PRINTED: 04/19/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 055201 B. WING 04/14/2016 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4545 SHELLEY COURT GOLDEN LIVING CENTER - HY-PANA STOCKTON, CA 95207 PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (X5) lD (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG. TAG DEFICIENCY Golden Living Hypana submits F 000 INITIAL COMMENTS F 000 this plan of correction as part of the requirements under State and Federal The following reflects the findings of the Law. The Plan of Correction is California Department of Public Health during an submitted in accordance with specific abbreviated survey for the investigation of entity requirements. It shall not be construed reported incident #CA00473443. as admission of any alleged deficiency cited or any liability. The provider Representing the Department of Public Health: submits this plan of correction with the HFEN, 29825 intention that it is inadmissible by any third party in any civil, criminal action The inspection was limited to the specific entity. or proceedings against the provider or reported incident investigated and does not its employees, agents, officers, directors reflect the findings of a full inspection of the or shareholders. 483.15(a) DIGNITY AND RESPECT OF F 241 F 241 The provider reserves the right to INDIVIDUALITY ss=D challenge the cited findings if at any time the provider determines that the The facility must promote care for residents in a disputed findings are relied upon in a manner and in an environment that maintains or manner adverse to the interests of the enhances each resident's dignity and respect in provider either by the governmental full recognition of his or her individuality. agencies or third for evaluation and appropriate treatment modalities. This REQUIREMENT is not met as evidenced

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.

Findings:

LABORATORY

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

F241- Dignity And Respect Of Individuality

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.

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.

(X8) DATE

Any deficiency statement ending with an agregist (*) denotes a deficiency which the instituti

DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

TATEMENT OF DEFICIENCIES INDEPLAYOF CORRECTION 055201 Description DENTIFICATION NUMBER: DENTI		MENT OF HEALTH AND HUMAN SERVICES S FOR MEDICARE & MEDICAID SERVICES		The state of the s	RINTED: 04/19/2016 FORM APPROVED MB NO: 0938-0391
STREET ADDRESS, CITY, STATE, ZIP CODE 4646 SHELLEY COURT STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES DEFORMATION PREFIX TAG SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED OT THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED OT THE APPROPRIATE DEFICIENCY) F 241 Continued From page 1 Data Set (MDS, an assessment tool), dated 1/13/16, indicated she was alert and oriented and required one person assist with personal hygiene. 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 wint to pull up my brief and hurt me. So I complained to him and he said 'Man upl'It made me ainly and upsetHe'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 said 'Man upl' I don't think he was joking. He wasn't smilling. He never apologized. Never once has he said 'Sorry'. I don't know if it was intentional. He was in a hurry." 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." STREET ADDRESS, CITY, 67812 A 92507 STOCKTON, CA 95207 PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTOR SHOULD BE COMPILE AND OF CAPH. CORRECTION (EACH CORRECTIVE ACTOR SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFORMATION. 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 preview.	STATEMENT O	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA CORRECTION (DENTIFICATION NUMBER:	A. BUILDING		(X3) DATE SURVEY COMPLETED C
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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

PRINTED: 04/19/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 055201 B. WING 04/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4545 SHELLEY COURT GOLDEN LIVING CENTER - HY-PANA STOCKTON, CA 95207 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION). TAG TAG DEFICIENCY) The EDIT interviewed all other residents F 241 Continued From page 2 in CNA 1's group on 1/21/2016 and again on 1/22/2016 to ensure no other CNA 1's personnel file was reviewed: N. S. S. S. S. S. residents had concerns with regard to Disciplinary actions were documented 5/19/11 for care, dignity and respect or customer roughness in resident care, 6/21/15 for rudeness service from any staff member. and insubordination, and 1/18/16 for roughness There were no other residents with and a rude statement to a resident. concerns related to care, dignity and 41.00% respect or customer service. CNA 1 was suspended 1/23/16 and terminated on The DON and/or designee will conduct in-1/26/16. service to all staff on Policies pertaining Review of the facility policy and procedure titled to Preventing Abuse & Neglect "Reporting and Investigation of Alleged Reporting and Investigation of Alleged Violations...Involving Mistreatment, ... Abuse...", involving Abuse Violations effective date 12/18/2014, indicated "Corrective" resident dignity Action...The center/location shall make maintaining reasonable efforts to determine the cause of the 5/16/2016. alleged violation and take corrective action consistent with the investigation findings and to eliminate any ongoing dangers to the resident."

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