

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

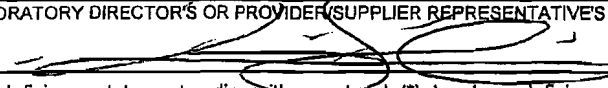
PRINTED: 05/20/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055987	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2011
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NAME OF PROVIDER OR SUPPLIER SONOMA HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476
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(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 represents the findings of the California Department of Public Health (CDPH) during an annual recertification survey. Representing the CDPH: Health Facilities Evaluator Nurses 28258, 28786, 29092, and 27136. Census on the day of entry (4/25/11) was 106 with no bed holds.	F 000		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Document review, on 4/28/11, of the facility's Policy Number: 112 titled "Official Language Designation California" (Rev. April 2004), states "It is the policy of the company to establish English as the official spoken and written business language of the company." On 4/28/11, review of a facility document titled "English-Only Rule" (undated) states the "Only the English language is to be used in resident room; therapy rooms; sitting rooms and common rooms used by residents; all other immediate resident-care areas; the hallways providing access to immediate resident care areas and any other area where residents may be in a hearing distance of conversation." This	F 241	Corrective action for residents found to have been affected by this deficiency: Resident 27 has had all patient care information signage removed from door. No residents were affected. Corrective action for residents that may be affected by this deficiency: All residents in the facility have the potential to be affected. Director of Staff Development and Clinical Coordinator inserviced patient care staff to not place patient care information in public view, outside resident rooms or doors. (5/4/11 and 5/25/11) Director of Staff Development and Clinical Coordinator inserviced patient care staff regarding the "English Only" Policy (5/4/2011 and 5/25/11)). "English Only" posters have been posted.	5/25/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	ADMINISTRATOR	6/23/12

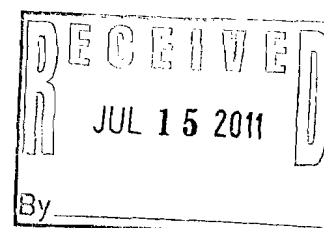
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

FOC Accepted and Administrator informed 7/14/11
Patricia S. Stanton, MPA
FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: C107080000 Facility ID: C107080000 In continuation sheet Page 1 of 16

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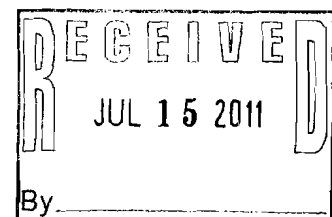
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F 241	<p>Continued From page 1</p> <p>document includes an "Acknowledgement" section which each new employee signs upon employment in the facility.</p> <p>During the initial facility tour observation on 4/25/11, at 10:10 a.m., a sign was taped to the outside of Resident 27's room containing his name, care plan details for the night shift to follow, and a directive stating, "Important--Do not give Dalteparin (a blood thinning medication) on Saturday night or Sunday night."</p> <p>During an interview on 4/27/11, at 9:50 a.m., Administrative Staff D stated that the information contained on the sign was taken from "Care Plan Items" that are prepared for the night shift's use but kept at the nursing stations. Administrative Staff D said someone must have taken it from the nursing station and taped it on the door but it should not have been done.</p> <p>During an interview on 4/28/11 at 10:15 a.m., Resident 10 stated that sometimes staff speak a language other than English when they are near Resident 10 and providing care. Resident 10 stated that when the resident tells staff to stop speaking the foreign language, they stop for a while, but then they begin speaking in a foreign language again and Resident 10 has to again ask them to stop. Resident 10 stated that when staff speak a foreign language around the resident, Resident 10 feels: "...like I'm down under the bed rather than on top of it. I don't like it." Resident 10 added feeling "left out" and like "they are talking about me even when they say they're not."</p>	F 241	<p>Measures that will be put into place to ensure that the deficiency does not recur:</p> <p>Director of Staff Development will inservice patient care staff to not place patient care information in public view, outside resident rooms or doors annually and as needed.</p> <p>Director of Staff Development will inform all new hires during the orientation process of the Resident's rights to privacy for all health information.</p> <p>Director of Staff Development will inservice patient care staff regarding the "English Only" Policy annually and as needed.</p> <p>Director of Staff development will inform all new hires during the orientation process of the "English Only" policy and require a signature of acknowledgement.</p>	5/25/11



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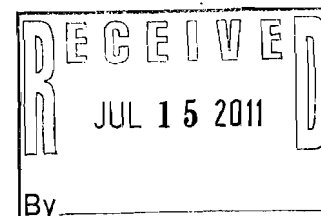
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F 241	Continued From page 2 Based on resident and staff interviews, a confidential group interview, and document review, the facility failed to promote residents' respect and dignity when 1. Staff spoke in a language other than English while delivering care and 2. A sign was taped on the outside of a resident room which contained personal and clinical information. These failures resulted in the violations of resident rights and dignity and caused residents to feel they were not treated with respect. During a confidential group interview on 4/27/11 at 10 a.m., Random Resident 23 stated that staff speak in their own language (other than English) in the hallway, and even in the rooms of the residents when they are giving care. Random Resident 23 stated that when staff spoke in a language other than English, it "makes me feel uncomfortable as if I am in another place and they were talking about me." Random Residents 24, 25, and 26 also stated they have heard staff speaking to each other in non English languages while giving care and concurred it makes them wonder if staff is talking about them.	F 241	Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur. Department Heads on rounds will monitor for patient care signage and report findings to the Director of Nursing Services or Designee as needed. Department Heads on rounds will monitor for Languages other than English being spoken, and report findings to the Executive Director as needed. The Executive Director or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.	5/25/11	
F 362 SS=E	483.35(b) SUFFICIENT DIETARY SUPPORT PERSONNEL The facility must employ sufficient support personnel competent to carry out the functions of the dietary service. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and document review, the facility failed to ensure	F 362	Corrective action for residents found to have been affected by this deficiency: No residents were affected. Corrective action for residents that may be affected by this deficiency: All residents have the potential to be affected.	4/29/11	



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F 362	<p>Continued From page 3</p> <p>dietary staff competencies in: 1. calibration of thermometers; and 2. manual dishwashing. This had the potential for the spread of food-borne illnesses to all residents.</p> <p>Findings:</p> <p>1. During an observation and concurrent staff interview on 4/27/11, at 1:05 p.m., Dietary Staff E was asked how to calibrate a thermometer (checking a thermometer against a known fixed point on the temperature scale) to the standard of 32 degrees Fahrenheit (F). When asked what she would do if the manual (non-disposable) thermometer did not register 32 degrees Fahrenheit (F), she stated that she would throw it away and get another one.</p> <p>During an interview on 4/27/11, at 1:40 p.m., Dietary Staff E was asked what value she would record for a food temperature if the thermometer registered 30 degrees F at initial calibration. Dietary Staff E indicated she would record the temperature registering on the thermometer.</p> <p>Document review of the facility's policy on "Thermometer Calibration" (undated), states that "Food thermometers are to be calibrated to ensure accurate temperature reading." This policy includes directions on the procedure to adjust a thermometer which does not register 32 degrees F.</p> <p>During an interview on 4/27/11, at 2:00 p.m., Administrative Staff A stated it was her expectation that dietary staff know how to calibrate a thermometer.</p>	F 362	<p>Dietary Service Supervisor retrained cooks on the proper methods for manual calibration of thermometers with hands on demonstration using a glass filled with ice water, then placing thermometer in glass. Wait 3 minutes, stirring occasionally. After 3 minutes thermometer should read 32 degrees Fahrenheit.</p> <p>If thermometer does not reach 32 degrees Fahrenheit, staff will discard thermometer and manually calibrate a new one.</p> <p>Dietary Service Supervisor retrained dietary staff on the proper manual dishwashing techniques.</p> <p>Measures that will be put into place to ensure that the deficiency does not recur:</p> <p>Dietary Service Supervisor will monitor skills of dietary cook staff via hands on demonstration of manual calibration of thermometers monthly times 3 months, then quarterly and as needed.</p> <p>Dietary Service Supervisor to inservice dietary staff on the proper manual dish washing techniques, then will monitor monthly times 3 months, then quarterly and as needed.</p>	4/29/11	



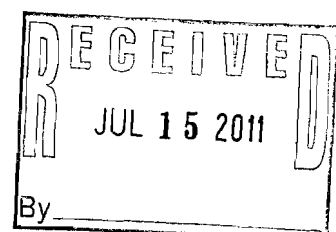
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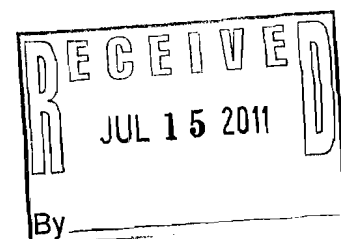
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F 362	<p>Continued From page 4</p> <p>During an interview on 4/28/11, at 3:50 p.m., Administrative Staff A was asked when dietary staff were last trained in the calibration of thermometers. She stated that she did not think they had ever been trained in the calibration of thermometers, and added that, as cooks, she expected them to know how to do this. When asked how she ensures staff competency, she stated that she does "spot watching" on procedures such as the preparation of nourishments and trayline, but that she has not done "on spot performance checks" for the calibration of thermometers.</p> <p>Review of "RDs for Healthcare's" undated policy, titled "Thermometer Calibration," indicated that a manual thermometer (bi-metallic stemmed thermometer) is calibrated by holding "...the adjust nut securely with a wrench or other tool and rotate the head of the thermometer until it reads 32 degrees F (0 degrees Centigrade)."</p> <p>Review of dietary inservice records from 5/24/10 to 2/15/11 found no documentation that staff had been trained in the calibration of thermometers.</p> <p>2. During an observation and concurrent interview on 4/27/11, at 2:10 p.m., Dietary Staff G was asked about the procedure for the manual dish washing. She stated that she would fill the "wash" side of the sink three-quarters of the way full with hot water (150 degrees F) and then add one-fourth cup of soap. Dietary Staff G indicated that she would use the "purple soap" that was in a large container on the floor near the automatic dishwasher (soap that was not connected to the soap dispenser above the sink).</p>	F 362	<p>Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>Dietary Service Supervisor or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.</p>	4/29/11



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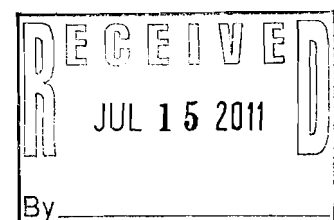
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F 362	<p>Continued From page 5</p> <p>During an interview on 4/28/11, at 3:50 p.m., Administrative Staff A was asked when she last inserviced dietary staff on the procedure for the manual dish washing. She stated that it was "a couple of weeks ago," but that she only trained the evening shift. When asked how she ensures staff competency, she stated that she does "spot watching" on procedures such as the preparation of nourishments and trayline, but that she has not done "spot performance checks" for manual dishwashing.</p> <p>Review of RDs for Healthcare's undated policy titled, "Three Compartment Procedure for Manual Dishwashing," indicated that the first sink compartment (used for washing) should be filled with hot water (110-120 degrees F) and soap according to manufacturer's recommendations.</p> <p>Review of manufacturer recommendations for dishwashing soap indicated that one "squirt" (12 ounces) of soap (from soap dispenser above sink) should be used per 15 gallons of water (the volume of water in the sink when three-fourths full).</p> <p>Review of dietary inservice records from 5/24/10 to 2/15/11 found no documentation that staff had been trained in manual dishwashing.</p> <p>Review of the facility's job description (undated) for the Director of Food Services, indicated that duties include: "Review and check competence of dietary personnel and make necessary adjustments/corrections as required or that may become necessary;" and "Make daily rounds to assure that dietary personnel are performing required duties and to assure that appropriate</p>	F 362			



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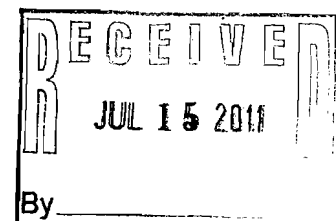
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F 382	Continued From page 6	F 362			
F 371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and document review, the facility failed to ensure sanitary conditions in the kitchen when: 1. spoiled food was found in the refrigerator; 2. unlabeled and undated food was in the refrigerator; 3. a kitchen drawer contained a dirty spatula; 4. aprons were not worn; 5. handwashing procedures were not observed; and 6. to keep dietary food carts cleaned with a non-potable hose with an anti-siphon valve. This had the potential for the spread of food-borne illnesses to all residents.</p> <p>Findings:</p> <p>1. During an observation on 4/25/11, at 9:02 a.m., a small box of grapes (labeled with delivery date of 4/11/11) was found in the walk-in refrigerator. Many of the grapes were brown and shriveled.</p>	F 371	<p>Corrective action for residents found to have been affected by this deficiency:</p> <p>No residents were affected.</p> <p>Corrective action for residents that may be affected by this deficiency:</p> <p>All residents in the facility have the potential to be affected.</p> <p>Dietary Service Supervisor retrained dietary staff on proper/safe food storage/food disposal practices.</p> <p>Dietary Service Supervisor retrained dietary staff on the policy and procedure for labeling and dating all food items placed in refrigerator.</p> <p>Dietary Service Supervisor retrained dietary staff on the importance of thorough dishwashing.</p> <p>Dietary Service Supervisor retrained dietary staff on the wearing of aprons while on duty to prevent cross-contamination.</p> <p>Dietary Service Supervisor retrained dietary staff on the proper hand washing procedures following the policy and procedure.</p>	4/29/11	



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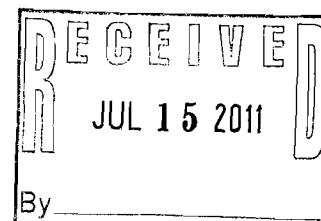
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F 371	<p>Continued From page 7</p> <p>During an observation on 4/26/11, at 9:40 a.m., a clear plastic bin of celery (labeled with a date of 3/28/11) was found in the walk-in refrigerator. Many of the celery stalks were brown and covered with a white fuzzy material.</p> <p>During an interview on 4/25/11, at 9:20 a.m., Administrative Staff A acknowledged the brown grapes and stated that they were no longer being used for resident consumption, but were being eaten by staff (there was no label on the grapes indicating they were for staff consumption).</p> <p>During an interview on 4/26/11, at 9:50 a.m., Administrative Staff A acknowledged the celery was brown and fuzzy and stated that refrigerated produce is checked by staff once a week when new shipments of produce arrive. When Administrative Staff A was asked if the celery had been checked within the last week, she stated, "No."</p> <p>During an interview on 4/26/11, at 9:55 a.m., Dietary Consultant D stated that refrigerated produce should be inspected every time someone goes into the refrigerator.</p> <p>Review of RDs for Healthcare's undated policy titled, "Procedure for Refrigerated Storage", stated: "All refrigerated foods are to be kept the amount of time per 'Refrigerated Storage Guidelines'."</p> <p>Review of RDs for Healthcare's undated "Produce Storage Guidelines," indicated that grapes are to be kept in the refrigerator for "...5-7 days..." and celery is to be kept for "...2 weeks."</p>	F 371	<p>Potable hose and anti-siphon valve have been purchased and are in use for cleaning dietary food carts.</p> <p>Measures that will be put into place to ensure that the deficiency does not recur:</p> <p>Dietary Service Supervisor will inservice dietary staff on proper/safe food storage/food disposal practices monthly times 3 months then quarterly and as needed.</p> <p>Dietary Service Supervisor will inservice dietary staff on the policy and procedure for labeling and dating all food items placed in refrigerator monthly times 3 months then quarterly and as needed.</p> <p>Dietary Service Supervisor will inservice dietary staff on the importance of thorough dishwashing monthly times 3 months then quarterly and as needed.</p> <p>Dietary Service Supervisor will inservice dietary staff on the wearing of aprons while on duty to prevent cross-contamination monthly times 3 months then quarterly and as needed.</p> <p>Dietary Service Supervisor will inservice dietary staff on the proper hand washing procedures following the policy and procedure monthly times 3 months then quarterly and as needed.</p>	4/29/11	



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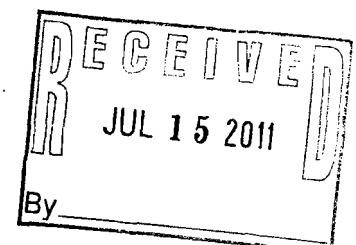
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F 371	Continued From page 8 2. During an observation on 4/25/11, at 9:02 a.m., five small unlabeled, undated bowls of salad were found in the walk-in refrigerator. During an interview on 4/25/11, at 9:20 a.m., Administrative Staff A acknowledged the unlabeled, undated bowls of salad and stated they should have been labeled and dated. Review of RDs for Healthcare's undated policy titled, "Leftover Foods," stated: "Leftover foods are those that have been prepared for a meal and not served," and indicated that leftovers should be labeled and dated. 3. During an observation on 4/26/11, at 8:40 a.m., a kitchen drawer contained a spatula with a spot of dried, light brown material on it. During an interview on 4/26/11, at 8:45 a.m., Administrative Staff A acknowledged the spatula was dirty and removed it from the drawer. 4. During an observation on 4/26/11, at 11:15 a.m., Dietary Staff H and Dietary Staff I were not wearing aprons over their clothing. During an interview on 4/28/11, at 1:00 p.m., Administrative Staff A stated that she had no expectations regarding dietary staff wearing aprons and that they could wear their own uniforms without aprons. Review of RDs for Healthcare's policy titled, "Dress Code for Women and Men," dated 2/10, indicated that clean aprons (plastic or cloth) will be worn.	F 371	Dietary Service Supervisor will inservice dietary staff on the use of the potable hose and anti-siphon valve for cleaning dietary food carts quarterly and as needed. Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Dietary Service Supervisor will inspect perishable food inventory 2 times weekly to ensure that freshness is maintained. Dietary Service Supervisor on routine rounds of the dietary department will check refrigerator for the proper labeling and dating of food items. Dietary Service Supervisor on routine rounds of the dietary department will inspect the cleanliness of kitchen equipment. Dietary Service Supervisor on routine rounds of the dietary department will monitor compliance with the use of aprons. Dietary Service Supervisor on routine rounds of the dietary department will observe dietary staff for proper hand washing procedures.	4/29/11	



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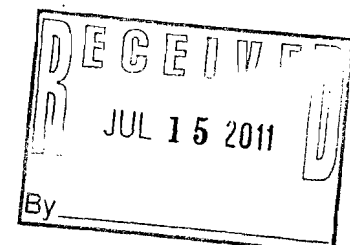
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055987	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/29/2011
NAME OF PROVIDER OR SUPPLIER SONOMA HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476		
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F 371	<p>Continued From page 9</p> <p>5. During an observation on 4/26/11, at 10:07 a.m., Dietary Staff F loaded dirty dishes into a dish rack and placed the rack into the automatic dishwasher. Without changing her gloves or washing her hands, she went over to the "clean" side of the dishwasher and placed a chemical test strip on a wet, clean cutting board which was in a dish rack she had just pulled out of the dishwasher. She then immediately pulled out another rack of clean dishes from the dishwasher without first changing her gloves or washing her hands.</p> <p>During an observation on 4/26/11, at 10:38 a.m., Dietary Staff F loaded dirty dishes into a dish rack and placed the rack into the automatic dishwasher. Without changing her gloves or washing her hands, she then went over to the "clean" side of the dishwasher and pulled out a rack of clean dishes and immediately unloaded them.</p> <p>During an interview on 4/28/11, at 3:50 p.m., Administrative Staff A was asked when dietary staff were last trained in the procedure for washing dishes using the automatic dishwasher. She stated that it was "a long time ago," and added that she did not go over the practice of how to go from the dirty side of the dishwasher to the clean side.</p> <p>Review of the undated RDs for Healthcare policy titled, "Sanitation," stated: "A minimum of two employees will be used when dishes are machine washed. One will handle the soiled area and one will handle the clean side. If an employee does need to go from soiled end to clean end, a strict</p>	F 371	<p>Dietary Service Supervisor on routine rounds of the dietary department will monitor compliance of the use of a potable hose and anti-siphon valve during cleaning of the food carts.</p> <p>Executive Director or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.</p>	4/29/11	



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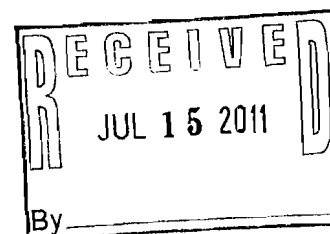
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F 371	Continued From page 10 hand washing routine must be followed." Review of the undated RDs for Healthcare policy titled, "Hand Washing Procedure," indicated that dietary staff need to wash their hands after handling soiled dishes and utensils. 6. Observation on 4/26/11, at 9:30 a.m. found a hose mounted on the exterior wall just outside the rear kitchen door that was non-potable and without an anti-siphon valve. During an interview on 4/27/11, at 1:30 p.m., Administrative Staff A stated that dietary aides wash down the food carts outside the kitchen door using the hose mounted on the exterior wall. Review of the undated RDs for Healthcare policy titled, "Food Carts," indicated that heavily soiled food carts would be cleaned outside using a pressure washer and detergent following manufacturer's instructions. Review of the facility's undated job description for the Director of Food Services, indicated that duties include: 1. "Review and check" competence of dietary personnel and make necessary adjustments/corrections as required or that may become necessary;" 2. "Make daily rounds to assure that dietary personnel are performing required duties and to assure that appropriate dietary procedures are being rendered to meet the needs of the facility;" and 3. "Ensure that all dietary service personnel follow established departmental policies and procedures, including appropriate dress code."	F 371			
F 465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL	F 465			



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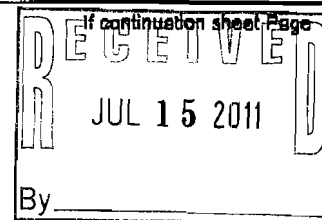
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F 465	<p>Continued From page 11 E ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility failed to provide a safe and secure environment for residents, staff, and visitors, when during the initial tour of the resident rooms, it was observed that a window was broken in one of the resident rooms. This broken window had the potential of causing harm and injury to residents, staff or visitors.</p> <p>Findings:</p> <p>During an observation on 4/25/11, at 9:50 a.m., it was noted that one resident room had a three panel sliding glass window. The two outside panels were movable and the center panel was stationary. The left panel was a rectangular piece of glass approximately 2 feet by 3 feet. The lower right corner of the left panel had a crack from the bottom of the panel to the right side of the panel approximately 6 to 9 inches in length and a piece of glass had broken away from the crack and was missing leaving a hole in the glass window.</p> <p>During an interview on 4/25/11, at 9:50 a.m., Administrative Staff B stated that she was unaware of the window in the resident's room being broken. Administrative Staff B also stated that the window in the resident's room should not be broken and be repaired immediately.</p>	F 465	<p>Corrective action for residents found to have been affected by this deficiency:</p> <p>The broken window in resident's room has been replaced.</p> <p>Corrective action for residents that may be affected by this deficiency:</p> <p>All residents in the facility have the potential to be affected.</p> <p>Environmental Service Director made facility rounds to check for broken windows and potential environmental issues. Director of Staff Development and Clinical Coordinator inserviced staff regarding reporting of all potential environmental issues to the Environmental Service Director (5/25/11) and (6/1/11).</p> <p>Measures that will be put into place to ensure that the deficiency does not recur:</p> <p>Environmental Services Director will make weekly rounds of facility to check for potential environmental issues. Department Managers on rounds will monitor for potential environmental issues and report findings to Environmental Service Director. Director of Staff Development will inservice staff regarding reporting of all potential environmental issues to the Environmental Service Director annually and as needed.</p>	6/1/2011	



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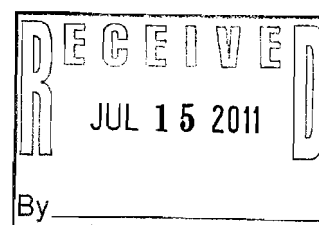
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F 465	<p>Continued From page 11</p> <p>ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, and staff interview, the facility failed to provide a safe and secure environment for residents, staff, and visitors, when during the initial tour of the resident rooms, it was observed that a window was broken in one of the resident rooms. This broken window had the potential of causing harm and injury to residents, staff or visitors.</p> <p>Findings:</p> <p>During an observation on 4/25/11, at 9:50 a.m., it was noted that one resident room had a three panel sliding glass window. The two outside panels were movable and the center panel was stationary. The left panel was a rectangular piece of glass approximately 2 feet by 3 feet. The lower right corner of the left panel had a crack from the bottom of the panel to the right side of the panel approximately 6 to 8 inches in length and a piece of glass had broken away from the crack and was missing leaving a hole in the glass window.</p> <p>During an interview on 4/25/11, at 9:50 a.m., Administrative Staff B stated that she was unaware of the window in the resident's room being broken. Administrative Staff B also stated that the window in the resident's room should not be broken and be repaired immediately.</p>	F 465	<p>Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>Environmental Service Director will meet with Executive Director weekly to discuss findings and resolutions.</p> <p>Executive Director or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.</p>	6/1/2011	



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F 517 SS=E	<p>483.75(m)(1) WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS</p> <p>The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and document review, the facility failed to maintain the required emergency food supplies as outlined in their disaster plan when insufficient quantities of food were found for 12 of 19 items. This had the potential for all residents to receive inadequate food/nutrition in the event of an emergency or disaster.</p> <p>Findings:</p> <p>During an observation on 4/26/11, at 9:00 a.m., the quantity of on-site emergency food was found to be less than the quantity stated on the disaster food inventory list for 12 of 19 sampled items. In a concurrent interview, Administrative Staff A acknowledged the missing food items. When asked how often she checks the emergency food supply, she stated that it is not checked on a regular basis. She stated that she visually inspected it the day before and it appeared to be OK, but acknowledged that she does not use a checklist for the inspection of food items.</p> <p>During an interview on 4/26/11 at 9:15 a.m., Dietary Consultant D was asked if she was aware of the lack of sufficient quantities of emergency</p>	F 517	<p>Corrective action for residents found to have been affected by this deficiency:</p> <p>No residents were affected.</p> <p>Corrective action for residents that may be affected by this deficiency:</p> <p>All residents in the facility have the potential to be affected.</p> <p>Dietary Service Supervisor retrained dietary staff on the importance of maintaining the Emergency Food Supply inventory.</p> <p>Measures that will be put into place to ensure that the deficiency does not recur:</p> <p>Dietary Service Supervisor will inservice dietary staff on the importance of maintaining the Emergency Food Supply inventory monthly times 3 months then quarterly and as needed.</p> <p>Dietary Service Supervisor will check the emergency food supply inventory weekly times 3 months and then monthly to ensure rotation of expired products and proper maintenance of the emergency food supply inventory.</p> <p>Dietary Service Supervisor will implement a log to document the emergency food supply checks.</p>		4/29/11



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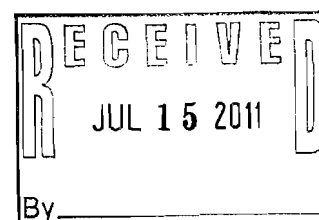
NAME OF PROVIDER OR SUPPLIER

SONOMA HEALTHCARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1250 BROADWAY
SONOMA, CA 95476

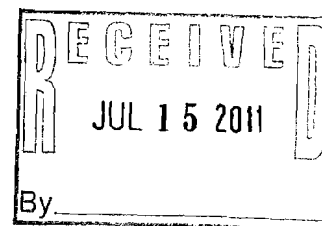
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F 517	Continued From page 13 food. She stated, "No." When asked how she has been monitoring the quantity of emergency food, she stated that it is checked during monthly inspections. When asked if she had been checking the emergency food on a monthly basis, she stated, "No." Review of the facility's policy and procedure titled, "Disaster Feeding Procedure," dated 1/2008, indicated that the facility "will maintain an emergency food supply on the premises to last for a three-day period" and that "food items designated in the emergency menu must be available at all times." Review of the facility's undated job description for the Director of Food Services, indicated that duties include: 1. "Inspect food storage rooms...for upkeep and supply control;" and 2. "ensure that stock levels of staple/non-staple food, supplies, equipment, etc., are maintained at adequate levels at all times."	F 517	Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Registered Dietitian will include the review of Emergency Food Supply in the monthly audit of the dietary department and report findings to the Dietary Service Supervisor and the Executive Director for follow up as needed. Executive Director or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.	4/29/11
F 518 SS=E	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews, and document review, the facility failed to ensure that: 1. Dietary staff were knowledgeable in emergency fire procedures; and 2. Facility staff were	F 518	Corrective action for residents found to have been affected by this deficiency: No residents were affected. Corrective action for residents that may be affected by this deficiency: All residents have the potential to be affected. Environmental Services Director inserviced nursing and ancillary staff on the proper procedure for using a fire extinguisher. (4/27/11 and 4/28/11)	



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F 518	<p>Continued From page 14</p> <p>knowledgeable about the location of gas and water shut-off valves. This had the potential to impede the extinguishing of fires and the execution of emergency procedures which could jeopardize the safety of all residents in the event of an emergency or disaster.</p> <p>Findings:</p> <p>1. During an observation and concurrent staff interview on 4/27/11, at 2:20 p.m., Dietary Staff E was asked what she would do in the event of a fire in the kitchen. She stated she would use the fire extinguisher and demonstrated how she would move the extinguisher in a circular motion to spray all parts of the fire.</p> <p>During an observation and concurrent staff interview on 4/27/11 at 2:30 p.m., Dietary Staff F was asked what she would do in the event of a fire in the kitchen. She stated that she would use the fire extinguisher. When asked what she would do if the fire extinguisher failed to put out the fire, she stated: "Nothing."</p> <p>During an interview on 4/27/11, at 2:25 p.m., Administrative Staff A was asked when dietary staff were last inserviced on emergency fire procedures. She stated that she did not know because Administrative Staff C was responsible for conducting those inservices. She also stated that dietary staff knew about the "P.A.S.S." (Pass Aim Squeeze and Sweep) procedure for the extinguishing of fires (as directed by the Occupational Safety and Health Administration, the nozzle of the fire extinguisher should be aimed at the base of the fire and moved back and forth in a sweeping motion). She added that she</p>	F 518	<p>Director of Staff Development and Clinical Coordinator inserviced nursing and ancillary staff on the proper procedure for using a fire extinguisher.</p> <p>Director of Staff Development and Clinical Coordinator inserviced nursing and ancillary staff regarding the location of gas and water shut-off valves (5/25/11).</p> <p>Measures that will be put into place to ensure that the deficiency does not recur:</p> <p>Director of Staff Development will inform all new hires during the orientation process on the procedure for using a fire extinguisher.</p> <p>Director of Staff Development and/or Environmental Service Director will inservice nursing and ancillary staff on the procedure for using a fire extinguisher annually and as needed.</p> <p>Environmental Service Director or Designee will do random skills checks to monitor staff understanding of fire extinguisher use.</p>	5/25/11	



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F 518	<p>Continued From page 15</p> <p>expected staff to know how to extinguish a fire.</p> <p>Review of inservice records indicated that dietary staff were last trained in fire prevention and safety on 4/26/10.</p> <p>2. During an interview on 4/27/11, at 9:50 a.m., Licensed Staff J did not know the locations of the gas or water shut-off valves.</p> <p>During an interview on 4/27/11, at 3:55 p.m., Licensed Staff K did not know the locations of the gas or water shut-off valves. She also stated that, in the event of an earthquake, she would save the residents first before herself.</p> <p>During an interview on 4/27/11, at 4:05 a.m., Unlicensed Staff L did not know the location of the water shut-off valve.</p> <p>During an interview on 4/28/11, at 9:10 a.m., Housekeeping Staff M did not know the location of the water shut-off valve.</p>	F 518	<p>Director of Staff Development will inform all new hires during the orientation process of the location of gas and water shut-off valves.</p> <p>Director of Staff Development will inservice nursing and ancillary staff of the location of gas and water shut-off valves annually and as needed.</p> <p>Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur.</p> <p>Environmental Service Director or Designee will do random skills checks to monitor staff understanding of fire extinguisher use.</p> <p>Department Managers on rounds will ask random staff for location of gas and water shut-off valves and report issues to the Director of Staff Development for further educational needs as needed.</p> <p>Director of Nursing Services or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.</p>	5/25/11

