

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

PRINTED: 08/03/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2018
NAME OF PROVIDER OR SUPPLIER MEDICAL CENTER CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 467 E GILBERT ST SAN BERNARDINO, CA 92404		
(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 to investigate facility reported incident. Facility Reported Incident Number: CA00596469 Representing the California Department of Public Health: Surveyor: 38249 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued as a result of facility reported incident number CA00596469.	F 000			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure prevention of elopement when two (2) of eight (8) residents (Resident 1 and Resident 2) has no wanderguard bracelet (a signaling device to alert facility staff)	F 689 <i>Don D. M. HFEs</i> <i>8-3-18</i>	Tag 0689- Free of Accident Hazards/Supervision/Devices This Provider respectfully requested that the 2567 Plan of Correction be considered		8/26/18

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

TITLE

(X6) DATE

Electronically Signed

08/02/2018

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 689	<p>Continued From page 1 as ordered by the physician.</p> <p>This failure had the potential for wandering residents to elope outside the facility and will be at risk to accidents and even death.</p> <p>Findings:</p> <p>An abbreviated survey for facility reported incident related to elopement was conducted on July 23, 2018.</p> <p>During an observation of the facility, on July 23, 2018, at 1:00 PM, found residents with wanderguard bracelet in a wheelchair and others were ambulatory.</p> <p>During an interview with the Registered Nurse (RN), on July 23, 2018, at 2:13 PM, the RN stated that there was a list of residents with wanderguard bracelet.</p> <p>A review of facility document titled "The following residents with wanderguard placement", indicated eight (8) residents were listed including Resident 1 and Resident 2.</p> <p>During a concurrent observation and interview with the RN, on July 23, 2018, at 2:30 PM, the RN checked the wanderguard of Resident 1 and Resident 2 and found no wanderguard bracelet on. The RN stated "There is a possibility that they will leave the facility unnoticed."</p> <p>During an interview with Minimum Data Set (MDS - process for clinical assessment of all residents), on July 23, 2018, at 2:41 PM, the MDS stated "They [residents] should be wearing the wanderguard at all times. They [residents] may</p>	F 689	<p>the letter for substantial compliance</p> <p>Medical Center Convalescent Hospital makes the best effort to operated in full compliance with both Federal and State Law.</p> <p>POC</p> <p>-Wanderguards were immediately placed on Resident 1 & Resident 2 for functionality and placement.</p> <p>-All residents who are at risk for elopement with wanderguards were immediately checked for functionality and placement.</p> <p>-DSD will update the elopement binder Q Monthly with updated facesheets. If any new residents are at risk for elopement the IDT will complete the elopement assessment and add them to the elopement binder.</p> <p>-Licensed Nurses will perform a head count of all residents at the start of each shift and at the end of each shift to know the whereabouts of every resident.</p> <p>-LVN's of each station will perform a functionality test of the wanderguards Q shift on each resident who are at risk for elopement.</p> <p>-A log has been created to document the functionality of the residents and if they are wearing the wanderguard,</p>		

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F 689	<p>Continued From page 2 elope without it."</p> <p>During an interview with the Director of Nursing (DON), on July 23, 2018, at 2:57 PM, the DON stated "We will put the wanderguard as soon as possible."</p> <p>A review of Resident 1 medical records indicated an admission date on December 22, 2017 with diagnoses that includes malignant neoplasm of female breast (breast cancer), unspecified dementia (forgetfulness), and alzheimers disease (progressive mental deterioration). The MDS Section C Cognitive BIMS (Brief Interview for Mental Status), dated May 28, 2018, has a score of 8 out of 15. The Resident 1 history and physical exam, dated January 19, 2018, incated the resident [Resident 1] does not have capacity to understand and make decision.</p> <p>A review of Resident 1 physician order, dated March 13, 2018, indicated to wear wanderguard at all times for elopement precaution and monitor every shift for functionality and in good repair.</p> <p>A review of Resident 2 medical records indicated an admission date date of March 13, 2018, with diagnoses that includes acute respiratory failure with hypoxia (difficulty of breating), dementia (forgetfullness), and bipolar disorder (mental illness). The MDS Section C Cognitive BIMS (Brief Interview for Mental Status), dated April 30, 2018, has a score of 2 out of 15. The Resident 2 history and physical exam, dated March 14, 2018, incated the resident [Resident 2] was alert and oriented x 1 (to person only).</p> <p>A review of Resident 2 physician order, dated April 17, 2018, indicated to wear wanderguard for</p>	F 689	<p>-CNA's are to perform a head count for all elopement risk residents Q 2 Hours.</p> <p>- A Log has been created for CNA's to document and sign the residents whereabouts and that they are wearing the wanderguard.</p> <p>-QAA/QAPI Process- DON will review for unsigned TARS alerting the, the wanderguard may not have been checked for placement or operational status in the morning QA meetings to ensure compliance for 6 consecutive weeks.</p> <p>-Random audits will then be conducted by DON. QA will review and evaluate findings.</p>		

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F 689	<p>Continued From page 3</p> <p>aimless wandering and check for placement and for functionality.</p> <p>A review of facility's policy and procedures titled "Policy and Procedure on Wanderguard", dated July 2012, indicated "Facility attempts to meet needs and provide services to residents admitted in the facility. In this connection a wanderguard equipment is installed to have surveillance to residents who have tendency to wander out of the facility aimlessly."</p> <p>A review of facility's policy and procedures titled "Safety of the Residents, Staff, and Visitors", dated July 2012, indicated "Policy: To ensure that all possible measures be taken in order to safe guard residents, staff and visitors." "Procedure:...3. Exit doors are alarmed and/or wanderguard which can be used as needed to make sure if any resident goes out unaccompanied by staff or resident's representative and/or not self-responsible, the staff will be alerted when he/she leaves the facility."</p> <p>A review of facility's policy and procedures titled "Elopement Risk Precautions and Procedures", dated February 2018, indicated "Procedure:...B. Prevention: 1. Interventions that may be used for residents identified as high risk for elopement include:...d. Implementation of wander bracelet or other electronic alert systems."</p>	F 689			