

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

PRINTED: 10/25/2013
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|--|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555771 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/15/2013 |
|--|--|--|---|

NAME OF PROVIDER OR SUPPLIER

GLENWOOD GARDENS SNF

STREET ADDRESS, CITY, STATE, ZIP CODE

350 CALLOWAY DRIVE, BUILDING C
BAKERSFIELD, CA 93312

(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.

Entity Reported Incident: 364133

Representing the Department:

14748, HFEN

The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.

One deficiency was issued as a result of entity reported incident 364133.

F 323
SS=D

483.25(h) FREE OF ACCIDENT
HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility failed to ensure one resident (A) received adequate assistance devices to prevent and/or mitigate falls, which resulted in repeated falls and a fractured pelvis (ring-like structure of bones at the lower end of the trunk).

F 000

The following is the Plan of Correction for Glenwood Gardens Skilled Care Center regarding the Statement of Deficiencies dated October 25, 2013. This Plan of Correction is not to be construed as an agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanctions or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvements to satisfy that objective. This Plan of Correction constitutes my written credible allegations of compliance for the deficiencies noted.

William L. Belonger

William L. Belonger

William L. Belonger

12/20/13

12/11/13

12/3/13

(X5) DATE

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

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 30 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.

12/20/13 JOC

Accepted

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|--------------------------|--|---------------------|--|----------------------------|
| | | | | |

Newly admitted residents
will all be evaluated for fall
risk during the admission

WOLB

02 SEP 2017

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| NAME OF PROVIDER OR SUPPLIER GLENWOOD GARDENS SNF | | | STREET ADDRESS, CITY, STATE, ZIP CODE 350 GALLOWAY DRIVE, BUILDING C BAKERSFIELD, CA 93312 | | |
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| F 323 | <p>Continued From page 2</p> <p>were not in use at the time of the fall. "When (the fall) happened there was no bed alarm or mattress (on the floor). There should have been. I really don't know why (none were provided)."</p> <p>During an interview with Registered Nurse (RN) 1 (Resident A's nurse at the time of the fall) on 10/7/13 at 4:53 PM, she was asked how CNA's are supposed to know what equipment to use with a resident. RN 1 replied she did not check the resident's equipment and CNA 1 did not ask her about it. "The CNA is supposed to ask the nurse."</p> | | <p>process by a Registered Nurse. A care plan will be developed to address potential risks for fall.</p> <p>Residents with a fall incident will receive a clinical status review by a registered nurse along with the interdisciplinary team the day after the fall or the Monday immediately after the incident. All current residents will continue to be reviewed quarterly for fall risk and care plans will be updated as appropriate.</p> <p>After each fall, the IDT will be responsible to review and update the and make changes to the Care Plan as needed. IDT will review and update Resident's Care Plan each Quarter. Guidelines will be post inside closet door.</p> <p>Nursing staff have been re-in-serviced on the community's fall prevention program by the director of nursing.</p> | <p>used ongoing</p> <p>ongoing</p> <p>12/24/13</p> <p>WLB</p> <p>10/28/13</p> | |

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F 323

Continued From page 2
were not in use at the time of the fall. "When (the fall) happened there was no bed alarm or mattress (on the floor). There should have been. I really don't know why (none were provided)."

During an interview with Registered Nurse (RN) 1 (Resident A's nurse at the time of the fall) on 10/7/13 at 4:53 PM, she was asked how CNA's are supposed to know what equipment to use with a resident. RN 1 replied she did not check the resident's equipment and CNA 1 did not ask her about it. "The CNA is supposed to ask the nurse."

The Director of Nursing along with the interdisciplinary team will review each fall incident the day after the incident or the Monday after the weekend of the incident for a quality of care meeting. Approaches to the care plan will be reviewed and modified as needed to meet the resident's needs. Falls will be tracked by the Director of Nursing every month. The report of the findings will be reported to the QAPI committee monthly for three months for ongoing compliance monitoring..

11/10/2013