

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

PRINTED: 01/25/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTONWOOD HEALTH CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 COTTONWOOD STREET</b> <b>WOODLAND, CA 95695</b>		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated survey for complaint #CA00421925.  Representing the Department of Public Health: HFEN 29823 HFEN 34979  The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility.  The facility census was 86 and the sample size was 2.	F 000	The following constitutes the facilities response to the findings of the Department of Public Health Services and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies.  This plan of correction is prepared as required by the provisions of the Health and Safety Code, 42 CFR and constitutes the facilities written credible allegation of compliance.		
F 514 SS=D	483.75(I)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based on staff interviews, clinical records reviews, and facility policy reviews, the facility failed to maintain complete and accurately	F 514	F514 483.75 (I)(1) RECORDS-COMplete/ACCURATE ACCESSIBLE  The patient discharged from the facility on 12/4/2014.  How the facility will identify other residents having the potential to be affected by the same deficient practice:  Going forward all current resident's clinical records will be evaluated for accuracy and compliance with facility policies and procedures related to this F-tag.		

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

TITLE

(X6) DATE

*Michael Smith (Signed for James Ellis-Sherinian)* V P of Operations 2/5/15

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 514	<p>Continued From page 1</p> <p>documented clinical records for 1 of 2 sampled residents (1) when:</p> <ol style="list-style-type: none"> <li>1. They failed to document on the November 2014 MAR (Medication Administration Record), medications that were not given or refused and,</li> <li>2. Accurately document the reason Temazepam was refused.</li> </ol> <p>This failure had the potential to cause an unsafe health care environment for the Resident 1.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Resident 1 was admitted to the facility for rehabilitation from a fracture. Review of Resident 1's "Record of Admission" indicated the resident was admitted on 11/14/2014 at 4:53 p. m.</li> </ol> <p>The Physician Orders dated 11/14/2014 indicated , COQ 10 (supplement) 200 mg (milligrams, unit of measure) QD (every day), Glucosamine (supplement) 500 mg QD, Mobic (for osteoarthritis) 15 mg QD, and Align (supplement) 4 mg were ordered.</p> <p>In a concurrent interview and clinical record review with LN1 (licensed nurse) on 12/10/14 at 11:30 a.m. , she indicated Align, COQ 10, Glucosamine, and Mobic were circled on the MAR as not given on 11/20, 11/21, 11/22, and 11/24/14. She verified the medications were not recorded on the nurses medication notes form that was utilized to indicate refused medications or the reasons they were not given. LN1 stated, "The reason the medication was not given should have been documented on the nurses medication notes form."</p>	F 514	<p>Specific Action:</p> <p>Licensed Nurses will be in serviced on accuracy and compliance with facility policies and procedures related to this F-tag, specifically that resident's clinical records are complete, accurately documented, readily accessible, and systematically organized, including accurately documenting the reason for refused drugs.</p> <p>Direct responsibility: DNS or Designee</p> <p>Systemic change:</p> <p>Medical Records and/or facility auditors will audit charts daily (Monday-Friday) for accurate documentation.</p> <p>DNS or designee will assess the audits once completed. This will also include reviewing trends by staff.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>This plan will be implemented and the corrective action evaluated for its effectiveness.</p> <p>This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI) program.</p>		

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F 514	<p>Continued From page 2</p> <p>In a concurrent interview and clinical record review with LN2 on 12/10/14 at 11:45 a.m., she indicated Align, COQ 10, Glucosamine, and Mobic were circled on the MAR as not given on 11/20, 11/21, 11/22, and 11/24/14. She verified the medications were not recorded on the nurses medication notes form that was utilized to indicate refused medications or the reasons they were not given.</p> <p>2. Review of Resident 1's Physician Orders dated 11/14/2014 included Temazepam (for insomnia) 7.5 mg Q (every) HS (at night) was ordered. Further review of Resident 1's Physician Orders dated 11/14/2014 indicated the order for the Temazepam was faxed to the pharmacy on 11/14/2014 at 8:08 p.m.</p> <p>Review of Resident 1's MAR indicted Temazepam was circled on 11/14, 11/15, and 11/16/14 as not given.</p> <p>Review of Resident 1's medication notes form dated 11/14/2014 indicated, "Circled med not given awaiting pharmacy." On 11/15/2014 the nurse documented, "Circled med not given. Resident does not want." On 11/16/2014, Temazepam was circled on the MAR and the nurse did not document the reason the medication was not given.</p> <p>In a concurrent interview and clinical record review with LN1 on 12/10/14 at 11:30 a.m., she verified that Temazepam was circled on 11/14, 11/15, and 11/16/14. LN1 also verified that on 11/16/2014, Temazepam was circled on the MAR and the nurse did not document the reason the medication was not given. LN1 stated, "The reason the medication was not given should have</p>	F 514	<p>The Clinical Care Subcommittee, of the Quality Assurance Performance Improvement Committee, chaired by the Director of Nursing Services, shall review the audits to ensure compliance.</p> <p>Responsible: Director of Nursing Services, Medical Records and/or IDT</p> <p>Completion Date: 02-10-2015</p>		

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F 514	<p>Continued From page 3</p> <p>been documented on the nurses medication notes form."</p> <p>In a concurrent interview and clinical record review with LN2 on 12/10/14 at 11:45 a.m., she verified that Temazepam was circled on 11/14, 11/15, and 11/16/14. LN1 also verified that on 11/16/2014, Temazepam was circled on the MAR and the nurse did not document the reason the medication was not given. LN2 stated, "The reason the medication was not given should have been documented on the nurses medication notes form."</p> <p>Review of the Administering Medication Policy revised December 2012 under the section "Charting Withholding/Refusal of Medications on the MAR" included, "18. If a drug is withheld, refused, or given at any time other than the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and dose."</p> <p>Review of the receipt from the pharmacy indicated the facility did not receive the Temazepam until 11/17/2014 at 11:55 a. m.</p> <p>In an interview with Director of Nursing (DON) on 12/10/14 2:30 p.m., Resident 1's inaccurate medication documentation for Temazepam was discussed. She stated the Temazepam was ordered on 11/14/2014 and received on 11/17/14 because it required a triplicate prescription. She stated, "The nurse was supposed to maintain accurate and complete documentation regarding the resident. The nurse should have documented on the medication notes form, the medications that were not given and the reason why. This is</p>	F 514			

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F 514	Continued From page 4 not in our policy but it is the best standard of practice."	F 514			
F 517 SS=E	483.75(m)(1) WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS  The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.  This REQUIREMENT is not met as evidenced by: Based on staff interviews and facility document review, the facility failed to have detailed written plans and procedures to meet all potential emergencies when their Fire and Disaster Manual evacuation plan for residents with impaired hearing or vision was not updated for a census of 86.  This failure had the potential to result in injury or harm to residents during evacuation for fire or disaster.  Findings:  On 12/10/14, the facility Fire and Disaster Manual last approved 2/19/14 was reviewed. Page EFP (Emergency Fire Procedures)-16 of the manual specified under the section titled, "RESIDENTS WITH IMPAIRED HEARING OR VISION, 1. In the event of a fire/internal disaster or external disaster, the charge nurse at each station will assign specific staff to inform and assist hearing or vision impaired residents. 2. Assigned staff will secure the list of residents with impaired hearing or vision, and then locate and assist these	F 517	F517 483.75 (m)(1) WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS  Social Services updated the list of Residents with Impaired Hearing or Vision on 12/9/14.  How the facility will identify other residents having the potential to be affected by the same deficient practice:  Going forward Social Services or designee will update the list of residents with impaired hearing or vision when changes in resident census deem necessary.  Specific Action:  Social Services will be in serviced on keeping the list of Residents with Impaired Hearing and Vision updated.  Direct responsibility: Administrator or Designee  Systemic change:  Social Services or Designee will update the list of Residents with impaired hearing or vision when changes in resident census deem necessary.		



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F 517	<p>Continued From page 5 residents. ..."</p> <p>The following Fire and Disaster Manual page was a facility form dated, "MONDAY JUNE 17, 2013". It contained the names and room numbers of the 87 residents in the facility. The form designated residents who were, "Hearing or sight impaired."</p> <p>In a concurrent interview and facility manual review with the Social Services Director(SSD) on 12/10/2014 at 11:55 a.m., the Fire and Disaster Manual was discussed and reviewed. She said she maintained a list of hearing and visually impaired residents for the survey binder and kept it there. When asked if this was the only place she put the list of hearing and visually impaired residents, she stated, "Yes." She further stated she had not updated the list since June 2014. The SSD reviewed the Fire and Disaster Manual and verified the facility form containing the names and room numbers of the 87 residents in the facility, dated Monday June 17, 2013 was outdated.</p> <p>In a concurrent interview and facility manual review with the assistant administrator on 12/10/14 at 12:15 p.m., the facility Fire and Disaster Manual was discussed and reviewed. He validated the page titled, "RESIDENTS WITH IMPAIRED HEARING OR VISION" instructed the charge nurse at each station was to assign specific staff to inform and assist hearing or vision impaired residents. He further acknowledged the assigned staff would secure the list of residents with impaired hearing or vision in order to locate and assist them. He confirmed the facility's form [in the facility Fire and Disaster manual] that contained the names and room numbers of the 87 residents in the</p>	F 517	<p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Administrator or designee will spot for accuracy.</p> <p>This plan will be implemented and the corrective action evaluated for its effectiveness.</p> <p>This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI) program.</p> <p>Responsible: Administrator, Social Services, or designee</p> <p>Completion Date: 02-26-2015</p>		

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F 517	Continued From page 6 facility, dated Monday June 17, 2013 was outdated.	F 517			
F 518 SS=E	When asked for the facility's policy on the Fire and Disaster, the administrator stated there was none. 483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS  The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures.  This REQUIREMENT is not met as evidenced by: Based on staff interviews and facility document review, the facility failed to train all employees in emergency procedures when staff were not aware that the evacuation plan required a current list of residents with impaired hearing or vision for a census of 86.  This failure had the potential to result in injury or harm to residents during evacuation for fire or disaster.  Findings:  In an interview with Licensed Nurse (LN) 2 on 12/10/14 at 11:45 a.m., the current list of visual and hearing impaired residents was requested. She responded, "We don't keep one."  In an interview with LN3 on 12/10/14 at 11:46 a.m., the current list of visual and hearing	F 518	F518 483.75 (m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS  Social Services updated the list of Residents with Impaired Hearing or Vision on 12/9/14. Licensed Nurses and Department Managers will be in-serviced on location of the list of Resident's with impaired hearing or vision.  How the facility will identify other residents having the potential to be affected by the same deficient practice:  Going forward Social Services or designee will update the list of residents with impaired hearing or vision when changes in resident census deem necessary, and will alert the Licensed nurses to any updates.  Specific Action:  DSD will in service Licensed Nurses and Department managers on Emergency Procedures/drills, including a review of the list of residents with impaired hearing and vision and the location of the list.		

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F 518	<p>Continued From page 7</p> <p>impaired residents was requested. She said that they don't have one.</p> <p>In an interview with LN4 on 12/10/14 at 11:48 a.m., the current list of visual and hearing impaired residents was requested. LN4 said no list was maintained for visual or hearing impaired residents. She suggested social services might have one.</p> <p>In an interview with LN5 on 12/10/14 at 11:49 a.m., the current list of visual and hearing impaired residents was requested. LN5 said there was no list for that at the nurses station.</p> <p>In a concurrent interview and facility manual review with the Social Services Director (SSD) on 12/10/2014 at 11:55 a.m., the Fire and Disaster Manual was discussed and reviewed. She stated she maintained a list of hearing and visually impaired residents for the survey binder and kept it there. When asked if this was the only place that she put the list of hearing and visually impaired residents, she stated, "Yes." When asked if there was a list of hearing and visually impaired residents in the facility Fire and Disaster Manual, she said, "It would be a good idea."</p> <p>On 12/10/14, the facility Fire and Disaster Manual last approved 2/19/14 was reviewed. Page EFP (Emergency Fire Procedures)-16 of the manual specified under the section titled, "RESIDENTS WITH IMPAIRED HEARING OR VISION,</p> <ol style="list-style-type: none"> <li>1. In the event of a fire/internal disaster or external disaster, the charge nurse at each station will assign specific staff to inform and assist hearing or vision impaired residents.</li> <li>2. Assigned staff will secure the list of residents with impaired hearing or vision, and then locate and</li> </ol>	F 518	<p>Direct responsibility: DSD or Designee</p> <p>Systemic change:</p> <p>DSD train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff and carry out unannounced staff drills using those procedures.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>DSD or designee, will carry out unannounced staff drills to review procedures with existing staff.</p> <p>This plan will be implemented and the corrective action evaluated for its effectiveness.</p> <p>This plan of correction is integrated into the Quality Assurance Performance Improvement (QAPI) program.</p> <p>Responsible: DSD or designee.</p> <p>Completion Date: 02-26-2015</p>		



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F 518	<p>Continued From page 8</p> <p>assist these residents. ..."</p> <p>The following Fire and Disaster Manual page was a facility form dated, "MONDAY JUNE 17, 2013." It contained the names and room numbers of the 87 residents in the facility. The form designated residents who were, "Hearing or sight impaired."</p> <p>In a concurrent interview and facility manual review with the assistant administrator on 12/10/14 at 12:15 p.m., the facility Fire and Disaster Manual was discussed and reviewed. He validated the page titled, "RESIDENTS WITH IMPAIRED HEARING OR VISION" instructed the charge nurse at each station to assign specific staff to inform and assist hearing or vision impaired residents. He further acknowledged the assigned staff would secure the list of residents with impaired hearing or vision in order to locate and assist them. He confirmed the form listing the residents with impaired hearing or vision should be current and kept in the manual. He said staff should be aware that this form is in the facility's Fire and Disaster Manual</p> <p>When asked for the facility policy on the Fire and Disaster, the administrator stated there was none.</p>	F 518			