

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

PRINTED: 05/01/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555053</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/09/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>DELANO POSTACUTE CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>729 BROWNING ROAD</b> <b>DELANO, CA 93215</b>		
(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 an abbreviated standard survey.  Facility Reported Incident: 621806  Representing the Department:  37697, HFEN  The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for facility reported incident 621806.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify nursing of multiple complaints of pain from one of three sampled residents (Resident 1). This failure resulted in a two-day delay in treatment for Resident 1 who was diagnosed with a right leg fracture.	F 684	F 684 <input type="checkbox"/>  1. How corrective actions will be accomplished for those residents affected by the deficient practice.	4/22/19	

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

TITLE

(X6) DATE

Electronically Signed

04/22/2019

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 684	<p>Continued From page 1</p> <p>Findings:</p> <p>During an interview with Director of Nursing (DON), on 2/4/19, at 2:54 PM, she stated on 1/25/19, Resident 1 had her right leg pulled down toward the floor when Certified Nursing Assistant (CNA 1) was pushing her wheelchair. DON stated two days later on 1/27/19, Resident 1 complained of pain and was discovered to have a fracture of the right tibia (long leg bone). DON stated Resident 1 is dependent on staff for care.</p> <p>During an interview with Licensed Vocational Nurse (LVN 1), on 2/5/19, at 9:52 AM, she stated on 1/25/19, CNA 1 reported to her that Resident 1's right foot got caught underneath her wheelchair during transport. LVN 1 stated she assessed Resident 1 after the incident and there was no pain, swelling, or discoloration. LVN 1 stated Resident 1 was ok.</p> <p>During an interview with CNA 1, on 2/5/19, at 10:02 AM, she stated she was transporting Resident 1 from the nursing station to the dining area early in the morning on 1/25/19, when Resident 1's right foot was caught underneath the wheel of the wheelchair. CNA 1 stated Resident 1 complained of pain and stated she felt her foot "popped". CNA 1 stated she placed Resident 1's foot back onto the foot pedal of the wheelchair and Resident 1 complained of pain from her right knee down to her foot. CNA 1 stated she worked from 6 AM to 2:30 PM, the day of the incident and every time she moved or touched Resident 1's right foot throughout the day she complained of extreme pain from her knee down to her foot. CNA 1 stated she did not report the complaints of pain to her nurse. CNA 1 stated "I should have</p>	F 684	<p>On 1/27/19 an x-ray was taken, and it was discovered that resident 1 had a fracture of the right tibia. Resident 1 was transported to hospital on 1/28/19 and returned to the facility on 1/28/19 with an order for a right leg immobilizer.</p> <p>2. How the facility will identify other residents having the potential to be affect by the same deficient practice and what corrective actions will be taken.</p> <p>All residents have the potential to be affected by the deficient practice. The Director of Nursing completed a Pain audit on 2/4/19 of all other residents in the facility and no other residents were found to be affected by the deficient practice.</p> <p>3. What Measures will be put in place or what systemic changes will the facility make to ensure the deficient practice does not recur.</p> <p>The Director of Nursing in-serviced all staff on 1/28/19 on resident safety. The Director of Nursing in-serviced all licensed nurses on 2/4/19 on monitoring for pain, change of condition, placing residents on alert charting and communication between shifts for nurse. The Director of Staff Development in-serviced all staff on 2/25/19 on Accident Safety and Prevention. The Director of Nursing in-serviced Certified Nursing Assistants staff on Pain in the Elderly Identification and Reporting on 4/16/19.</p>		

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F 684	<p>Continued From page 2 reported [Resident 1's] pain, but didn't."</p> <p>During an interview with CNA 2, on 2/5/19, at 10:11 AM, she stated she worked with Resident 1 on 1/26/19 and 1/27/19 from 6:30 AM to 2:30 PM. CNA 2 stated on both those days Resident 1 complained of pain when her right leg was moved and would remark, "ouch." CNA 2 stated she asked Resident 1 if she was in pain and Resident 1 would answer yes. CNA 1 stated she did not report Resident 1's complaints of pain to the nurses. CNA 2 stated "I should have reported it [Resident 1's pain]."</p> <p>During a review of the clinical record for Resident 1, the "[X-ray Company] Diagnostics" dated 1/27/19, indicated Resident 1 had an x-ray taken on the second day after her incident and was diagnosed with a right leg tibia fracture. Noted on the X-ray report at 3:24 AM the facility was instructed to send Resident 1 to the hospital.</p> <p>During a review of the clinical record for Resident 1, the "IDT [Interdisciplinary Team - a team of various professionals that meet to discuss resident issues/care] Notes" dated 1/30/19, at 10:11 AM, indicated "It has been determined that on Friday 1/25/19, at 6:45 AM while a CNA [1] was escorting the resident to the dining room for breakfast, the resident [Resident 1] had a blanket on her from mid chest and to her feet. The corner of the blanket on the right foot got caught in the right wheel of the wheelchair. The CNA [1] stopped the wheelchair and she reported that the resident's [Resident 1's] right leg was pulled back between the foot pedals and then her shin bumped against the foot rest lock lever causing the bruise. The CNA [1] untangled the blanket and immediately told the nurse [LVN 1] on duty,</p>	F 684	<p>4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</p> <p>The Director of Nursing and/or designee will audit all pain documentation daily for a period of 3 months to ensure that resident pain does not go unreported. On a monthly basis, the Director of Nursing and/or designee will present the QAPI committee with a report detailing the pain audit results. Monitoring will continue until the QAPI team determines that follow-up is no longer needed.</p> <p>5. Completion date will be 4/26/2019 and monitoring will be ongoing until the QAPI committee determines that monitoring is no longer needed.</p>		

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F 684	Continued From page 3 who assessed her."  The facility job description titled "Certified Nursing Assistant" dated 2003, indicated "The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisors. . . Report all changes in the resident's condition to the nurse Supervisor/Charge Nurse as soon as practical."	F 684			