

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 058322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/07/2022
NAME OF PROVIDER OR SUPPLIER MONTROSE SPRINGS SKILLED NURSING & WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2835 HONOLULU AVE MONTROSE, CA 91020		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint number: CA00768764 Representing the Department of Public Health: HFEN # 40821. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of the complaint CA00768764.	F 000	Preparation and/or execution of this Plan of Correction does not constitute admission by the Provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it's required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 483."		
F 563 SS=D	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny	F 563	This Plan of Correction constitutes Montrose Springs Skilled Nursing & Wellness Center's credible allegation of compliance for the alleged deficient practices.		

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

TITLE

(X5) 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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F 563	<p>Continued From page 1</p> <p>or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to respect the rights of the residents to receive/deny visitors and restricted the rights of four of six sampled residents to receive visitors for seven days during the start of the facility's COVID- 19 ([Coronavirus] a disease that can triggers a respiratory [lung] tract infection affecting the upper respiratory tract [sinuses, nose, and throat] and/or lower respiratory tract [windpipe and lungs] the virus spreads mainly through person-to-person contact) outbreak.</p> <p>This deficient practice had the potential to negatively affected the resident's psychosocial wellbeing.</p> <p>Findings:</p> <p>A review of facility's COVID census from 1/5/22 to 1/14/22 indicated there were 2-14 residents in Red Zone (COVID-19 positive symptomatic for duration of isolation period, regardless of vaccination status), 6-11 residents in Yellow Zone (residents that are symptomatic with suspected COVID-19 pending test results, COVID exposed residents, and newly admitted residents under observation) , and 77-93 residents in Green Zone</p>	F 563	<p>F 563: Right to Receive/Deny Visitors</p> <p>Corrective actions for cited practice:</p> <ul style="list-style-type: none"> ➤ As indicated in the form 2567, during an interview with the Infection Preventionist on 1/18/2022, the IP stated that the facility is currently allowing visitation in accordance to the CDC and local health department guidelines. <p>Identification of other residents with the potential of being affected by same practice and implemented corrective measures:</p> <ul style="list-style-type: none"> ➤ Though other Resident had the potential to be affected by this practice, records indicate that 4 appointments were rescheduled. ➤ Facetime – virtual visitations were scheduled and available for all during these rescheduled visitations. 		3/17/2022

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F 563	<p>Continued From page 2</p> <p>(residents who are negative for COVID-19 and who do not have symptoms of COVID-19, residents who have completed their isolation period after being positive for COVID-19).</p> <p>1. A review of Resident 1's Admission record, indicated the resident was initially admitted to the facility on 1/6/22 with diagnoses that included type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar), chronic kidney disease (condition characterized by a gradual loss of kidney function over time) and hypertensive heart disease (heart problems that occur because of high blood pressure that is present over a long time.)</p> <p>A review of Resident 1's History and Physical (H&P) dated 1/7/22, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>2. A review of Resident 2's Admission record indicated the resident was initially admitted to the facility on 1/6/22 in Yellow Zone with diagnoses that included dementia (group of thinking and social symptoms that interferes with daily functioning), history of malignant melanoma of skin (skin cancer [abnormal growth of skin cells]) and lack of coordination.</p> <p>A review of Resident 2's Minimum Data Set (MDS, a standardized resident assessment and care-screening tool), dated 1/11/22, indicated Resident 2 had severe impairment of cognition. The MDS indicated Resident 2 required extensive assistance (resident involved in activity; staff provide weight-bearing support) with bed mobility, transfer, dressing, eating, toilet use and personal hygiene.</p>	F 563	<p>➤ As indicated in the form 2567, during an interview with the Infection Preventionist on 1/18/2022, the IP stated that the facility is currently allowing visitation in accordance to the CDC and local health department guidelines.</p> <p>Measures in place to ensure practice does not recur:</p> <p>➤ The administrator is currently signed up to receive AFL as they are published/updated. The administrator will update department heads next business day as soon as AFL are published and received by the facility.</p> <p>➤ The Director of Nursing Services will keep the receptionist updated and oversee IP and Activity Director to ensure visitations are according to recent AFL / CDPH guidelines.</p>	3/17/2022	

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F 563	<p>Continued From page 3</p> <p>3. A review of Resident 3's Admission record, indicated the resident was initially admitted to the facility on 12/11/18 with diagnoses that included dementia, cognitive (mental) communication deficit and lack of coordination.</p> <p>A review of Resident 3's H&P dated 3/21/21, indicated Resident 3 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 3's MDS dated 1/28/22, indicated Resident 3 required extensive assistance with bed mobility, transfer, dressing, toilet use, personal hygiene and required limited assistance (resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance.)</p> <p>4. A review of Resident 4's Admission record, indicated the resident was initially admitted to the facility on 8/1/21 with diagnoses that included essential hypertension (high blood pressure), anemia (lack of blood; condition in which a person lack enough healthy red blood cells to carry adequate oxygen in a person's body tissues), muscle wasting (loss of muscle mass) and atrophy (thinning).</p> <p>A review of Resident 4's MDS dated 12/27/21, indicated Resident 4 had moderately impaired cognition. The MDS indicated Resident 4 required extensive assistance with bed mobility, transfer, dressing, toilet use, personal hygiene and required limited assistance with eating.</p> <p>During an interview on 1/18/22 at 10:04 AM with the Infection Preventionist (IP), in the presence of the Director of Nursing (DON), IP stated the facility are currently allowing residents' visitation</p>	F 563	<p>Monitoring system to make sure solutions are sustained.</p> <ul style="list-style-type: none"> ➤ The Director of Nursing Services will review the visitation log for scheduled visits ensure visitors are accommodated in accordance to recent CDPH AFL guidelines. ➤ Findings will be discussed during the daily quality assurance meeting and issues addressed/resolved as soon as possible. <p>This plan of correction will be integrated into our on-going performance improvement process through a review of the Plan of Correction at each Quality Assurance meeting X3 months during which the DON will report finding specific to sustaining compliance. The QA committee shall review and offer recommendation as needed.</p>	3/17/2022	

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F 563	<p>Continued From page 4</p> <p>in accordance with the Centers for Disease Control and Prevention (CDC) and local health department guidance. The IP stated residents' visitation was put on hold for a few days during the start of the most recent COVID-19 outbreak. The IP stated it was Activity Director (AD) 1's responsibility to schedule family visitation appointment.</p> <p>During an interview on 1/18/22 at 11:15 AM, Resident 1 stated he was new to the facility, recently admitted, two to three weeks ago and was never tested positive for the COVID-19 virus. Resident 1 stated sometimes his family was not allowed to visit him. Resident 1 stated after one of his family member (FM) 2 made a visitation appointment, someone from the facility called FM 2 and cancelled the appointment due to the facility's COVID-19 outbreak.</p> <p>During a concurrent interview with AD 1 and record review of AD 1's visitation appointment/calendar book on 1/18/22 at 11:47 AM. AD 1 stated residents' visitation in the facility was suspended on 1/5/22 and resumed on 1/14/22. AD 1 stated that the dates from 1/10/22 to 1/18/22 in the facility's appointment/calendar book that were blank and highlighted in pink indicated, there were no visitation for the residents allowed during those dates. AD 1 stated during that time she called each of the families to cancel their visitation appointments.</p> <p>During a telephone interview on 1/19/22 at 9:55 AM, FM 1 stated FM 2 made a visitation appointment to the facility on 1/8/22 and 1/12/22 to visit Resident 1 and the appointments were cancelled by the facility without further explanation provided except due to the facility's</p>	F 563			

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F 563	<p>Continued From page 5</p> <p>COVID-19 outbreak status. FM 1 stated FM 2 just accepted the information since FM 2 did not know that families should be allowed to visit residents in Skilled Nursing Facilities unless they did not meet testing and/or proof of vaccination requirements.</p> <p>During an interview on 2/7/22 at 1:29 PM, the facility's full-time receptionist (Receptionist 1) stated family visitation was put on hold at the facility, from 1/5/22 to 1/17/22. Receptionist 1 stated she was given instruction by the facility's administration regarding the facility's COVID-19 visitation policy and procedures.</p> <p>During a telephone interview on 2/7/22 at 1:35 PM. The IP confirmed that facility's family visitation was put on hold for the whole facility during the facility's most recent COVID-19 outbreak on 1/5/22, regardless of the resident's COVID-19 status.</p> <p>During a telephone interview on 2/7/22 at 3:59 PM, the Social Services Director (SSD) stated compassionate care visits was essential and should be allowed for those residents who are at risk for psychosocial wellbeing decline including end of life care residents, newly admitted residents and those residents who are grieving due to a loss of a loved one.</p> <p>During a telephone interview on 2/10/22 at 1:35 PM, FM 3 stated Resident 2 was a newly admitted resident in the facility for four to five days only since she decided to "pull her out" from the facility. FM 3 stated Resident 2 really wanted to see FM 3 in person and had not been sleeping and eating well. FM 3 stated Resident 2 was admitted to the facility during the "CDC imposed</p>	F 563			

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F 563	<p>Continued From page 6</p> <p>no visitation," and facility did not allow any visitation for a couple of days, so she was not able to visit Resident 2 at all. FM 3 stated she asked the facility if she could visit the Resident 2 outdoor, but the facility denied her request and was told that it was CDC's regulation that no visitation allowed in the whole facility. FM 3 stated that she was not even informed by the facility staff that she can visit indoors as long as she meets the local Health Department's visiting requirements. FM 3 stated she was told by the facility that she could not visit at all. FM 3 stated Resident 2 was not COVID-19 positive. RP 2 stated she was allowed to visit one time on for 10 minutes on 1/10/22 at indoor lobby near the reception area.</p> <p>During a telephone interview on 2/11/at 10:20 AM, FM 4 stated there were a certain period that visitation was not allowed in the facility, and that was around the end of December 2021 or the first week of January 2022. FM 4 stated he was not able to visit his Resident 3. FM 4 stated the facility informed him it was because of the facility's COVID-19 outbreak. FM 4 stated Resident 3 was tested positive of COVID-19 at the end of January 2022.</p> <p>During a telephone interview on 2/11/22 at 2:50 PM, FM 5 stated there were periods that the facility would not let them visit Resident 4 due to the facility's COVID-19 outbreak. FM 5 stated visitation was limited due to COVID-19, and families could not do anything about it. FM 5 stated that outdoor visitation would not work for Resident 4 because Resident 4 was bed bound.</p> <p>A review of California Department of Public Health (CDPH) All Facilities Letter (AFL) 20-22.9</p>	F 563			

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F 563	<p>Continued From page 7</p> <p>titled "Guidance for Limiting the Transmission of COVID-19 in Skilled Nursing Facilities" dated 8/12/21 indicated, all facilities must comply with state and federal resident's rights requirements pertaining to visitation. The AFL indicated failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a violation of resident's rights and the facility would be subject to citation and enforcement actions.</p> <p>A review of the Centers for Medicare and Medicaid Services (CMS) Memorandum Quality Safety and Oversight (QSO) 20-39 titled "Nursing Home (NH) Visitation COVID-19 guidance revised on 11/12/21 visitation must be always allowed with very limited and rare exceptions, in accordance with residents' rights.</p>	F 563			