

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

PRINTED: 12/03/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056186</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/01/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CENTINELA GRAND INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2225 NORTH PERRIS BOULEVARD PERRIS, CA 92571</b>
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for the investigation of one complaint.  Complaint # CA00416771  Representing the California Department of Public Health:  18822, HFEN 34448, HFEN  The inspection 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 complaint number CA00416771.	F 000	Completed date 10/21/14 F309  The facility will ensure that each resident in the care of this facility receive the necessary care and services to attain and maintain the highest practical, physical, mental and psychosocial well being in accordance with the comprehensive assessment and care plan.  An in-service was given by the Director of Nurses on all licensed staff on the following areas. <ul style="list-style-type: none"> <li>(1) Reporting of (COC) change of condition to MD</li> <li>(2) Documentation of vital signs</li> <li>(3) Change of resident's status making an emergency transfer</li> <li>(4) Re-assessment of resident condition</li> <li>(5) Review of terminologies used in nursing of documentation (ALOC) altered level of consciousness versus increasing confusion.</li> </ul>	10/21/14 12/11/2014 RTH
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>[Signature]</i>	TITLE <b>Administrator</b>	(X6) DATE <b>12/16/2014</b>
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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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NAME OF PROVIDER OR SUPPLIER  <b>CENTINELA GRAND INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2225 NORTH PERRIS BOULEVARD</b> <b>PERRIS, CA 92571</b>		
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F 309	<p>Continued From page 1</p> <p>failed to ensure Resident A received timely and safe transport to the nearest hospital when a significant deterioration in Resident A's condition occurred. This failure had the potential to worsen Resident A's condition, causing adverse consequences.</p> <p>Findings:</p> <p>On October 21, 2014, a review of Resident A's medical record was conducted. The record indicated Resident A was admitted to the facility June 12, 2012, with diagnoses including hypertension (high blood pressure).</p> <p>During an interview with the Director of Nurses (DON) on October 21, 2014, at 11:40 a.m., the DON stated Resident A was discharged to an acute care hospital (approximately 63 miles from the facility) on October 12, 2014.</p> <p>A review of the Minimum Data Set (an assessment tool), dated July 18, 2014, indicated Resident A had no hearing loss, speech was clear, able to make self understood, and could understand others.</p> <p>Review of nursing documentation dated September 22, 2014, indicated Resident A was "alert, oriented with periods of confusion and able to make needs known to staff."</p> <p>A review of a physical assessment document, dated October 12, 2014, indicated Resident A was, "Alert with no acute distress...mood/affect nml (normal)...weakness/sensory loss." During a concurrent interview with the DON, the DON stated Resident A's physician came to assess Resident A for the weekly summaries "during the</p>	F 309	<p>The facility has in-serviced all license staff to exhaust all avenues to transfer a resident with hypertensive crisis to a local acute hospital. This shall be monitored by the Director of Nurses and Administrator and reported to the Quarterly Quality Assurance.</p> <p>The facility shall also ensure proper documentation by the licensed nurses on the re-</p> <p>assessment of a resident with high blood pressure prior to transfer. The medical records Director will monitor thru chart audit and report any findings to the Director of Nurses and Administrator. Failure of the staff to properly documentation would result in counseling, suspension and possibly termination. Results of audits will also be brought to the Quarterly Quality Assurance meetings.</p> <p>The facility shall ensure any resident requiring acute care be transferred in a timely manner to be monitored by Director of Nurses and Administrator. It will be discussed in the daily stand-up.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>CENTINELA GRAND INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2225 NORTH PERRIS BOULEVARD</b> <b>PERRIS, CA 92571</b>		
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F 309	<p>Continued From page 2 day shift."</p> <p>A review of nursing documentation dated October 12, 2014, at 6 p.m., indicated, "Charge nurse reported resident change in LOC (level of consciousness)...Upon further assessment Resident is noted with ALOC (altered level of consciousness)...B/P (blood pressure) 145/98 Pulse 81 R/R (respiratory rate) 18 Temp (temperature) 97.2." The record indicated, "Left message with Resident A's physician." The record did not indicate Resident A's ALOC, blood pressure or any further resident assessment was reported to Resident A's physician.</p> <p>Review of a document titled, "PHYSICIAN'S TELEPHONE ORDERS" indicated a telephone order was received October 12, 2014, at 6:30 p.m., from Resident A's physician. The order indicated, "Transfer to (acute care hospital name and city omitted)... via private transport...Due to generalized body weakness, noncompliance with medication &amp; ADL (activities of daily living)."</p> <p>There was no indication in the nurse's notes that Resident A's ALOC or blood pressure had been reported to the resident's physician.</p> <p>Review of nursing notes dated October 12, 2014, at 8:30 p.m. (Two and 1/2 hours after identifying the change in condition) indicated, "Resident left... facility in stable condition with two CNA (certified nurse's assistant) staff members."</p> <p>There was no documentation that a reassessment of Resident A's ALOC or blood pressure had been completed prior to transfer.</p> <p>A review of Resident A's care plan developed on</p>	F 309			

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NAME OF PROVIDER OR SUPPLIER  <b>NELA GRAND INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2225 NORTH PERRIS BOULEVARD PERRIS, CA 92571</b>
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19	<p>Continued From page 3</p> <p>October 12, 2014, indicated, "Resident still noted with generalized weakness &amp; ALOC."</p> <p>A review of the undated facility policy and procedure titled, "Change in a Resident's Condition or Status" was reviewed. The policy indicated..."A significant change" of condition is a decline...in the resident's status...that will not normally resolve itself without intervention...and impacts more than one area of the resident's health status; and...Requires...revision to the care plan."</p> <p>On October 21, 2014, at 11:40 a.m., an interview was conducted with the Administrator and DON. The Administrator stated Resident A was transferred to (hospital name omitted) via facility van escorted by two CNA's. He stated an ambulance was not called for the transport because the ambulance would not transport Resident A past Riverside County. The Administrator stated the decision to transport to a local hospital versus another hospital is determined by the "wait time in the Emergency Room, the wait time local is long."</p> <p>During the interview with the Administrator and DON, on October 21, 2014, at 11:40 a.m., the DON stated Resident A had been transported to a local hospital (a hospital 8.25 miles from the facility) on September 19, 2014, secondary to a fall and elevated blood pressure. The physician's document titled, "Weekly Summary" dated September 19, 2014, was reviewed with the DON. The summary indicated Resident A was transferred due to "hypertensive crisis." The DON stated a hypertensive crisis is when the blood pressure is above a resident's normal blood pressure, Resident A's blood pressure was</p>	F 309		

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F 309	<p>Continued From page 4</p> <p>"normally 120/80." Resident A's blood pressure prior to the transfer to the local hospital, on September 19, 2014, was 140/90.</p> <p>According to the American Heart Association, dated September 2, 2014, hypertensive crisis can be associated with life-threatening complications. Signs and symptoms of a hypertensive crisis that may be life-threatening include..."loss of consciousness."</p> <p>The DON was unable to explain why Resident A was not transported in a timely manner by ambulance to the nearest hospital when Resident A was assessed with ALOC and blood pressure of 145/98, prior to being transferred to a hospital, approximately 63 miles away, by two unlicensed staff members.</p>	F 309			