

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

PRINTED: 11/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056189	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/05/2012
NAME OF PROVIDER OR SUPPLIER BELLA VISTA TRANSITIONAL CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3033 AUGUSTA ST SAN LUIS OBISPO, CA 93401	

(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
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F 000 INITIAL COMMENTS

The following reflects the findings of California Department of Public Health during the investigation of one complaint and two entity reported incidents following a federal abbreviated survey.

Complaint 330717 is unsubstantiated with an unrelated violation cited at F281

Entity Reported Incident 330617 unsubstantiated

Entity reported Incident 328101 unsubstantiated

Representing the Department -
HFES 9671 and HFEN 31401

The investigation was limited to the specific complaints and incident and does not reflect the full inspection of the facility.

F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET
SS=D PROFESSIONAL STANDARDS

The services provided or arranged by the facility must meet professional standards of quality.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record the facility failed to ensure one resident's condition (Resident 3) was continuously assessed and monitored when returning to the facility following extended periods of time against medical advice with a Negative Pressure Wound Dressing (NPWD) Therapy system for an infected wound. A NPWD promotes wound healing by delivering

F 000 F 000

This Plan of Correction constitutes our written credible allegation of compliance for the deficiency noted.

This Plan of Correction is prepared and submitted as required by law. By submitting this POC, Bella Vista Transitional Care Center does not admit that the deficiency listed on the FORM CMS-2567 exist, nor does Bella Vista admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiency. Bella Vista reserves the right to challenge in legal proceedings all deficiencies, statements, findings, facts, and conclusions that form the basis for this deficiency. This plan of correction acknowledges responsibility for compliance with licensing requirements.

F 281 F 281

Corrective actions accomplished immediately for those residents affected by the deficiency:
Immediately upon findings, resident 3 was assessed by the wound nurse, and assessment of patient's wound was noted in patient's chart. Interdisciplinary Team (IDT) met with resident 3 to discuss the risks and benefits of going out on pass with a Negative Pressure Wound Dressing (NPWD), as well as going out on pass without doctor's orders.

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

TITLE

(X6) DATE

[Signature]

ADMINISTRATOR

12-5-2012

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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negative pressure (a vacuum) at the wound site through a dressing helping to draw wound edges together, remove infectious materials and promote granulation (new tissue growth). This failure placed the resident at risk for accident, infection and injury.

Findings:

During a record review on 11/5/12 starting at 1:45 p.m., Resident 3's record indicated an admission date of [REDACTED] with diagnoses including right lower leg cellulitis (inflammation of the connective tissues), infected right foot wound and use of a NPWD. The physician orders dated 10/23/12, indicated treatment orders for the use of a NPWD.

License nurse progress notes dated 10/26/12 through 11/4/12 revealed multiple entries where the resident left the facility against medical advice (AMA) and was at risk for accident and other complications related to the use of the NPWD. The licensed nurse progress notes failed to consistently document a assessment of the resident and NPWD upon return to the facility AMA. A request to the DON and Administrator for additional documentation showing an assessment was provided upon return from the facility was unmet.

During an interview on 11/5/12 at 2:00 p.m., the DON (Director of Nursing) stated, "resident is going out on pass with his wound vac. against doctor's advice ...resident has been reminded about this matter but remains non-compliant. I have spoken to him personally after his last out on pass (11/3/12) incident, in which the police

F 281

The facility will identify other residents having the potential to be affected by the same deficient practice by identifying residents who have a NPWD. If and when these patients go out on pass, their wound and the NPWD equipment will be immediately assessed upon their return. Wound dressings will be adjusted or changed if necessary, and equipment will be monitored for proper operation. Such assessments will be documented in the patient's medical record.

Measures that will be put into place to ensure that this deficient practice does not recur:
An in-service was provided to Licensed Nurses regarding the need to assess every resident with a NPWD that returns to the facility from out on pass and to document their assessment on the resident's medical record, including proper functioning of any devices that goes out with the resident. Further, nurses will ensure that resident and/or their responsible party received proper education and training on the devices prior to them leaving the facility. Additionally, an in-service specific to NPWD was provided by a third party, Joerns, to Licensed Personnel on 12-04-12.

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F 281	<p>Continued From page 2</p> <p>were involved because he did not even bother to call and inform the facility that he will be staying out over night with his sister ... doctor already reminded him on this out on pass issue with the wound vac. in tow".</p> <p>During an observation and interview on 11/5/12 beginning at 1:20 p.m., Resident 3 was laying in bed with a soiled sock over a clean dry dressing attached to a mobile NPWD. Resident 3 denied staff had discussed with him leaving the facility and stated" nobody told me not to go out on pass and since I need to have this machine on at all times I just unplugged it and it goes to battery mode. I make sure that this machine is safe inside my back pack before I go on the bus, I also make sure that my right foot dressing stays dry. "</p>		F 281	<p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>Medical Records will do an audit of all residents that go out on pass with NPWD devices in place and make sure that Licensed Nurses do an assessment and documentation upon their return to the facility.</p> <p>Responsible Person(s) to ensure compliance: Director of Nursing Services and/or designee, and/or Administrator, will monitor audits for compliance weekly for 90 days.</p>	12/18/12