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PRINTED: 12/18/2014 FORM APPROVED

	CA03000108	B. WING		12/05/	2014	
NAME OF PROVIDER OR SUPPLIER STREET		FADORESS, CITY, STATE, ZIP CODE				
OAKS CARE CENT	er(		od ea	2/6/15		
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD SE	(XB) COMPLETE DATE	
Initial Commenta		A 000	PLAN OF CORREC	TIONS		
Department of Pub survey.  Representing the EHFEN# 1958 / 299  HFEN# 1958 / 316  HFEN# 2589 / 316  HFEN# 2589 / 316  HFEN# 2741 / 333  T22 DIV5 CH3 AR'  Service—Food Service—Service—Service—Service—Food Service—Food Service—Food Service—Service—Food Service—Food Se	lic Health during a Licensing  Repartment 17 18 10 10 10 10 10 10 10 10 10 10 10 10 10	A 310	"This plan of correct prepared as part of the assurance process for provider. This plan of and any attached doc prepared with substate reliance upon privile, review information a reports and as such a from discovery."  "This plan of correct prepared, submitted executed solely becauted as the prepared of the provision applicable laws and the or any other codes, stregulations."  A-310.  Dietary preference for 15, 26 were updated Registered Dietician the Food Service Sup (FSS) on 12/23/14.  For all other resident	ton is the quality the of correction tuments are untial ged peer ud/or re protected tion is and/or use it is te and/or odes, and or ansmission is not a ons within regulations tatutes or or resident 7, by the (RD) and tervisor	12.23	
Centilication Division DIRECTOR'S OR PROOF	DETENDED PLIER REPRESENTATIVES SIGN	NATURE	mie	· · · · · · · · · · · · · · · · · · ·	I) DATE	
	17 thus		50T11	H continuation	S-L	
	aummary sta- (EACH DEPICIENCY REGULATORY OR U Initial Comments The following reflect Department of Pub survey.  Representing the D HFEN# 1958 / 299 HFEN# 2433 / 291 HFEN# 2589 / 316 HFEN# 2589 / 324 HFEN# 2659 / 324 HFEN# 2741 / 3334 T22 DIV6 CH3 ART Service—Food Sen (a) The dietetic sen quality and quantity in accordence with meet "The Recomment of the Food and Nutril Research Council of Sciences, and the food and Sen (3) Patient food pre as much as possible refused shall be fro Condiments such a se much as possible refused shall be fro Condiments such a se aveilable at each by the diet order.  This Statute is not Based on observati and staff interviews edhere to patient for sampled patients a 15, and 28). This fi being served foods Findings:	OAKS CARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  The following reflects the findings of the California Department of Public Health during a Licensing survey.  Representing the Department.  HFEN# 1958 / 29917  HFEN# 2433 / 28108  HFEN# 2433 / 28108  HFEN# 2589 / 31640  HFEN# 2589 / 31640  HFEN# 2589 / 32476  HFEN# 269 / 32476  HFEN# 2741 / 33361  T22 DIV5 CH3 ART3-72335(a)(3) Dietetic Service—Food Service  (a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians orders and to meet "The Recommended Daily Dietary Allowance," the most current adition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, and the following:  (3) Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups.  Condiments such as sell, papper or sugar shall be aveilable at each meal unless contraindicated by the diet order.  This Statute is not met as evidenced by: Based on observation, document review, patient and staff interviews, the facility failed to honor and edhere to patient food preferences for 2 of 24 sempled patients and 1 of 10 random patients (7, 15, and 28). This failure resulted in patients beling served foods not of their Ilking.	OAKS CARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)  Initial Comments  A 600  The following reflects the findings of the California Department of Public Health during a Licensing survey.  Representing the Department: HFEN# 1958 / 29917  HFEN# 2433 / 29108  HFEN# 2589 / 31640  HFEN# 2589 / 31640  HFEN# 2741 / 33361  T22 DIV5 CH3 ART3-72335(a)(3) Dietetic  Service—Food Service  (a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians' orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the Food and Nutrition Board of the Netional Research Council of the National Academy of Sciences, and the following:  (3) Patient food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups.  Condiments such as sell, papper or sugar shall be aveilable at each meal unless contraindicated by the diet order.  This Statute is not met as evidenced by: Based on observation, document review, patient and staff interviews, the facility falled to honor and eachers to patient food preferences for 2 of 24 sampled patients and 1 of 10 random patients (7, 15, and 28). This failure resulted in patients being served foods not of their liking.  Pindings: Centification Division Directors on proceedings appreciation of their liking.	A 400  PLAN OF CORRECT  September of Dericiencies  (PACH OPPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Initial Comments  The following reflects the findings of the California Department of Public Health during a Licensing Survey.  Representing the Department HFEN# 1956 / 29917 HFEN# 2589 / 31640 HFEN# 2741 / 33361  T22 DIV5 CH3 ART3-72335(a)(3) Dietetic Services—Food service  (a) The dietetic service shall provide food of the quality and quantity to meet each patient's needs in accordance with the physicians' orders and to meet "The Recommended Daily Dietary Allowance," the most current edition, adopted by the food and Nutrition Board of the National Research Council of the National Academy of Sciences, and the following:  (3) Patient food preferences shall be adhered to as much ea possible and substitutes for ell food refused shall be from appropriate food groups. Condiments such as sett, papper or sugar shall be adverted to as much ea possible and substitutes for ell food refused shall be from appropriate food groups. This Statute is not met as evidenced by: Based on observation, document review, patient and staff interviews, the facility failed to honor and echars to patient food preferences for 2 of 24 sampled patients and 1 of 10 candem patients (7, 15, and 29). This failure resulted in patients being served foods not of their illiding.  Pindings: Confidence Dates  PRECEDENCY TAIL A 8000  PLAN OF CORRECT  **This plan of correct prepared as part of the assurance process part of the assurance process part of the assurance provider. This plan of correct prepared as part of the analysis prepared as part of the assurance and as such as from discovery."  "This plan of correct prepared with substitute for ell food required by local, staff from discovery."  The plan of correct prepared with substitute for ell food required by local, staff from discovery.  A-310.  Dietary preference for 15, 26 were updated	A 000  Initial Comments  The following reflects the findings of the California Department of Public Health during a Licensing Survey.  Representing the Department: HEENS 1958 / 39640 HEENS 253 / 32476 HEENS 253 / 33460 HEENS 255 / 33460 HEENS 256 / 33476 HEENS 257 / 33361  To great with the physicians orders and to meet "The Recommended Daily Dietary of the Anstonal Academy of Sciences, and the following:  (a) Pallent food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups.  (3) Pallent food preferences shall be adhered to as much as possible and substitutes for all food refused shall be from appropriate food groups.  The Statute is not meat as evidenced by: Based on observation, document review, patient and staff interviews, the facility falled to hundr and defere to patient food preferences for 2 of 24 sampled patients and 1 of 10 random patients (7, 15, and 26). This failure resulted in patients being served foods not of their liking.  Pincings:  **Conflication Division**  **This plan of correction is prepared as part of the quality assurance process for the provider. This plan of correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery."  **This plan of correction is prepared with substantial reliance upon privileged peer review information and/or reports and as such are protected from discovery."  **This plan of correction and any attached documents are prepared with the physicians orders and to guidelines. As this transmission is prepared, submitted and/or executed solely because it is required by law, it is not a waiver of the provisions within applicable laws and regulations.  **Conflication observation, document review, patient and staff interviews, the facility failed to hundra and defer to patient food preferences for 2 of 24 sampled patients and 1 of 10 random patients (7, 15, and 26). This failure resulted in	

		(X1) PROVIDERVOUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED 12/05/2014	
		GA030000105	B. WING	12/0			
IAME OF	PROVIDER OR SUPPLIER	STREET ACK	DRESS, CITY, 91	ATE, ZIP CODE			
NHITHE	Y OAKS CARE CENT	FR 3529 WAL	NUT AVENUE	•			
	- 10 <sub>4</sub>	CARMICH	AEL, CA 956	08	<b></b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Tement of Deficiencies Y Must be proceded by Full SC (Dentifying Information)	PREPIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEPICIENCY)	OULD BE	(AS) COMPLETI DATE	
A 310	1. In an interview videpleased with the to eithere to her sp. She expressed that religious reasons, sproducts. However previously mention department and was still occasional park products.  In an interview with conducted on 12/4/ that they have siter eat pork. The OS at limes, turkey ham would be served, whomever, when Pala subsequent interview she was servilke pork flesh.  2. On 12/3/14 at 4 completined to the 1/4 preferences were in feolity. He said the he made it clear to consume milk or extrequently served in wishes.  Upon record review DS on 12/4/14 at 8 northing was printed "dislikes" for Patier notes did reflect the spoke with the petitions.	with Patient 7, conducted on a, the patient expressed being kitchen, because they falled ecific food likes and dislikes, to do to personal and/or a feeling to the top personal and/or a feeling to the does not sat pork or pork or, even though she had set this to the dietary is noted in her diet card, she lay being served ham and other the Dietary Supervisor (DS), 114 at 9:20 a.m., the DS said matives for patients who do not died that inslead of pork, at or other turkey made products which may resemble pork. The DS said matives for patients who do not died that inslead of pork, at or other turkey made products which may resemble pork. The pork, because it smelled before, she affirmed that she ded pork, because it smelled to being honored by the at the day after being admitted, the dietician that he did not ags. However, he was allifulfix and eggs against his or, and in an interview with the iss a.m., the DS noted that if on the diet cerd under at 26. However, the progress at the Registered Dietician ent the day after he was din her notes that the patient	A 310	and the FSS visited wiresidents during meal 12/31/14 and updated preferences as reques. Upon admission, duriesidents' care confer as a needed basis, the designee will meet wit resident or the responseview the food prefermake changes as requested on the mean preference of the administrator inthe RD and FSS on the procedure on 12/23/14 Weekly times 4 weeks monthly thereafter, ther designee will doraudits and ensure that mean preferences are and reflected on the most preferences are and reflected on the national preferences are compliance issues to the assurance committee recommendations as recommendations as recommendations as recommendations.	s through food  ted. ing each ence and o RD or h the sible party ences and ested. changes wi al tickets. serviced is then t residents honored heal tickets y non he quality for	, M	

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STATEMEN	<u>Department of Puc</u> For Deficiencies of Correction	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA030000105		B, WING		12/05/2014
NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIF CODE	
WHITNE	OAKS CARE CENT	9 0	NUT AVENU AEL, CA 95		
(X4) ID PREFIX TAG	Summary Statement of Deficiencies (Pach Deficiency must be preceded by Full Regulatory or LSC Identifying Information)		PREFIX TAG	Phovider's Plan of Correcti (Each Corrective Action Show Cross-Referenced to The Appro Deficiency)	LD BE COMPLETE
A310	Interview about the she acknowledged noting in her notes When the RD was food preferences with a simply responding to the simply responding a concurry with Patient 15 on that he had request the facility "keeps the facility because the facility had been been because the facility had been been been been been been been bee	or eat eggs.  questioned in a subsequent patient's food preferences, interviewing the patient and his dislike of eggs and milk, asked as to why the patient's were not listed in his dist card, ited, "I don't know what to tell rent observation and interview 12/2/14 at 8:50 a.m., he stated ted Cheerios for breakfast and sending me raisin bran 5 stated he cannot eat the ey "stick in my teeth." Patient sicking the raisins out of a bowl	A 310		
	Preferences dated following: "Nutriti	Ity policy titled Resident Food December 2008 included the lonal assessments will include dividual food preference"			<u> </u>
A 998	T22 DIV5 CH3 AR Records	T5-72545(a)(12)(E) Admission	A 998		
Licensing an	d Cartification Division	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		I.,	

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Californi	s Department of Pu	blic Health			FORMAPPROVED
		(X1) PROVIDER/SUPPLIEN/CLIA IDENTIFICATION NUMBER:	1 " "	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		CA030000105	B. WNG		12/08/2014
NAME OF F	ROVIDER OR SUPPLIER	STREET AU	ORESS, CITY,	STATE, ZIP CODE	
184 444 1991		4876 WAI	NUT AVENU	•	
AMULUE	y oaks care cent	CARMICH	IAEL, CA 98	5608	
(74) ID PREFIX TAG	(Bach Deficienc	atement of deficiencies Y must be preceded by full SC identifying information)	PREFIX TAG	PROVIDER'S PLAN OF EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COUPLETE THE APPROPRIATE DATE
A 998	Continued From pa	aga 3	A 996	A-998	
	admission record vision following:  (12) An inventory in (E) Other valuable patient, family or a This Statute is not Based on staff intereview, the facility clinical record for a (24) when there we checklist found on faiture could lead to patients' belonging facility.  Findings:  A review of Patient the following:  a. There was no induring edmission eduring edmission education in the discherge only indicastisted to vehicle belonging[s]"	ot a facility shall complete an which shall include the highlight include the highlight including but not limited to: literas, so identified by the uthorized representative.  I met as evidenced by: riview and clinical record falled to maintain a complete one out of 24 sampled patients as no personal effects inventory Patient 24's record file. This is improper identification of as that were brought in to the state well during discharge.  24's clinical record revealed inventory of personal effects as well during discharge.  y a licensed nurse during cated "Resident was by staff with all her  with the Medical Records 12/4/14 at 5 p.m., she was		the facility on 1 All residents ha be affected by i practice, thus th Record Directo assistant compl audit on invente personal effects ensure that they Audits were giv follow up and w accordingly. Upon admission nurses or design residents person the facility inve The MRD or de the residents ch 72hours and ve inventory is con The audits will Assistant Direct (ADON) for foll The Director of	ve the potential to his deficient re Medical r (MRD) and her leted a facility rry of residents on 12/24/14 to were completed, en to the DON for were completed in the Licensed has belongings in intory record, esignee will audit art within rify that the inpleted, be handed to the tor of Nursing low up as needed nursing in- ensed Nurses and ord staff
	asked to verify the effects. She state	patient's inventory of personal dithat she could not find one.			
leanuine un		with the Director of Nursing at 11:30 a.m., she was asked			
STATE PORI			1619	USOT11	Weartinustion sheet 4 of

d communition shoot 5 of 5

		(XI) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	0/2) MULTIPLE CONSTRUCTION A. BUILDING:  8. WING		(X3) DATE SURVEY COMPLETED 12/05/2014	
		CA030000106				
name of Pr	OVIDER OR BUPPLIER	STREET AL	ODRESS, CITY, ST	TATE, ZIP COOE		-
WHITNEY	OAKS CARE CENTI		LNUT AVENUE HAEL, CA 956			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of Deficiencies Must be preceded by full SC Koentifying Information)	ID PREFIX TAG	(EACH DORRECTIVE ACTION SI	PROVIDER'S PLAN OF CORRECTION (EACH OORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
	effects. She stated form during admiss belongings with him stayed in the patient continued to fill it out the patient. A review of the facili-roperty, dated DectThe [patient's] per stated in the patient of the facili-roperty, dated DectThe [patient's] per stated in the patient's] per stated in the patient'sThe [patient's] per stated in the patient's] per stated in the patient's per stated in the patient stat	tts' Inventory of personal that a nurse completed the lon when a patient had no the Cotherwise, the form it's chart and the staff	A 998	The MRD will report compliance issues to tax assurance committee recommendations as	he quality for	