

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1 PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555494	X2 MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	X3 DATE SURVEY COMPLETED C 11/12/2015
NAME OF PROVIDER OR SUPPLIER BRASWELL'S HAMPTON MANOR		STREET ADDRESS CITY, STATE ZIP CODE 11970 4TH STREET YUCAIPA, CA 92399	

(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
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F 000 INITIAL COMMENTS:

The following reflects the findings of the California Department of Public Health during an abbreviated survey to investigate a complaint.

Complaint #: CA00458798

Representing the Department of Public Health:
33787

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 CA00458798

F 174 483.10(k),(l) RIGHT TO TELEPHONE ACCESS
SS=D WITH PRIVACY

§483.10(k) Telephone

The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.

§483.10(l) Personal Property

The resident has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review the facility failed to ensure the personal property for 1 of 3 sampled residents (Resident 1) was safe, and protected, and remained available for the resident's use. This failure resulted in Resident

F 000

This document will serve as a credible allegation of our intent to correct the deficient practices identified. The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did, in fact, exist. This plan of correction is filed as evidence of the facility to comply with the requirements of participation and to continue to provide high quality resident care.

F 174 Corrective Action for residents found to have been affected by this deficiency:

F 174

The facility has a patient specific cordless telephone installed Spring of 2012 that can be used by any resident in their room. Its charging station/home is near the nurses station. If privacy cannot be obtained in patient's room, we make accommodations for other areas including a sitting room and small dining room.

Corrective Action for other residents that may be affected by this deficiency:

The facility will continue to inform residents upon admission of the resident's right to use the phone that is available to them, confidentially if necessary. A new sign has been posted near our announcement board informing residents of phone.

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

TITLE

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

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F 174	Continued From page 1 1's belongings being lost. Finding: During an interview with the complainant on September 23 2015, at 4:30 PM, the complainant stated that when Resident 1 was in the facility, Resident 1 had personal items that was brought to her. The complainant stated that some of Resident 1's belongings were found to be missing. During a review of Resident 1's inventory of personal possessions dated August 15, 2015, it documented the following items: 1. 1 gray PJ set 2. 1 blue slack 3. 1 dark beige pants 4. 1 blue button up flower gown During an interview with the Social Worker (SW) on September 24 2015 at 4:10 PM, SW stated that Resident 1 was discharged from the facility on _____, some of Resident 1's belongings were missing. The SW confirmed that the above list of belongings were missing from the inventory list upon discharge. The SW stated the staff did not know how those items got lost. An interview was conducted with the Director of Nursing (DON) on September 24, 2015 at 4:00 PM, the DON stated "We do not have any record stating that we followed up on Resident 1's missing items. We usually call the family and offer monetary replacement if we can not locate the missing items."	F 174	<u>Measures and systematic changes that will be put into place to ensure that this deficiency does not recur:</u> The Plant Manager will ensure monthly (for the next 12 months) that the patient phone is available and functioning for patient use. Additionally, the Activities Director will ensure at Resident Council that residents are aware of the patient phone (for the next 12 months). <u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:</u> The Plant Manager and Activities Director will report to the Administrator any findings from the monthly reports. They will in turn report any findings to the monthly QA meetings until resolved. <u>F 174: Corrective Action for residents found to have been affected by this deficiency:</u> The Social Services Director (SSD) made 3 attempts at contacting the spouse (also the responsible party) of the resident without response or return call. The SSD then sent a certified mail which was received by spouse. No response has been received.

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F 174 Continued From page 2

Review of the facility's policy and procedure titled "Theft and loss Prevention", undated, indicated "This facility shall make reasonable effort to safeguard resident property that is listed in the Resident's inventory list. 3. Social Services will investigate and locate missing items and submit a written report with recommendations to the Administrator for approval.

F 174

Corrective Action for other residents that
may be affected by this deficiency:

The SSD and Social Services Assistant have been retrained on appropriate handling of theft and loss prevention, that they will investigate and locate missing items and submit a written report with recommendations to the Administrator for approval. Additionally, all nursing staff have been inservice on the Labeling of Personal Items and Inventory List Policy in which they communicate complaints/grievances to Social Services. Inservice completed 11/16/15.

Measures and systematic changes that
will be put into place to ensure that this
deficiency does not recur:

The SSD and Social Services Assistant will audit inventory sheets upon discharge of residents to ensure residents have all inventoried items. If any discrepancies occur they will follow facility policy. The facility also provides Complaint/Grievance forms at the nurses station that, once completed, are given directly to Social Services.

Measures that will be implemented to
monitor the continued effectiveness of the
corrective action taken and to ensure that
correction is achieved and sustained:

The Social Services Director and/or Social Services Assistant will report to the Administrator any findings of inventory discrepancies from their audits. The Social Services Director will report any findings to the monthly QA meetings until resolved.

Date of Completion:

11/24/2015