

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

PRINTED: 12/01/2020
FORM APPROVED
OMB NO. 0938-0391

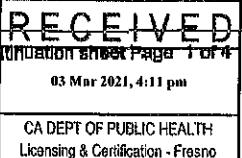
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 058338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/01/2020
NAME OF PROVIDER OR SUPPLIER DYCORA TRANSITIONAL HEALTH - CLOVIS			STREET ADDRESS, CITY, STATE, ZIP CODE 111 BARSTOW AVE. CLOVIS, CA 93812		
(X4) ID PREFIX TAG F 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG F 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 658 SS=D	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health - Licensing and Certification during an ABBREVIATED SURVEY for Complaint CA00679995.</p> <p>Representing the California Department of Public Health - Licensing and Certification: Federal ID 39150.</p> <p>The ABBREVIATED SURVEY was limited to the specific Complaint investigated and does not represent the finding of a full inspection of the facility.</p> <p>One deficiencies were issued for Complaint CA00679995.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to meet professional standards of practice and follow the facility skin integrity policy and procedure for one of three sampled residents (Resident 1) when Licensed Nurse (LN) 1 did not conduct a wound assessment and document a condition for Resident 1's sacral (tail bone) pressure ulcer (wound created due to pressure). This failure had the potential for Resident 1's</p>		F 658	<p>AMMENDED F 658 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>a) The resident, (Resident 1) discharged on 09/02/2019</p> <p>b) All residents that have skin conditions and/or wounds have the potential to be affected. The wound assessments on all in house residents with wounds were completed and found no further deficient practice. The physician was notified on 08/10/2019 of the change in the wound and came into the facility to see and assess Resident 1 and new orders were given. The new orders were carried out by the Director of Nurses on 08/10/2019.</p> <p>c) Licensed Nurses and C.N.A.'s were in serviced on skin conditions on: 09/09/2019, 09/13/2019 and 12/20/2019. Licensed Nurse and C.N.A.'s will receive an in service upon next scheduled day, if they are not available the day of in service. Completed by the Director of Staff Development and Director of Nurses.</p>	

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

TITLE

(X5) DATE

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

DYCORA TRANSITIONAL HEALTH - CLOVIS

STREET ADDRESS, CITY, STATE, ZIP CODE

111 BARSTOW AVE.
CLOVIS, CA 93612

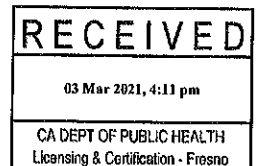
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F 658	<p>Continued From page 1</p> <p>change of condition to not being addressed by the nursing staff which resulting in a delay of treatment and/or services.</p> <p>Findings:</p> <p>During a concurrent interview and record review with the Director of Nursing (DON), on 6/10/20 at 3 p.m., the DON reviewed Resident 1's admission record dated 8/8/19 and stated Resident 1 had a suspected deep tissue injury (DTI- persistent non-blanchable deep red, purple or maroon colored intact skin, non-intact skin or blood-filled blisters caused by damage to the underlying soft tissues, caused by pressure) on the admission skin assessment document. The DON stated on 8/11/19, the Medical Doctor (MD) ordered ointment for an unstageable pressure ulcer (DTI).</p> <p>During a concurrent interview with the DON and clinical record review of Resident 1's "Order Summary Report" dated 3/16/20, Resident 1's "Order Summary Report" indicated, "...[brand name] Ointment (medication to remove dead tissue [DTI]) 250 unit/GM (gram) (unit of measurement) ...Pressure ulcer of sacral region (individual's tailbone), unstageable ...Order Date 8/11/2019 ...Start Date 8/12/2019 ..." The Don reviewed Resident 1's clinical record and was unable to find a change of condition assessment indicating Residents 1's DTI had gone from intake skin to an open wound. The DON state LN 1 did not complete a change of condition skin integrity assessment after there was a significant change in Resident 1's pressure ulcer. The DON stated Resident 1's pressure ulcer had become an open wound. The DON stated the open wound should have been measured for size but was not. The DON stated the change of condition skin</p>	F 658	<p>d) The facility will monitor compliance of the wound assessments being completed by the medical records conducting audits in the daily clinical review meeting, by using the follow up correction form. Any issues with non-compliance will be corrected by the Licensed Nurse immediately (As soon as possible no longer than 24 hours) and a report made to the Director of Nursing. The Director of Nursing Services will bring trends from the audits to the monthly QAPI committee for review and recommendation. If no trends are noted after auditing for 90-days, the item will be removed from the agenda.</p> <p>e) 12/31/2020</p>	

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03 Mar 2021, 4:11 pm
CA DEPT OF PUBLIC HEALTH Licensing & Certification - Fresno

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F 658	<p>Continued From page 2</p> <p>assessment was important because it documented the measurements (size) and staging (severity of tissue damage) of the wound. The DON stated the full assessment of the wound was important to evaluate the healing or decline process of the wound. The DON stated the expectation of the LNs was to complete a wound assessment for Resident 1's wound and the policy process of the facility, and that was not done. The DON stated a potential negative outcome of LNs not completing a change of condition wound assessment was that staff providing care to Resident 1 would not be able to see if the wound was getting better or worse, placing Resident 1 at risk for unnoticed wound complications. A request was made to interview LN 1 and the DON state LN 1 was not available for interview.</p> <p>During an interview with LN 2, on 6/10/20 at 2:42 p.m., LN 2 stated the process for residents with a physical change of condition, such as a wound, a change of condition skin assessment should have been completed and documented. LN 2 stated the assessment would have included a visual inspection of the wound, taking pictures, measuring the wound, observe for wound drainage, unusual wound odor, color, depth and notification to the MD of the wound condition. LN 2 stated the wound assessment would also include educating the resident on measures to help to improve wound healing. LN 2 stated the final and very important step was to ensure all assessment information was fully documented in Resident 1's clinical record.</p> <p>During a review of the facility's policy and procedure titled, "Skin Integrity" undated, indicated, "Process: Residents will have skin</p>	F 658			



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F 658	Continued From page 3 Integrity reviews complete upon admission, weekly, before a transfer ... and as necessitated by a change of condition ..." The "Lippincott Manual of Nursing Practice" 10th Edition dated 2014, page 16-17 indicated, " Standards of practice General Principles... 1 b. These standards provide patients with a means of measuring the quality of care they receive. Common Departures from the Standards of Nursing Care... failure to monitor or observe ...communicate or document a significant change in a patient's condition..."	F 658			

