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Health Facilities

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

8/12

PRINTED: 12/11/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/04/2017
NAME OF PROVIDER OR SUPPLIER  COUNTRY VILLA CLAREMONT HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 690 S. INDIAN HILL BLVD. CLAREMONT, CA 91711		
(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 Department of Public Health during an Entire Self-Report (ERI) visit.  ERI # CA00531779  Category: Quality of Care/Treatment - Substantiated  Category: Resident/Patient/Client Abuse - Unsubstantiated  Representing the Department of Public Health: 36396  The inspection was limited to the specific components investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 281 SS=D	SERVICES PROVIDED MEET PROFESSIONAL STANDARDS CFR(s): 483.21(b)(3)(i)  (b)(3) Comprehensive Care Plans  The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-  (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a medication was administered as prescribed in accordance with professional standards of practice for 1 of 3 sampled residents (Resident 1). Licensed Vocational Nurse (LVN) did not apply lubricant	F 281	Country Villa of Claremont submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.  F-281 New corrective actions will be accomplished for the residents found to have been affected by the deficient practice. On 4/20/17, Resident 1 was placed on charting for emotional distress related to the incident. Resident 1 met with Social Service Director and IDT to ensure she felt safe and comfortable. Resident 1 discharged from the facility on 10/14/17.  LVN was suspended pending investigation. LVN 1 resigned on 4/21/17.		

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

TITLE

(X6) 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 program participation.

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11:23:43 2017-12-11

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F 281	<p>Continued From page 1</p> <p>when a suppository was administered to Resident 1. This deficient practice had the potential to result in pain or discomfort.</p> <p><b>Findings:</b></p> <p>A review of Resident 1's Admission Face Sheet indicated Resident 1 was admitted to the facility on 4/14/17 with diagnoses that included Diabetes Mellitus type 2 (chronic elevated blood sugar), overactive bladder (frequent feeling of needing to urinate) and cellulitis (skin infection) of left lower limb.</p> <p>A review of Resident 1's "History and Physical Examination" dated 4/16/17 indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1's "Physician Order Sheet" dated 4/19/17 indicated an order of:</p> <ul style="list-style-type: none"> <li>&gt; Bisacodyl 10 mg (milligram - unit of measurement) 1 suppository, rectal Q (every) daily PRN (as needed) if no BM (bowel movement) x (times) 3 days and MOM (Milk of Magnesia) if ineffective - Bowel Management</li> <li>&gt; Milk of Magnesia, give 30 mL (milliliters - unit of measurement), oral daily PRN if no BM x 3 days - Bowel Management</li> <li>&gt; Colace 100 mg (1 capsule) oral, Hold if loose stool - Stool Softener</li> </ul> <p>During an interview with Resident 1 on 5/4/17 at 3:15 p.m., Resident 1 stated she did not have any bowel movement for 2 days on 4/19/17. Resident</p>	F 281	<p><del>How facility will identify other residents having the potential to be affected by the deficient practice and what corrective actions will be taken.</del></p> <p>On 12/12/2017, DNS and Medical Records Director reviewed all Resident Medication Administration Records for any resident who received suppository medication within the last 30 days no other resident were affected by this alleged deficient practice.</p> <p><del>What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</del></p> <p>On 12/12/2017, DNS provided an In-service to Licensed Staff on the policy and procedure titled, "Rectal Suppository."</p> <p><del>How the facility plans to monitor its performance to make sure that solutions are sustained.</del></p> <p>Director of Nurses and/or Director of Staff Development will conduct random competencies monthly with licensed staff to ensure they are proficient in administering rectal suppositories as per policy.</p> <p>Any findings/issues will be summarized by the Director of Nursing and brought to the monthly QA Committee for oversight and review.</p>		12/12/17

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11:24:16 2017-12-11

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NAME OF PROVIDER OR SUPPLIER  COUNTRY VILLA CLAREMONT HEALTH CENTER.			STREET ADDRESS, CITY, STATE, ZIP CODE 550 S. INDIAN HILL BLVD. CLAREMONT, CA 91711		
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F 281	<p>Continued From page 2.</p> <p>1 stated she was given MOM, Colace and prune juice. Resident 1 also stated she asked for something else to relieve her constipation. Resident 1 stated LVN came back with Elisacodyl suppository. Resident 1 also stated LVN inserted the suppository in her rectum without applying lubrication to the suppository.</p> <p>During an interview with the Registered Nurse (RN) Supervisor on 5/4/17 at 3:55 p.m., the RN supervisor stated she was asked by Resident 1 if a suppository needs to be lubricated before administration and her response was yes. RN supervisor stated she talked to the LVN and was apologetic about the incident.</p> <p>During an interview with the Administrator on 5/4/17 at 4:15 p.m., the Administrator stated LVN called her and informed her of the incident with Resident 1 on 4/19/17. The Administrator stated that LVN informed her she made a mistake. The administrator also stated LVN informed her she was in a hurry; she did not apply lubricant to the suppository before administering the medicine to Resident 1. The Administrator further stated LVN quit the next day after the incident with Resident 1 occurred.</p> <p>A review of the facility's policy and procedure titled "Rectal Suppository" dated 1/1/12 indicated the following:</p> <p>Purpose: Rectal suppositories are given appropriately and safely for their local effect on the lining of the rectum and for their systemic effect after being absorbed.</p> <p>Policy:</p>	F 281			

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F 281	Continued From page 3 I. Rectal medications are ordered by a physician and administered by a licensed nurse.  Procedure: VII. Lubricate suppository and gloved finger with warm water.  According to Christensen and Kockrow, authors of Foundations of Nursing 6th edition, copyrighted 2011, apply lubricant, such as KY Jelly, to tapered end of suppository. (Lubrication reduces friction as suppository enters rectal area).	F 281			