POC reviewed & accepted 9/13/11 by R Sekhon

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FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	565832	A. BUILDING _____ B. WING _____	07/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	527 S VALINDA AVENUE WEST COVINA, CA 91790

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	
F 000	INITIAL COMMENTS	F 000	
	The following reflects the findings of the Department of Public Health during a Recertification survey.		
	Representing the Department of Public Health:		
	Surveyor ID: 05379 Surveyor ID: 17019 Surveyor ID: 04917		
	Total Population: 27 Sample Size: 10		
	Highest Scope and Severity: E		
F 226 SS=E	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES	F 226	Corrective action for employee records found to have been effected by this deficiency. The facility will ensure it follows Policy and Procedure for screening for all new employees Background before hiring. All new employee background screenings will be obtained before hiring. By Human Resource staff All newly hired employees background screenings will be reviewed before hiring. By DSD and Administrator 7/31 2011
	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement the written abuse policies and procedures that include training and screening new employees. Five of five employee personnel files were incomplete, with regard to criminal background screening, and one of five employee personnel files, with regard to evidence of licensure verification. This had the potential to result in failing to prevent occurrences of abuse. Findings:		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Anne Koechritz Administrator 9-8-2011

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 225	Continued From page 1 On July 30, 2011, between 11:05 p.m. and 12:45 p.m., the surveyor reviewed five employee files in the presence of the director of staff development (DSD). A review of employee files revealed the following: a Licensed Vocation Nurse (LVN) was hired on September 24, 2010; Registered Nurse (RN) was hired March 17, 2011; Certified Nursing Assistant (CNA 1) was hired on April 23, 2011; Dietary Aide was hired on May 11, 2011; and the Certified Nursing Assistant (CNA 2) was hired on May 22, 2011. The findings are as follows: a. Five of five employees files lacked evidenced of timely criminal background/conviction checks, and one of five employee files lacked evidence of licensure verification, prior to hire, as follows: 1. One employee, hired as Licensed Vocation Nurse (LVN) on September 24, 2010, revealed that the facility requested a pre-employment criminal background screen through "Tru Diligence" information service company on September 27, 2010. The written report by "Tru Diligence" information service company revealed that "Tru Diligence" had not completed the criminal background screen until September 29, 2010, and a copy of the "Tru Diligence" report was not printed by the facility until October 1, 2010, according to the documentation reviewed in the LVN's employee's file. 2. One employee, hired as Registered Nurse (RN) on March 17, 2011, revealed that the facility requested a pre-employment criminal background screen through "Tru Diligence" information service company on March 21, 2011. The written report by "Tru Diligence" information service company revealed that "Tru Diligence" had not	F 225	Quarterly audits will be done to insure compliance on employee background screenings and report findings to the administrator on a quarterly basis By DSD **Facility will ensure it follows policy and procedure for screening potential employees and licensure verification before hiring.** Employees with missing professional license has been verified and placed in employee records. By DSD All current employee records have been audited for verification of professional license and/or certification. By DSD All employee licensure verification will be completed before hiring. By DSD	07/31 2011 08/03 2011

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	555832	A. BUILDING _____ B. WING _____	07/28/2011

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CLARA BALDWIN STOCKER HOME	827 E VALINDA AVENUE WEST COVINA, CA 91790

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F 226	Continued From page 2 completed the criminal background screen until March 23, 2011, and a copy of the "Tru Diligence" report was not printed by the facility until March 24, 2011, according to the documentation reviewed in the RN's employee's file. 3. One employee, hired as Certified Nursing Assistant (CNA 1) hired on April 23, 2011, revealed that the facility requested a pre-employment criminal background screen through "Tru Diligence" information service company on April 26, 2011. The written report by "Tru Diligence" information service company revealed that "Tru Diligence" had not completed the criminal background screen until May 2, 2011, and a copy of the "Tru Diligence" report was not printed by the facility until May 3, 2011, according to the documentation reviewed in the CNA 1's employee's file. 4. One employee, hired as Dietary Aid on May 11, 2011 revealed that the facility requested a pre-employment criminal background screen through "Tru Diligence" information service company on May 16, 2011. The written report by "Tru Diligence" information service company revealed that "Tru Diligence" had not completed the criminal background screen until May 19, 2011, and a copy of the "Tru Diligence" report was not printed by the facility until May 19, 2011, according to the documentation reviewed in the Dietary Aid's employee's file. 5. One employee, hired as Certified Nursing Assistant (CNA 2) hired on May 22, 2011, revealed that the facility requested a pre-employment criminal background screen through "Tru Diligence" information service	F 226	Quarterly audit of employee files will be completed by the DSD, and reports of the findings to be monitored . By Administrator	

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F 226	Continued From page 3 company on May 27, 2011. The written report by "Tru Diligence" information service company revealed that "Tru Diligence" had not completed the criminal background screen until June 3, 2011, and a copy of the "Tru Diligence" report was not printed by the facility until June 3, 2011, according to the documentation reviewed in the CNA 2's employee's file. 5. One employee, hired as Licensed Vocation Nurse (LVN) on September 24, 2010, revealed that the facility failed to include evidence of documentation that the LVN's license was verified, prior to hire, and at time the LVN's personnel file was reviewed on July 30, 2011. During the Recertification survey, the facility failed to provide documented evidence to the surveyor that the LVN's licensure was verified. On July 30, 2011, at 12:30 p.m., during an interview, the Director of Staff Development stated that the criminal background screening was requested by the administrator, and that the employee's criminal background screening documentation was placed in a confidential file, in the possession of the administrator. On July 30, 2011, at 2:30 p.m., during a review of the facility's policy and procedure titled, "Abuse Policy and Procedure," dated June 2006, indicated it was the facility's policy and procedure to screen, before hiring all potential employees, for history of abuse, neglect or mistreating residents. Appropriate licensing boards are called to verify credential and screen for any other allegation or reports of incidents. A criminal history is to be conducted according to federal	F 226		

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F 225	Continued From page 4 and/or state law. Documentation will include name of person conducting the verification, appropriate verification numbers and date of verification.	F 225		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility's staff failed to ensure that medications were administered correctly for one of 10 sample residents (Resident 4). This had a potential to result in delivering less of a medication dose than was ordered that might lead to ineffective treatment. Findings: Resident 4 was admitted to the facility on 7/20/11, with diagnoses that included cerebrovascular accident (stroke), congestive heart failure and hypertension. One of the medications included Debrox to remove ear wax. On 7/29/11 at 7 p.m., a licensed nurse (LVN 1) was observed as he administered Resident 4's Debrox ear drops. After instilling two drops in the left ear, LVN 1 repositioned the resident to instill	F 309	The facility will ensure that medications are given by manufactures specifications or accepted professional standards. Resident #4 ear drops were given per manufactures specifications and MD's order. Facility reviewed all residents MD's order for ear drops. No other resident has current orders for ear drops. By DON Inservice provided to Licensed Nursed for correct procedure for administration of ear drops. By DON	08/01 2011 08/01 2011 08/01 2011

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F 309	Continued From page 5 two drops in the right ear without waiting for at least 5 minutes for the medication to work and break down the ear wax. This was also observed by another licensed nurse (LVN 2) who assisted with turning the resident. After administering the two drops in the right ear, the resident's head was repositioned without first waiting for at least 5 minutes. This was discussed with the Director of Nursing (DON) and LVN 2 on 7/29/11 at 8:20 p.m. and both acknowledged the facility's failure to ensure that Resident 4's medications were administered correctly. The manufacturer's recommendations indicated to "Keep drops in ear for 5 minutes by keeping head tilted or placing cotton in ear." The facility's policy and procedures, Ear Drop Administration, dated 6/2011, indicated "Instruct Resident/Patient to remain in position approximately 5-10 minutes with affected ear upward."	F 309	Monthly audit for residents with ear drops orders to ensure correct administration of ear drops. By DSD or Pharmacist Results of audit will be monitored to ensure correction is achieved and sustained on a quarterly basis By QA Committee	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced	F 315	The facility will ensure that residents with a catheter will receive the appropriate care and services to prevent infections to the extent possible.	

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F 315	Continued From page 6 by: Based on observation, interview, and record review, the facility's staff failed to monitor and notify the resident's physician of the presence of cloudiness and sediments in the urine for one (Resident 4) of two sample residents who had indwelling urinary catheters in a total sample of 10 residents. This had a potential to delay the identification of the signs and symptoms of urinary tract problems that can lead to a delay in treatment of urinary tract problems, such as infections. Findings: a. Resident 4 was admitted to the facility on 7/20/11, with diagnoses that included cerebrovascular accident (stroke), congestive heart failure and hypertension. The resident was admitted with an indwelling urinary catheter (a flexible plastic tube inserted into the bladder to drain urine). On 7/28/11 at 7:10 p.m., the resident's urinary catheter tubing was observed cloudy with a lot of sediments. LVN 1 was also in the room attending to the resident as he administered the resident's evening medications. On 7/29/11 at 9 p.m., Resident 4's clinical record was reviewed. There was no documented evidence that the facility's staff observed or assessed the resident's urinary status (characteristics of the urine and the indwelling urinary catheter which may include: color/smell of urine, signs and symptoms of infections such as cloudiness and/or presence of sediments), on 7/28/11. A care plan approach dated 7/20/11,	F 315	Resident #4. MD was contacted and order was received for UA C&S to determine if resident has UTI. By Charge Nurse Resident #1 Resident was assessed by Nurse Practitioner and Licensed Nurse for 24 hours with findings documented as no signs and symptoms of UTI. Facility reviewed all residents for orders of indwelling catheters. No other residents in facility has a catheter. By DON Inservice provided to Licensed Nurses for signs and symptoms of UTI's including residents with catheters By DON Monthly audit for residents with indwelling catheters. By DSD or DON	07/30 2011 07/29 2011 08/01 2011 08/01 2011

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F 315	Continued From page 7 included "Observe signs and symptoms of UTI (urinary tract infections)." During an interview with the DON and LVN 2 on 7/29/11, at 5:20 p.m., both acknowledged the facility's failure to assess Resident 4's urinary status. On 7/30/11 at 7:50 a.m., Resident 4's clinical record was reviewed. According to the licensed nursing notes dated 7/29/11 at 8:40 p.m., the urine had sediments and the physician was notified. The physician ordered to have urine collected for urinalysis with culture and sensitivity. The facility's policy and procedures, Catheter Care, Urinary, dated 9/2005, indicated "Observe the resident for signs and symptoms of urinary tract infection and urinary retention. Report findings to the supervisor immediately."	F 315	Results of audit will be monitored to ensure correction is achieved and sustained on a quarterly basis. By QA Committee	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition	F 329	Facility will ensure that each resident's drug regimen is free from unnecessary drugs including gradual dose reductions. Resident #6 Psychiatrist was contacted and medication Zoloft was discontinued. By Charge Nurse	07/30 2011

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F 329	Continued From page 8 as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility's staff failed to ensure that psychoactive medications were reviewed and gradual dose reductions were implemented for one of 10 sample residents (Resident 9). This had a potential of failing to identify drug reductions that are necessary and can result in adverse consequences associated with medication, such as impairment or decline in an individual's mental or physical condition or functional or psychosocial status. Findings: Resident 9 was admitted to the facility on 8/28/09, with diagnoses that included chronic airway obstruction and hypothyroidism. The Minimum Data Set assessment (MDS, a standard assessment tool) dated 6/15/11, indicated the resident had no symptoms of feeling down, depression, or hopelessness. However, the MDS indicated that the resident had symptoms of feeling tired or having little energy.	F 329	Resident #9 MD and Psychiatrist were contacted. Both agree that medications are to be continued. By MDS Nurse Pharmacist consultant conducted drug regimen review on all residents. By Pharmacist Consultant Monthly audit will be conducted by pharmacist consultant for unnecessary drugs. Audit will be reviewed. By Pharmacist Consultant and DON. Results of audit will be monitored to ensure correction is achieved and sustained on a quarterly basis. By QA Committee	07/30 2011 08/26 2011

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F 329	Continued From page 9 On 7/29/11 at 7:20 p.m., the resident was observed in her room in the wheelchair with her eyes closed. On 7/30/11 at 8:50 a.m., a review of the resident's clinical records revealed a physician's order dated 5/1/10, (15 months ago) for antidepressant Zoloft (a psychoactive medication) 25 milligrams for depression manifested by "crying." There was no documented evidence that a gradual dose reduction was implemented during the 15 months. The Psychoactive Summary Sheet from 1/1/11 to 6/30/11, indicated that the resident had not exhibited the depressive behavior (crying). The resident was eating well and gained 2 pounds from 5/11/10 to 5/5/11, (current weight was 132 pounds, ideal body weight for her height is between 126-154 pounds). The Activity Notes dated 6/14/11, indicated the resident had been attending group activities of interest, such as exercise, social events and arts and crafts. The psychiatry notes dated 1/18/11, 2/8/11, 4/26/11, and 7/12/11, indicated that the resident was eating and sleeping well, and had no mention of depression or crying. However, there was no documented evidence that a gradual dose reduction of Zoloft was attempted during the past 15 months to determine if the resident's symptoms, conditions, or risks can be managed by a lower dose or if the dose of Zoloft can be discontinued (as the Zoloft may be unnecessary). During an interview on 7/30/11 at 11:15 a.m., the social service staff indicated that the resident has not exhibited any symptoms of depression and/or	F 329		

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F 329	Continued From page 10 crying for a long time. The social service staff indicated that there was a time when the resident was depressed but she believed that it was during the resident's initial admission to the facility when the resident wanted to be home with family. The facility's policy and procedures dated June 2011, for Unnecessary Medications indicated the resident's medication regimen must be free from unnecessary drugs. An unnecessary medication is any drug used in excessive duration ... without adequate indications for its use or any combination of the reasons.	F 329		
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure menus were followed to ensure nutritionally adequate meals were portioned and served, as per menu, and as per facility's policy and procedure. Residents who were ordered a "Fortified" diet were provided "Fortified Milk" and "Fortified Mashed Potatoes" for their noon meal that were prepared without including substantial ingredient's as stated in the recipes, for July 30, 2011. In addition, 6 residents who were ordered a pureed diet (4, 8, RSR 13, RSR 14, and RSR 15) were served a smaller	F 363	Menus will meet Resident's needs, prepped in advance and followed. Recipes are to be prepared to include all substantial ingredients and to include correct: 1. Portions for pureed meat 2. Proper measuring of all ingredients as per instructions to obtain proper consistency 3. To use the correct serving scoop as per diet and menu	

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CLARA BALDWIN STOCKER HOME	637 S VALINDA AVENUE WEST COVINA, CA 91790

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F 363	Continued From page 11 portion of pureed meat than the menu indicated for the noon meal on July 30, 2011. This had a potential to lead to inadequate nutrition. Findings: On July 30, 2011, between 10:20 a.m. and 12:30 p.m., during the food preparation observation and tray line observation, the following were observed: a. At 10:20 a.m. the cook was asked to demonstrate how she prepared her "Fortified Mashed Potatoes" to be served for the lunch meal to residents who were ordered a "Fortified" prescribed diet. The cook was observed pouring approximately 8 ounces of milk in a serving bowl and adding one slice of "American cheese" to the serving bowl with milk. The cook was then observed placing the serving bowl with milk and cheese into the microwave. After about one minute, the cook was observed pouring into the serving bowl mixture, without measuring, a powder substance, identified as "potato powder." The end result was a thickened mixture that was not a mashed potato consistency. On the same date, at 10:30 a.m., during an interview, the cook stated that she would need to add more milk to the "Fortified" mashed potatoes because the consistency was too thick. Upon questioning by the surveyor as to why she did not measure the potato powder to ensure the result was a mashed potato consistency, the cook stated that she did not measure, and further stated that she was not able to follow the instruction on the potato powder packaging. The cook further stated that she could not locate the	F 363	All resident's diets related to recipes were checked for accuracy In-service to all Dietary staff with return demonstration to include: 1. Correct portions of pureed meat 2. Accurate measurements of all ingredients as per recipe instructions. 3. Review of fortified diets and the proper ingredients 4. The tray is checked against the spread sheet to ensure the food is served as listed on the menu. Each tray will be prepared and checked for diet orders, accuracy of diet extensions and proper portion size. By Dietician and Dietary Supervisor	08/01 2011 08/09 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555832	A. BUILDING _____ B. WING _____	07/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	827 S VALINDA AVENUE WEST COVINA, CA 91790

(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 363	Continued From page 12 recipe for "Fortified" mashed potatoes, upon the surveyor requesting the recipe for "Fortified" mashed potatoes. On the same date, at 10:35 a.m., during an interview, the dietary supervisor stated that the only recipe he could locate that was identified as "Fortified Mashed Potatoes" included the following recipes of "Ranch Mashed Potatoes" and the "Cheesy Mashed Potatoes." The "Ranch Mashed Potatoes" included whole milk, margarine, sour cream, ranch dressing, salt, and potato flakes. The "Cheesy Mashed Potatoes" included whole milk, margarine, salt, potato flakes, cream cheese, non fat dry milk, grated cheese and paprika. The dietary supervisor further stated that he believed the kitchen had another recipe for "Fortified Mashed Potatoes," however, he was not able to find the recipe. On the same date, at 11:30 a.m., during an interview, the dietary supervisor stated that he found the recipe for "Fortified Mashed Potatoes" and provided a copy, which indicated the recipe called for evaporated milk, eggs, margarine, cottage cheese, instant potatoes, and salt and pepper. The surveyor questioned why the recipe was not followed, and the dietary supervisor stated he did not know why the recipe was not followed. Upon the surveyor questioning if the kitchen was stocked with evaporated milk, the dietary supervisor stated he would need to check the stock. b. At 11:35 a.m., the dietary service worker was asked to demonstrate how she prepared "Fortified Milk" to be served for the lunch meal to residents who were ordered a "Fortified"	F 363	Weekly spot checks for the accuracy of diets and prep of recipes. By Dietary Supervisor Monthly spot checks for the accuracy of correctly following the recipe, use of proper ingredients, diet extensions and proper portion size. Report findings to Administrator on a monthly basis. By Dietician	

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	565892	A. BUILDING _____ B. WING _____	07/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	827 S VALINDA AVENUE WEST COVINA, CA 91790

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F 383	Continued From page 13	F 383		

prescribed diet. The dietary service worker was observed obtaining the pitcher of "Fortified Milk" that was stored in the reach-in refrigerator.

On the same date, at 11:40 a.m., during an interview, the dietary service worker stated she mixed 2 cups of powder milk to 1/2 gallon of whole milk to make a pitcher of "Fortified Milk." The surveyor questioned the food service worker for the recipe for preparing "Fortified Milk," however, the food service worker was not aware of the recipe.

On the same date, at 11:45 a.m., during an interview, the dietary supervisor provided a copy of the "Fortified Beverage - Calorie Rich Alternative" recipe, which included "Fortified Milk." The recipe for "Fortified Milk" indicated 1/2 gallon whole milk, 2 1/2 cups of Half & Half cream, and 1 1/3 cups of Non-fat dry milk powder. Upon the surveyor questioning why the recipe was not followed by the food service worker to include "Half and Half cream," the dietary supervisor stated that the kitchen was not stocked with "Half and Half cream" and he would need to order "Half and Half cream".

c. On the same date, at 12:00 p.m., during tray line observation, the cook was observed serving a #12 serving scoop portion (1/3 cup) of pureed Chicken Cacciatore to five residents who were ordered a pureed diet (4, 8, RSR 13, RSR 14, and RSR 15). A review of the menu, dated July 30, 2011, indicated a #8 serving scoop portion (1/2 cup) of pureed Chicken Cacciatore was to be served to residents who were ordered a pureed diet for the lunch meal.

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	565833	A. BUILDING _____ B. WING _____	07/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	827 S VALINDA AVENUE WEST COVINA, CA 91790

(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 383	Continued From page 14 On the same date, at 12:15 p.m., the surveyor queried the cook and questioned why she was serving a #12 serving scoop portion (1/3 cup) of pureed Chicken Cacciatore to the five residents (4, 8, RSR 13, RSR 14, and RSR 15) who were ordered a pureed diet when the menu indicated a #8 serving scoop portion (1/2 cup) of pureed Chicken Cacciatore was to be served to residents who were ordered a pureed diet. The cook stated, "oh, okay," as she was observed changing out the #12 serving scoop (1/3 cup) with a #8 serving scoop (1/2 cup) to portion out the pureed Chicken Cacciatore to residents who were ordered a pureed diet, as indicated on the lunch menu, for July 30, 2011. A review of the facility's policy and procedure titled, "Menu Processing/Tray Identification" dated 2005, indicated the menus will be correct to assure therapeutic correctness and nutritional adequacy. Check modified menus for therapeutic accuracy, nutritional adequacy, and completeness using the resident's records and the diet manual. Verify substitutions. Check accuracy of tray according to the menu. A review of the facility's policy and procedure titled, "Accuracy of Tray Line" dated 2005, indicated tray line positions are planned for breakfast, lunch and dinner, according to the menu to obtain maximum accuracy. The tray is checked against the spread sheet to ensure that the food are served as listed on the menu. Each tray will be checked for diet order, accuracy of following diet extension, and proper portion sizes.	F 383		
F 366 SS=D	483.35(d)(4) SUBSTITUTES OF SIMILAR NUTRITIVE VALUE	F 366		

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	565632	A. BUILDING _____ B. WING _____	07/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	527 E VALINDA AVENUE WEST COVINA, CA 91790

(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 366	Continued From page 15 Each resident receives and the facility provides substitutes offered of similar nutritive value to residents who refuse food served. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure 2 residents were provided milk, or an appropriate substitute that was equivalent in nutritional value during meals (RSR 11 and RSR 12). This had a potential to result in inadequate nutrition. Findings: On July 30, 2011, between 11:20 a.m. and 12:30 p.m., during a tray line observation with the dietary supervisor, 2 residents who refused milk were provided tea and/or juice on their meal tray. A review of the lunch menu for July 30, 2011, indicated 4 ounces of milk was to be served for lunch. The menu further revealed that 16 ounces of milk was to be served each day with breakfast, lunch and dinner, at 8 ounces, 4 ounces and 4 ounces, respectively, for July 30, 2011. a. The dietary tray card for one resident (RSR 11) indicated no milk was to be provided for all three meals and to provide "juice and hot tea" for all three meals. The dietary tray card for this resident did not indicate any equivalent substitute for milk for all two of three meals, for lunch and dinner. The tray card indicated the resident's therapeutic diet was "Calorie Controlled - Diabetic," and that Lactose-free milk was to be provided for breakfast for RSR 11.	F 366	**Corrective action for residents found to have been affected by this deficiency.** All residents were offered an alternative substitute for milk on the meal trays with proper documentation. **Identification of others at risk:** All residents are potentially affected by the cited deficiency. **Measures that will be put into place to ensure that this deficiency does not recur:** Registered Dietician and Dietary Supervisor reviewed the residents who dislike or refuse the milk then offer the substitute appropriately with the proper documentation on the meal card of the resident's choice of substitute.	08/09 2011

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	555832	A. BUILDING _____ B. WING _____	07/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	827 S VALINDA AVENUE WEST COVINA, CA 91790

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F 366	Continued From page 16 The surveyor observed the resident (RSR 11) was not served milk for the lunch meal for resident (RSR 11) during tray line observation on July 30, 2011, and the resident was not provided an equivalent substitute. On July 30, 2011, at 4:10 p.m., during an interview, the dietary supervisor stated that he conducted an interview with RSR 11 and that RSR 11 stated she would like yogurt for breakfast and lunch, and cottage cheese for dinner. b. The dietary tray card for one resident (RSR 12) indicated no milk was to be provided for all three meals and to provide "yogurt" for two of three meals (breakfast and lunch). The dietary tray card for RSR 12 did not indicate any equivalent substitute for milk for dinner. The tray card indicated the resident's therapeutic diet was "Mechanical Soft - Regular." The surveyor observed the resident (RSR 12) was not served yogurt for the lunch meal during tray line observation on July 30, 2011, and the resident was not provided an equivalent substitute. On the same date, at 12:10 p.m., during an interview, the surveyor questioned why RSR 12 lacked a serving of yogurt on her lunch meal tray. The dietary service worker stated that he forgot to put yogurt on RSR 12 meal tray. The dietary service worker was then observed scooping out a portion of yogurt from a yogurt container, located in the kitchen's reach-in refrigerator and placed the serving of yogurt on RSR 12's meal tray. The dietary service worker stated that he usually provides a serving dish of yogurt to the RSR 12;	F 366	Dietary Supervisor will do daily update of the resident meal card and document the change appropriately. In-serviced dietary staff on strictly following and serving the meal to the resident according to meal card By Registered Dietician and Dietary Supervisor Registered Dietician will do monthly spot check of the accuracy of the meal card and the resident tray and if the substitute is being offered and report the findings to the Administrator on a monthly basis.	08/09 2011

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	885832	A. BUILDING _____ B. WING _____	07/30/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	637 S VALINDA AVENUE WEST COVINA, CA 91790

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F 368	Continued From page 17 however, he had failed to serve up the dish prior to preparing the lunch meal trays, and failed to ensure RSR 12 had a dish of yogurt on her meal tray prior the surveyor's questioning. On July 30, 2011, at 4:00 p.m., during an interview, the dietary supervisor stated that he conducted an interview with RSR 12, and stated that RSR 12 stated that he would prefer yogurt for all three meals to substitute for milk. The facility's policy and procedure titled, "Resource : Sample Food Replacements," dated 2005, indicated when a resident consumes less than 75% of their milk, a replacement will be offered, such as 1 cup of yogurt, 1 1/2 ounce of cheese, 1 cup of chocolate milk, 1 cup of buttermilk, or 1 cup of pudding or custard.	F 368		
F 371 SS=E	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure food was prepared and served under sanitary conditions by ensuring the dietary services department properly	F 371	Immediate corrective action taken for proper procedure for calibrating the food thermometer 1 on 1 in-service given to cook. By Dietary Supervisor Measures that will be put in place to ensure that this deficiency does not re-occur. In-service to all dietary staff on procedures for calibrating the food thermometer. By Dietary Supervisor	07/30 2011 08/10 2011

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	556532	A. BUILDING _____ B. WING _____	07/30/2011

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CLARA BALDWIN STOCKER HOME	637 S VALINDA AVENUE WEST COVINA, CA 91790

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F 371	Continued From page 18 calibrated thermometers used for checking the residents food temperatures prior to use. This had the potential to allow foods to be served at improper holding temperatures that can promote the growth of pathogens that may cause foodborne illness. Findings: On July 30, 2011, between 11:30 p.m. and 12:30 p.m., during a tray line observation, the following was observed: On July 30, 2011, at 12:00 p.m., during a tray line observation, the cook responsible for calibrating food thermometers proceeded to demonstrate the task of calibrating the food thermometer, upon being requested by the surveyor. The cook placed the food thermometer in a cup of iced water and stated he needed to wait until the thermometer reached zero (0) degrees Fahrenheit. The thermometer read, "10 degrees Fahrenheit," after a few minutes in the cup of iced water. On the same date, at 12:05 p.m., during an interview, the cook stated he did not know that the food thermometer was to be calibrated to 32 degrees Fahrenheit, and not zero (0) degrees Fahrenheit. A review of the facility's policy titled, "Taking Accurate Temperatures," dated 2005, indicated choose the proper thermometer for the food (temperatures) to be monitored. For all thermometers, calibrating the thermometer in iced water, and then turning the head of the thermometer until the reading on the face of	F 371	Monthly spot checks for accurately calibrating the food thermometer and report findings to the administrator. By Dietician	

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	556832	A. BUILDING _____ B. WING _____	07/30/2011

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F 371	Continued From page 19 thermometer dial reads 32 degrees Fahrenheit.	F 371		