

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

PRINTED: 12/22/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2011
NAME OF PROVIDER OR SUPPLIER VALLEY WEST CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1224 E STREET WILLIAMS, CA 95987	
(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 represents the findings of the California Department of Public Health during a recertification survey from 12/12 to 12/15/11. Representing the Department: 29635, HFEN; 29581, HFEN; and 22707, HFEN Census: 84 Sample size: 17	F 000	THIS PLAN OF CORRECTION CONSTITUTES MY WRITTEN CREDIBLE ALLEGATION OF COMPLIANCE FOR THE DEFICIENCY NOTED:	
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain a sanitary interior when a shower room and an ice machine showed evidence of inadequate cleaning and maintenance. Findings: 1. During an observation on 12/12/11 at 10:30 am, the double shower room on the locked unit had a dark substance where the walls met the floor extending along the three sides of each shower stall. Along the back wall of the room, opposite the door, there was an 18 inch section where the wall met the floor, there was grout missing. There was a dark colored substance in the gap left by the missing grout.	F 253	Brownish/black substance removed from ice machine 12/12/11 Dark substance removed and missing grout replaced in shower room. 12/27/11 F253 All residents have the potential to be affected by the deficient practice. Shower room to be monitored by Maintenance Supervisor and Housekeeping supervisor during routine rounds at least monthly for cleanliness of the shower rooms.	

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

TITLE

(X6) DATE

S. V. Miller ADMINISTRATOR 12/27/11

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 253	Continued From page 1 In an interview on 12/12/11 at 10:40 am, Licensed Nurse (LN) A confirmed the above. 2. During the initial tour on 12/12/11 at 10:15 am, the ice machine, located in the time-clock room, had a visible caked brownish/black substance along the bottom and the right side edge. Inside the ice machine, the substance stretched approximately two inches long and 1/4 inch wide on a metal divider, which protruded at a backward angle from the ice release area. During a concurrent interview, Licensed Nurse (LN) B verified the above and visualized part of the brownish/black being removed with a paper towel by the surveyor.	F 253	Ice machine to be monitored at two week intervals between monthly scheduled cleaning of ice machine by maintenance supervisor. Both issues to be monitored through the facility-wide CQI program and reported quarterly to QAA Committee until compliance sustained. Completion Date: 12/27/11 RESPONSIBLE: Maintenance and Housekeeping Supervisor		

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