| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055201 | A. BUILDING _____ B. WING _____ | C 04/14/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN LIVING CENTER - HY-PANA | 4545 SHELLEY COURT STOCKTON, CA 95207 |

| (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<br><br>The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of entity reported incident #CA00473443.<br><br>Representing the Department of Public Health: HFEN, 29825<br><br>The inspection was limited to the specific entity reported incident investigated and does not reflect the findings of a full inspection of the facility. | P 000 | **Golden Living Hypana submits this plan of correction as part of the requirements under State and Federal Law. The Plan of Correction is submitted in accordance with specific requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employees, agents, officers, directors or shareholders.** | 5/16/16 |
| F 241 SS=D | 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY<br><br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, review of the clinical record, and facility policies and procedures, the facility failed to ensure 1 of 3 sampled residents (1) was treated with dignity when Certified Nurses Aid (CNA)1 told the resident to, "Man up!" This failure increased the risk for psychosocial harm to the resident.<br><br>Findings:<br><br>Resident 1 was admitted to the facility with diagnoses including; obesity and edema (fluid retention) of the lower extremities and a disorder of the skin. Her most recent annual Minimum | F 241 | **The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third for evaluation and appropriate treatment modalities.**<br><br>F241- Dignity And Respect Of Individuality<br><br>The Certified Nursing Assistant #1 was immediately placed on suspension on 1/23/2016 pending investigation pending notification of the allegation. CNA 1 was terminated on 1/26/2016.<br><br>Resident #1 assessed for emotional distress by charge nurse 1/23/2016. The resident had no signs or symptoms of any negative effects from the incident. | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Teresa Mendoza EDIT 5/2/2016

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055201 | A. BUILDING _____ B. WING _____ | C 04/14/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN LIVING CENTER - HY-PANA | 4545 SHELLEY COURT STOCKTON, CA 95207 |

| (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 241 | Continued From page 1<br>Data Set (MDS, an assessment tool), dated 1/13/16, indicated she was alert and oriented and required one person assist with personal hygiene.<br><br>During an interview with Resident 1 on 2/4/16 at 9:25 a.m., she explained, "They got rid of the CNA [1]. He got a little too sarcastic, hurt me physically. He went to pull up my brief and hurt me. So I complained to him and he said 'Man up!'...It made me angry and upset...He's always in a hurry. 'Man up' means get over it, act like a man, don't be a sissy. ...I kind of hollered when he pulled up the brief because it hurt. That's when he said 'Man up!'... I don't think he was joking. He wasn't smiling. He never apologized. Never once has he said 'Sorry'. I don't know if it was intentional. He was in a hurry."<br><br>During and interview with the Activities Assistant on 2/4/16 at, she said "[CNA 1] was rude with me one time. His mannerisms were rude. I asked him if he was going to take [Resident 3] smoking and he said something like that's not my problem."<br><br>During an interview with the Social Services Director on 2/4/16 at 10:45 a.m., she said, "[Resident 2] complained about him. He was sort of joking around, maybe it was misconstrued. Maybe he's so stressed his comments are taken to be rude..."<br><br>Resident 1's clinical record was reviewed:<br><br>The document titled "Episodic: Alleged roughness during care by nurse aide" dated 1/24/16 indicated "Care will be taken to ensure that briefs are being changed gently...Patient will be treated with dignity and respect when care is being administered." | F 241 | The facility will monitor compliance through the monthly resident council meeting by adding an agenda item to review any concerns related to dignity and respect, care and or customer service. Concerns will be reported to the ED immediately, for follow up and resolution. Additionally, the IDT will once per week randomly interview residents during their rounds to ensure they feel safe and that their dignity is maintained. Concerns will be addressed immediately to the ED for further review and follow up. The ED or designee will provide the QAPI committee with any trends for further review and recommendations.<br>The QAPI committee will evaluate any findings for the next quarter and if no deficient practice has been found, they will decide if further evaluation is needed. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055201 | A. BUILDING _____ B. WING _____ | C 04/14/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN LIVING CENTER - HY-PANA | 4545 SHELLEY COURT STOCKTON, CA 95207 |

| (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 241 | Continued From page 2<br><br>CNA 1's personnel file was reviewed:<br><br>Disciplinary actions were documented 5/19/11 for roughness in resident care, 6/21/15 for rudeness and insubordination, and 1/18/16 for roughness and a rude statement to a resident.<br><br>CNA 1 was suspended 1/23/16 and terminated on 1/26/16.<br><br>Review of the facility policy and procedure titled "Reporting and Investigation of Alleged Violations...Involving Mistreatment, .., Abuse...", effective date 12/18/2014, indicated "Corrective Action...The center/location shall make reasonable efforts to determine the cause of the alleged violation and take corrective action consistent with the investigation findings and to eliminate any ongoing dangers to the resident." | F 241 | The EDIT interviewed all other residents in CNA 1's group on 1/21/2016 and again on 1/22/2016 to ensure no other residents had concerns with regard to care, dignity and respect or customer service from any staff member.<br>There were no other residents with concerns related to care, dignity and respect or customer service.<br>The DON and/or designee will conduct in-service to all staff on Policies pertaining to Preventing Abuse & Neglect , Reporting and Investigation of Alleged Violations involving Abuse and maintaining resident dignity by 5/16/2016. | 5/16/16 |