

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

PRINTED: 08/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 066410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/05/2014
NAME OF PROVIDER OR SUPPLIER WHITNEY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3529 WALNUT AVENUE GARMICHAEL, CA 95806		
(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 an abbreviated standard survey of complaint numbers CA00404621 Representing the Department: HFEN 33361 Inspection was limited to the specific complaint investigated and does not represent a full investigation of the facility. 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed to ensure resident environment was free from accident hazards for census of 118 residents when an unlocked oxygen storage closet contained a cylinder standing on the floor and not in a secure cylinder holder. This failure placed residents at risk for injury due to the potential of the tank to fall over and become a projectile because of the high pressure within the oxygen tank.	F 000	The empty oxygen cylinder was immediately placed on the holder. Oxygen cylinders should be secured in a holder in the oxygen room. The Director of Staff Development (DSD) in-serviced the staff on proper storage of the oxygen cylinders on 8/14/14. The Central Supply Personnel, will ensure that all oxygen cylinders are secured in storage holders. The DSD or designee will do daily rounds times 2 weeks to ensure compliance and random rounds thereafter. The DSD will report any non compliance issues to the Quality Assurance Committee for recommendations as needed.		
F 323 88ND		F 323			

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 patient. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 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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NAME OF PROVIDER OR SUPPLIER WHITNEY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3528 WALNUT AVENUE GARMICHAEL, CA 95808		
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F 323	<p>Continued From page 1</p> <p>Findings:</p> <p>During a concurrent observation and interview on 7/18/14 at 8:20 a.m. an unlocked closet located in the 100 hallway was opened to reveal a portable oxygen cylinder standing upright on the floor just inside the door. The cylinder was not in a holder. Certified Nurse Assistant (CNA 1) stated the cylinder "should be in the empties" and she removed the tank from the floor and placed it in a secured oxygen storage unit back in the corner of the closet.</p> <p>During a concurrent observation and interview with the Director of Nurses (DON) on 7/18/14 at 8:30 a.m. she stated oxygen tanks should not be stored on the floor inside the closet (on 100 hallway) but inside the holder in the corner of the closet.</p> <p>Review of the facility policy titled Oxygen Administration dated October 2010 included the following statement; "The following equipment and supplies will be necessary when performing this procedure. 1. Portable oxygen cylinder (strapped to the stand)." A policy for storage of oxygen was requested and none was provided.</p>	F 323	<p>PLAN OF CORRECTIONS</p> <p>"This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery."</p> <p>"This plan of correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes, and or guidelines. As this transmission is required by law, it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations."</p>	8/17/14	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEOW11

Facility ID: QA00000105

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