have the potential to be affected by this deficient practice. An In-service was provided on 1/3/18, 1/4/18, 1/5/18, 1/17/18 and 1/18/18 to all available staff, the rest of the staff will be in-serviced prior to working their next shift. The In-service is to remind them of the proper policies and procedures and how to respond to suspected abuse. A monthly focus around abuse will be provided during all meetings and In-services x 3 months by the DSD to reinforce the importance of reporting any suspected allegations.	

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F 226	Continued From page 2 This had the potential for Residents 1 and 2 to be exposed to further mental or physical abuse. Findings: A review of the facility's policy titled, Abuse - Reporting and Investigations, revised 11/2016, indicated that allegations of abuse, neglect, mistreatment, or exploitation were to be reported to the Administrator immediately. When the Administrator received a report of an incident or suspected incident, the Administrator would initiate an investigation immediately. If the suspected perpetrator was an employee, remove the employee immediately from the care of residents. After a licensed nurse had determined that there was no serious bodily injury, the Administrator would notify law enforcement, the Long-Term Care Ombudsman and the CDPH with a written report within 24 hours. 1. A review of Resident 1's record indicated that she was admitted to the facility on 8/22/17 with diagnoses the included multiple fractures (broken bones) involving her sternum (breast bone), both arms and her right leg. During an interview, on 10/19/17 at 1:35 pm, Resident 1 stated that on 8/24/17, LN A came with her medications, which included an injectable medication (administered through a needle into the resident's skin). Resident 1 stated the LN A told her, "How about I draw a bull's-eye on your stomach and use it for a dart board." Resident 1 stated that she felt threatened by this. Resident 1 stated that she reported this to any staff that came into her room, but nothing was done about it. Resident 1 stated that the next day the FA, the Director of Nursing (DON), and an	F 226	**What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** All cases of alleged abuse will be reviewed by the IDT for completeness and follow-up. All cases will also be reviewed at the monthly QAPI to ensure the proper procedures were followed. **How the facility plans to monitor its performance to make sure that solutions are sustained:** All abuse cases will be reviewed at the monthly QAPI meeting to ensure accuracy and track the progress of the facility. **Date corrective action will be complete:** 1/5/2018	

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F 226	Continued From page 3 admission clerk came to her room to discuss discharge plans. Resident 1 stated that she reported what LN A had said to her the day before. During an interview, on 10/23/17 at 12:45 pm, the SSD stated that she remembered the meeting with Resident 1. SSD stated that Resident 1 complained about how a nurse was going to give her an injection. SSD stated that the allegation was discussed among all the managers and she thought an investigation was completed. During a follow-up interview, on 10/23/17 at 12:55 pm, Admin confirmed that he had no knowledge of the allegation. Admin stated that such an allegation would definitely warrant an investigation. Admin confirmed that no investigation was conducted and no protection was provided for Resident 1. 2. A review of Resident 2's record indicated that she was admitted to the facility on 9/21/14 with diagnoses that included high blood pressure and seizure disorder. A review of the most recent Minimum Data Set (MDS, a standardized resident assessment) dated 12/14/16, indicated the Resident 2 was cognitively intact (able to think and reason). During an interview, on 10/24/17 at 3 pm, Resident 2 stated, "Please keep [Resident 3] away from me. She threatened me last night." Resident 2 stated that Resident 3 threatened to hurt her and her family. Resident 2 stated that she was frightened that she was going to be hurt. Resident 2 stated that she reported it to the DON. During an interview, on 10/24/17 at 3:25 pm,	F 226		

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F 226	Continued From page 4 Resident 3 stated that Resident 2 talks about her, "and she better stop it." During an interview, on 11/9/17 at 8:35 am, the DON stated that Resident 2 made no statements that Resident 3 threatened her. A review of Resident 2's Nurse's Notes, dated 10/25/17, LN B wrote, "Around [11:20 pm] [Resident 2] came out to dining room crying. Asked what happened and [Resident 2] stated [Resident 3] made a comment that she will hurt [Resident 2]. Asked [Resident 3] and said Resident did not make any comment related to [Resident 2] accusation. [Another Resident] stated as well said that no one said such thing. [LN B] put [Resident 2] on alert charting for behaviors/accusation." During a concurrent interview an record review, on 11/9/17 at 9:50 am, the DON confirmed that Resident 2 reported that Resident 3 threatened her to LN B. The DON stated that the allegation should have been reported to the Administrator for an investigation.	F 226		
F 241 SS=D	DIGNITY AND RESPECT OF INDIVIDUALITY CFR(s): 483.10(a)(1) (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure that residents were treated with	F 241	**F241** **How corrective actions will be accomplished for the residents found to have been affected by the deficient practice:** Resident 1 is no longer a resident and the facility and they no longer have the potential to be affected by this deficient practice.	

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F 241	Continued From page 5 dignity and respect for one of three sampled residents (Resident 1) when the Facility Administrator (FA) and Licensed Nurse (LN) A spoke to her in an undignified manner. This had the potential for residents to not be treated with dignity and respect by staff, discouraged residents from reporting complaints, and resulted in Resident 1 feeling "Threatened and belittled." Findings: A review of Resident 1's record indicated that she was admitted to the facility on 8/22/17 with diagnoses the included multiple fractures (broken bones) involving her sternum (breast bone), both arms and her right leg. During an interview, on 10/19/17 at 1:35 pm, Resident 1 stated that on 8/24/17 at 6:30 am, she rang her bell. LN A entered Resident 1's room and told her, "Stop ringing that bell. you are not my only patient." Resident 1 stated that a little while later, LN A returned with her medications, which included an injectable medication (administered through a needle into the resident's skin). Resident 1 stated the LN A told her, "How about I draw a bull's-eye on your stomach and use it for a dart board." Resident 1 stated that she felt threatened by this. Resident 1 stated that she reported this to any staff that came into her room, but nothing was done about it. Resident 1 stated that the next day the Administrator, the Director of Nursing (DON) and admissions staff came to her room to discuss discharge plans. Resident 1 stated that she reported what LN A had said to her the day before. Resident 1 stated that she felt the Administrator did not take her seriously and	F 241	**How facility will identify other residents having the potential to be affected by the deficient practice and what corrective actions will be taken:** All residents have the potential to be affected by this deficient practice. An In-service was provided on 1/3/18, 1/4/18, 1/5/18, 1/17/18 and 1/18/18 to all available staff, the rest of the staff will be in-serviced prior to working their next shift. The in-service is to remind staff of the proper policies and procedures regarding Resident Rights. All allegations will be treated with a dignified response and handled properly **What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** All Resident Rights concerns will be reviewed by the IDT to determine the proper approach and ensure the resident's needs are met. Daily room rounds will be conducted by Department Managers check on the residents to ensure all their needs are being met.	

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F 241	Continued From page 6 that she felt belittled. During an interview, on 10/23/17 at 11:50 am, LN A confirmed that she was a caregiver for Resident 1. LN A stated that when she was giving Resident 1 an injection, she told Resident 1, "It's like target practice, I should draw a bull's-eye." LN A stated that Resident 1 got upset after she made the comment. During an interview, on 10/23/17 at 12:30 pm, the Activity Director (AD), who was admissions on 8/25/17, stated that she remembered the meeting. AD stated the FA, the DON, Social Services Director (SSD), and herself were present. AD stated that Resident 1 complained that, "[LN A] told her that she was going to throw a needle to her so she could do it herself." AD stated that LN A has a history of joking around, but that was inappropriate. During an interview, on 10/23/17 at 12:45 pm, the SSD stated that she remembered the meeting with Resident 1. SSD stated that Resident 1 complained about how a nurse was going to give her an injection. SSD stated that the allegation was discussed among all the managers and she thought an investigation was completed. During an interview, on 10/23/17 at 12:55 pm, FA confirmed that no investigation was conducted and no protection was provided for Resident 1.	F 241	**How the facility plans to monitor its performance to make sure that solutions are sustained:** Any issues from the room rounds will be addressed daily in stand-up and if the concerns are more serious a Grievance form will be filled out and addressed by IDT. All grievances will be monitored and tracked during the monthly QAPI meeting. **Date corrective action will be complete:** 1/5/2018	
F 425 SS=D	PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH CFR(s): 483.45(a)(b)(1) (a) Procedures. A facility must provide pharmaceutical services (including procedures	F 425	**F425** **How corrective actions will be accomplished for the residents found to have been affected by the deficient practice:** Resident 3 had a new pain assessment on 1/4/18 and has good pain control. The resident has had no other issues since this incident.	

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F 425	Continued From page 7 that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (1) Provides consultation on all aspects of the provision of pharmacy services in the facility; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a physician ordered medication was available for administration for one of three sampled residents (Resident 3) when the pharmacy did not refill Resident 1's pain medicine before it ran out. The facility's failure to administer physician ordered pain medication resulted in Resident 1 experiencing pain unnecessarily, feelings of powerlessness and frustration, and had the potential for other residents who receive medications to suffer adverse clinical outcomes if not given medications, as ordered. Findings: A review of Resident 3's record indicated that she was admitted to the facility on 3/14/17 with diagnoses that included heart failure, arthritis and depression. A review of Resident 3's care plan titled Pain, dated 3/16/17, instructed staff to "Administer pain medication as ordered." During an interview, on 10/24/17 at 3:25 pm,	F 425	**How facility will identify other residents having the potential to be affected by the deficient practice and what corrective actions will be taken:** All residents that are receiving pain medication have the potential to be affected. Random pain audits will be conducted by the DON X 12 weeks to ensure resident's pain is controlled. **What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** An In-Service conducted by the DON to discuss the proper policy and procedure to follow when and if medication is not available to give. The Cubex always has emergency doses to be given if the current prescription has not yet been refilled.	

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F 425	Continued From page 8 Resident 3 stated that the facility frequently ran out of her pain medication. Resident 3 stated that she had chronic (constantly recurring) pain. Resident 3 stated, "Why can't they just get enough to make it?" A review of Resident 3's Physician's Orders, dated 6/1/17, indicated an order for Kadian (an opioid pain reliever) 30 milligrams (mg) every eight hours for pain. A review of the Resident 3's controlled drug record for Kadian, dated 9/16/17, indicated that 30 capsules of the medication was filled on 9/16/17. The first dose was administered on 9/16/17 at 4 am and the last dose was administered on 9/26/17 at 8 am. A review of the Resident 3's controlled drug record for Kadian, dated 9/26/17, indicated that 60 capsules of the medication was filled on 9/26/17. The first dose was administered on 9/27/17 at 8 am. Resident 3 missed three consecutive doses over a 24 hour period. The last dose was administered on 10/17/17 at 6 am. A review of the Resident 3's controlled drug record for Kadian, dated 10/17/17, indicated that 30 capsules of the medication was filled on 10/17/17. The first dose was administered on 10/18/17 at 6 am. Resident 3 missed three consecutive doses over a 24 hour period. A review of the facility's policy titled Skilled Nursing Pharmacy - Preparation and General Guidelines, dated 4/2008, indicated that if a dose of regularly scheduled medication was not administered as scheduled, the space provided on the front of the Medication Administration	F 425	**How the facility plans to monitor its performance to make sure that solutions are sustained:** During MDS assessments pain interviews will be conducted to ensure that all resident's pain needs are being met. Results will be tracked and trended during the monthly QAPI meeting. **Date corrective action will be complete:** 1/5/2018	

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F 425	Continued From page 9	F 425		

Record (MAR) for that dose administration was to be initialed and circled. An explanatory note was to be entered on the back of the MAR.

A review of Resident 3's MARs for 9/2017 and 10/2017, indicated that two of three missed doses on 9/26/17 and 10/17/17 were circled and one was documented as given, although the medication was unavailable for administration. No explanatory notes were documented for the six doses of pain medication that were not administered as scheduled.

During an interview, on 11/9/17 at 9:50 am, Resident 3 stated that her pain got worse when she missed doses of her routine pain medication. Resident 3 stated that staff tell her it was a pharmacy issue. Resident 3 stated that "Some nurses are able to get it but others do not even try."

During a concurrent interview and record review, on 11/9/17 at 9:56 am, the Director of Nursing (DON) stated that when a medication was unavailable to be administered as scheduled, the Licensed Nurse was to document the reason why on the back of the MAR and notify the physician for possible alternate medication orders. The DON stated the the facility had a Cubix (a supply of contingent medications that were to be used when a medication was unavailable to be administered as scheduled). The DON confirmed that the Cubix contained a medication that was equivalent to Kadian 30 mg. The DON reviewed the Cubix transaction records and confirmed that no doses were removed and administered to Resident 3 for the missed doses on 9/26/17 and 10/17/17.