

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

PRINTED: 04/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/23/2017
NAME OF PROVIDER OR SUPPLIER TRACY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376		
(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 a Federal Recertification survey. Representing the Department of Public Health: HFEN, 14362 HFEN, 36244 HFEN, 34328 The facility census was 58. The sample size was 15.	F 000			
F 164 SS=D	483.10(h)(1)(3)(i); 483.70(i)(2) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS 483.10 (h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. (h)(3)The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at \$483.70(i)(2) or other applicable federal or state laws. \$483.70 (i) Medical records. (2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-	F 164			4/7/17

Accepted 4-18-17 AUC

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

TITLE

(X6) DATE

Electronically Signed

04/12/2017

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 164	<p>Continued From page 1</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure the rights of 1 random resident (A) when visual privacy was not provided during a diagnostic procedure. This failure resulted in Resident A being exposed from her waist to her shoulders, visible to anybody who walked past the open door of her room.</p> <p>Findings:</p> <p>On 3/21/17 at 10:12 a.m. an observation was made of Random Resident A from the hall outside her room. Resident A was lying in bed with her eyes closed. The head of her bed was elevated to approximately 45 degrees. Resident A's blouse was pulled up exposing her torso from her waist to her shoulders. Electrical leads were affixed to Resident A's torso. A technician was standing at Resident A's bedside conducting a</p>	F 164	<p>Corrective action(s) for residents found to have been affected by this deficiency:</p> <p>1. The Licensed Nurse closed both the resident's curtain and door to her room to provide privacy for the diagnostic test being conducted.</p> <p>Corrective action(s) for residents that may be affected by this deficiency:</p> <p>1. All facility residents were evaluated to ensure privacy was provided for any and all personal care or treatments being rendered.</p> <p>Measure(s) that will be put in place to ensure that this deficiency does not recur:</p> <p>1. The Vendor (Town & Country) conducted a 1:1 in-service with their technician on 3/29/2017 regarding their</p>		

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NAME OF PROVIDER OR SUPPLIER

TRACY NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**545 WEST BEVERLY PLACE
TRACY, CA 95376**

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F 164	Continued From page 2 diagnostic procedure. When asked about the provision of visual privacy for Resident A, the technician pulled Resident A's blouse down to cover her and stated "I don't work here." Licensed Nurse (LN) 1 was interviewed on 3/21/17 at 10:15 a.m. LN 1 acknowledged the violation of Resident A's right to privacy during care and said, "I'll take care of it."	F 164	Patient Dignity and Respect Policy with an emphasis on Patient Rights, Technologist Responsibility, and Technician Process. 2. The Nursing Department staff was in-serviced regarding Patient Dignity and Respect / HIPPA on 3/28/2017 by the Director of Staff Development and Director of Nurses. 3. The Vendor technician(s) will request an escort from the facility nursing staff to identify the patient as well as be present during the exam to ensure patient dignity, respect, and privacy are maintained during diagnostic test(s). 4. The Vendor technician(s) will ensure that resident privacy is protected during the ordered exam (always pull the curtain, even if the door is closed to offer complete privacy). Measure(s) that will be implemented to monitor continued effectiveness of the corrective action(s) taken to ensure that this deficiency has been corrected and will not recur: 1. Any issues and trends will be presented to the Monthly QAPI Committee meeting for recommendation and follow through.	
F 241 SS=D	483.10(a)(1) DIGNITY AND RESPECT OF INDIVIDUALITY (a)(1) A facility must treat and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life recognizing each resident's individuality. The facility must protect and promote the rights of the resident. This REQUIREMENT is not met as evidenced	F 241		4/7/17

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F 241	<p>Continued From page 3</p> <p>by:</p> <p>Based on observation and interview, the facility failed to care for 1 of 15 sampled resident (9) in an environment that promoted and protected her rights when care instructions were posted in plain sight next to her bed. This failure had the potential to diminish Resident 9's sense of dignity.</p> <p>Findings:</p> <p>On 3/21/17 at 10:10 a.m. an observation was made of Resident 9's room. The following titled care instructions were posted on the wall next to Resident 9's bed: "Feeding and Swallowing Instructions and Precaution." The posted instructions included the step-by-step procedures for staff to follow.</p> <p>On 3/21/17 at 10:25 a.m. Certified Nurse Assistant (CNA) 1 was interviewed. CNA 1 stated care instruction posted on the wall were there for the CNAs to follow. She stated it was OK for care instructions to be posted in plain sight.</p> <p>On 3/21/17 at 10:34 a.m. Licensed Nurse (LN) 1 was interviewed. LN 1 stated some care instruction were posted because they were important; for example; Not taking a resident's blood pressure in an arm that had an arteriovenous shunt (AV shunt used for dialysis).</p>	F 241	<p>Corrective action(s) for residents found to have been affected by this deficiency:</p> <p>1. The posted care instructions were removed from the wall in the resident's room.</p> <p>Corrective action(s) for residents that may be affected by this deficiency:</p> <p>1. All resident rooms were assessed for posted care instructions. Zero additional care postings were found.</p> <p>Measure(s) that will be put in place to ensure that this deficiency does not recur:</p> <p>1. The Therapy Department Staff was in-serviced regarding HIPPA, Patient Dignity and Respect with an emphasis on expectations related to posting care instructions in resident rooms on 3/24/2017 by the Director of Rehabilitation Services.</p> <p>2. The Nursing Department staff was in-serviced regarding Patient Dignity and Respect / HIPPA on 3/28/2017 by the Director of Staff Development and Director of Nurses.</p> <p>3. The Director of Rehabilitation Services will provide semi-annual in-services to the Therapy Department Staff regarding Patient Dignity and Respect.</p> <p>4. The Director of Rehabilitation Services or designee will conduct monthly resident room rounds to ensure posted care instructions are HIPAA compliant as well as meet facility expectations.</p> <p>Measure(s) that will be implemented to monitor continued effectiveness of the</p>		

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F 241	Continued From page 4	F 241	corrective action(s) taken to ensure that this deficiency has been corrected and will not recur: 1. Any issues and trends will be presented to the Monthly QAPI Committee meeting for recommendation and follow through.	4/7/17	
F 431 SS=D	<p>483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--</p> <p>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>(g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted</p>	F 431			

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F 431	<p>Continued From page 5</p> <p>professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>(h) Storage of Drugs and Biologicals.</p> <p>(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls; and permit only authorized personnel to have access to the keys.</p> <p>(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and facility document review, the facility failed to maintain proper storage of drugs and biologicals when an expired medication was found stored in the medication room's refrigerator. This failure had the potential for accidental use of an expired medication.</p> <p>Findings:</p> <p>An inspection of the medication storage room's refrigerator was conducted on 3/22/17 at 10:30 a.m. An container of vancomycin (an antibiotic) liquid suspension had an expiration date of 3/09/17 and was stored in the refrigerator. In a concurrent interview with the Director of Staff</p>	F 431	<p>Corrective action(s) for residents found to have been affected by this deficiency:</p> <p>1. The expired Vancomycin liquid suspension found in the Medication Room refrigerator was discarded.</p> <p>Corrective action(s) for residents that may be affected by this deficiency:</p> <p>1. All medications in the 3 medication carts, treatment cart, central supply room, and medication room were assessed to ensure no expired medications were present.</p> <p>Measure(s) that will be put in place to ensure that this deficiency does not recur:</p>				

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F 431	Continued From page 6 Development (DSD), she confirmed the expired medication stored in the medication refrigerator should have been discarded. The facility's policy titled "Disposal of Medications and Medication Related Supplies," dated August 2014, indicated: "A. If a medication expires, or a prescriber discontinues a medication, the discontinued drug container shall be marked or otherwise identified and shall be stored in a separate location designated solely for this purpose." "B. Medications awaiting disposal or return are stored in a locked secure area designated for that purpose until destroyed or picked up by pharmacy...medications are removed from the medication cart or storage area prior to expiration, and immediately upon receipt of an order to discontinue."	F 431	1. All Licensed Nurses were in-serviced regarding expired medication disposition and responsibilities on 3/22/2017 by the Director of Nurses. 2. The NOC shift Licensed Nurses will check the medication room and refrigerators every night to ensure expired medications are not present. 3. The Nurse Supervisor will check the medication room each week to ensure medications are not expired. 4. Pharmacy will continue to conduct monthly medication room audits. Measure(s) that will be implemented to monitor continued effectiveness of the corrective action(s) taken to ensure that this deficiency has been corrected and will not recur: 1. The Director of Nurses will provide a report regarding medication storage compliance at the monthly QA meeting.		
F 458 SS=B	483.90(e)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT (e)(1)(ii) Measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms; This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, and facility document review, the facility failed to ensure there was at least 80 square (sq.) feet (ft.) per resident in multiple resident rooms. This failure had the potential to impede the ability of residents to have their needs met and to attain their highest practicable well-being.	F 458	CDPH recommends that the room waiver remains in effect for rooms 1, 3, 5, 6, 8, 10 & 11.	4/7/17	

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F 458	<p>Continued From page 7</p> <p>Findings:</p> <p>On 3/20/17 at 9 a.m. seven 3-person bedrooms (1, 3, 5, 6, 8, 10, and 11) were observed. The bedrooms were uncluttered and there was sufficient space for residents to maintain their personal belongings. There was ample room to enter, exit, access the bathrooms, and to maneuver equipment safely.</p> <p>Interviews were conducted with multiple residents residing in these rooms. There were no complaints regarding the size of the rooms and the residents did not express any negative impact on privacy and dignity.</p> <p>The facility records indicated the following variances were previously approved for less than the required 80 minimum sq. ft. per resident in these 3-person bedrooms:</p> <ol style="list-style-type: none"> 1. Room 1 75.2 sq. ft. per resident 2. Room 3 74.8 sq. ft. per resident 3. Room 5 73.5 sq. ft. per resident 4. Room 6 76.8 sq. ft. per resident 5. Room 8 76.1 sq. ft. per resident 6. Room 10 79.9 sq. ft. per resident 7. Room 11 75.6 sq. ft. per resident <p>The Department recommends to continue the room waiver.</p>	F 458		