Reviewed and Accepted 9/13/21 42040

PRINTED: 08/23/2021 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--|---|---------------|-------------------------------|----------------------------|
| | | 055906 | B. WING | | - | | 22/2024 |
| NAME OF I | PROVIDER OR SUPPLIER | 00000 | 1 | STREET ADDRESS, CITY, STA | ATE, ZIP CODE | 1 00// | 23/2021 |
| RINALDI CONVALESCENT HOSPITAL | | | | 16563 RINALDI ST GRANADA HILLS, CA 9 | 1344 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | (X5) COMPLETION DATE |
| F 000 | INITIAL COMMENT | rs | FO | 00 | | | |
| | | cts the findings of the ent of Public Health during an omplaint. | | | | : | |
| | Complaint Number: | : CA00741369 | | | | | |
| | Health: | alifornia Department of Public | | | | | |
| | | ealth Facilities Evaluator Nurse ealth Facilities Evaluator 1 | | | | | |
| | | limited to the specific not represent the findings of he facility. | | | | | |
| | Two deficiencies we Number: CA007413 | ere issued for Complaint 369 | | | | | |
| | Food in Form to Me CFR(s): 483.60(d)(3 | eet Individual Needs 3) | F8 | 05 | | | |
| | §483.60(d) Food ar Each resident recei | nd drink wes and the facility provides- | | | | | |
| | §483.60(d)(3) Food to meet individual n | prepared in a form designed eeds. | | | | | |
| | by: | NT is not met as evidenced ition, interview, and record | | | | | |
| | review, the facility fa diets (a meal plan t | ailed to ensure therapeutic hat controls the intake of | | | | | |
| | treatment of a med | rients. It is part of the ical condition and are normally | | | | | |
| | dietician) were serv | rsician and planned by a red as prescribed by the red the recipe for six of | | | | | |
| | | residents (Residents 1, 2, 3, | | | | | |
| ARORATORY | DIRECTOR'S OR PROVID | ER/SUPPLIER REPRESENTATIVE'S SIGN | ATURE | TITLE | | | (X8) DATE |

Any deficients statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeduards 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.

FORM CMS-2587(02-89) Previous Versions Obsciete

Event ID: U6NA11

Facility ID: CA920000088

ADMINISTRATOR

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|--|--|--|---------------------------------------|---|--|---|---------------------|
| | • | 055906 | B. WING | · | | ľ | C 23/2021 |
| NAME OF PROVIDER OR SUPPLIER RINALDI CONVALESCENT HOSPITAL | | | | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | |
| F 805 | Continued From pa | ge 1 | F | 305 | | | |
| | in complications to | ce had the potential to result the residents, such weight their food and/or choke on | | | | | |
| | Findings: | | | | | | |
| | 1, 2, 3, 4, 5, and 6 in mechanical soft diet than ingredients. Me | t (focuses more on texture echanical soft foods are ime way, so they are easy to | | | | | |
| | observation the diet tray line for the resid | 20 a.m., during a kitchen ary staff were preparing the dents' lunch. The cook was loked pieces of chicken into a lay line. | | | | | |
| ! | and concurrent inter pans with chicken for The cook was using grip and lift objects) apart chicken pieces asked which chicken soft diet, she pointed | 5 p.m., during an observation view, there were no separate or the mechanical soft diet. tongs (kitchen tool used to to press down and break s. When Dietary Aide 1 was n was served for mechanical d to the same batch of regular stated they were shredded. | | | | | |
| · | and concurrent inter verified the cook bre the tongs. When ask mechanical soft mea stated, "definitely no | O p.m., during an observation view, Dietary Supervisor (DS) eaking the chicken apart with ked if that was the way the at was prepared, the DS to the DS stated mechanical ollowed as it says on the | | | | | · |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | E SURVEY PLETED |
|---|---|--|--|---|-------|----------------------------|
| | | 055906 | B, WING | | l l | C 23/2021 |
| NAME OF I | PROVIDER OR SUPPLIER | 00000 | | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 001 | 23/2021 |
| RINALDI CONVALESCENT HOSPITAL | | | | 16553 RINALDI ST GRANADA HILLS, CA 91344 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | | .D 8E | (XS) COMPLETION DATE |
| F 805 | On 6/24/2021 at 1:4 with DS and review verified the meal be chicken and for me should be ground in this is indicated for chewing to ensure of choking. On 6/24/2021 at 5:0 Cook 1 stated she was preparing mechanicated the menu. On 7/22/2021 at 4:3 Registered Dietitian to prepare for mechanical soft thicken served to remechanical soft chicken served to remechanical soft shousing the processor A review of the facilititled "Food Prepare 10/2017, indicates "employees shall premanner that complied practices". | 40 p.m., during an interview on the menu and recipe, DS sing prepared was barbeque chanical soft diet the chicken the processor. DS stated that residents' swallowing and for residents are not placed at risk the compact of the processor of the processor of the processor. DS stated that residents are not placed at risk the processor of the proces | F | BOS DEFICIENCY) | | |
| F 925 SS=F | titled, "Mechanical S "All meat (such as b should be ground or | Soft" dated 7/2019, indicates peef, fish poultry and pork) | F 9 | 925 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | E SURVEY IPLETED | |
|--|--|--|---------|--|--|---------------------|--|
| | | 055906 | B. WING | | 1 | C 23/2021 | |
| NAME OF PROVIDER OR SUPPLIER RINALDI CONVALESCENT HOSPITAL | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 16653 RINALDI ST GRANADA HILLS, CA 91344 | j uei | <u> </u> | |
| (X4) ID PREFIX TAG | EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | IX (EACH CORRECTIVE ACTION SHOULD | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | |
| F 925 | CFR(s): 483.90(i)(4) §483.90(i)(4) Maint program so that the rodents. This REQUIREMENT by: Based on observation review, the facility from the rodents of the king Recreation Room endered to ensure the facility (small insects that of diseases) and for some conditions where personal to the recreation Room endered to ensure the facility (small insects that of diseases) and for some conditions where personal to the recreation of the recreation o | ain an effective pest control ofacility is free of pests and the ofacility is free of pests control service of of ofacility is free of ofacility is of ofacility is ofacility | F | 925 | | | |
| | kitchen observation Assistant 1 (DA 1) s | :15 a.m., during a concurrent and interview, Dietary tated, his primary duties nks and portioning the food. | | | ; | | |

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|--|---|--|--|-----|---|-----------------|--------------|
| | | 055906 | B. WING | | | | C 23/2021 |
| NAME OF PROVIDER OR SUPPLIER RINALDI CONVALESCENT HOSPITAL | | | : | 1 | STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFI TAG | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY) | OULD BE COMPLET | |
| | floor. DA 1 stated, any cockroaches or his supervisor immediated, the surveyor of two walls. The gaps stated, the gaps necockroaches. DA s saw the gaps." The plumbing directly at washing (dishwashing (dishwasher was area." The Evaluate cockroach under the DA 1 confirmed the On 6/23/2021, at 11 observation of the k Supervisor (DS) stated if cockroaches, they wonotify her via text. Fany notification that DS noted the cockroall Maintenance Supest control service wall and around the immediately. On 6/23/2021, at 12 observation of the Ean interview with MS dusty with seven de fireplace. MS said it | with cleaning and moping the during cleaning if he observed of other pest, he would inform ediately. At the dry storage observed gaps between the swere pointed out to DA 1 who eded to be sealed to prevent tated, "this is the first time I are was a gap around the cove the mechanical ware ing) machine, DA 1 stated, "I saw it." DA 1 stated, "the f was cleaned every night and a responsible for cleaning this or observed one dead e shelf storing canned food. | F§ | 925 | | | |
| | | | | | | | |

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|--|--|---|---------------------------------------|--|---------------|-------------------------------|----------------------------|
| | | 055806 | B. WING | | _ | | C 23/2021 |
| NAME OF PROVIDER OR SUPPLIER RINALDI CONVALESCENT HOSPITAL | | | | STREET ADDRESS, CITY, STAT 16553 RINALDI ST GRANADA HILLS, CA 91 | | 1 001 | EJIZUZ I |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREF TAG | CROSS-REFERENCED | ACTION SHOULD | BE | (X5) COMPLETION DATE |
| F 925 | MS and a review of 4/6/2021, 5/4/2021, on 4/6/2021 and 5/4 recommended fixing and loose baseboard stated he did not recommended fixing and loose baseboard stated he did not recommended fixing and loose baseboard stated he did not recommended fixing and loose of the 2012 Administration Food insects and rodents disease-causing midistration states and food constablishment shall of insects and roder and other gaps along closed, tight fitting with the section of the 2012 Administration Food inability to adequate under equipment commay attract insects and states and roder and other gaps along closed, tight fitting with the section of the 2012 Administration Food inability to adequate under equipment commay attract insects and solve the section of the 2013 Administration food inability to adequate under equipment commay attract insects and solve the section of the 2013 Administration food inability to adequate under equipment commay attract insects and solve the section of the 2013 Administration food inability to adequate under equipment commay attract insects and solve the section of the 2013 Administration food inability to adequate under equipment commay attract insects and solve the section of the 2013 Administration food inability to adequate under equipment commay attract insects and solve the section of the 2013 Administration food in the 2 | p.m., during an interview with the pest control reports dated and 6/1/2021, indicated that 1/2021, the technician g broken tiles in the kitchen rds in the breakroom. MS ad the pest control reports. p.m., during an interview, the stated, he assumed MS was from the pest control. 7 U.S. Food and Drug I Code 6-202.15 indicated, | F | 925 | | | |
| | A review of the Cent Prevention (CDC), C Infection Control in I updated on 7/23/20 | te through food. Ters for Disease Control and Buidelines for Environmental Health Care Facilities, 19, indicated the guidelines ons for the prevention and | | | | | |

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|---|--|--|--|---|-------|-------------------------------|--|
| | | 055908 | B. WING | | | C | |
| NAME OF PROVIDER OR SUPPLIER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE | 1 001 | 23/2021 | |
| RINALDI | CONVALESCENT HO | SPITAL | | 16553 RINALDI ST GRANADA HILLS, CA 91344 | | | |
| (X4) ID PREFIX TAG | PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY) | D BE | (XS) COMPLETION DATE | |
| F 925 | with healthcare envinctuded cockroach facilities that can se mechanical transmi as active participant process by serving transfers an infection another). A review of facility's "Pest Control," revise purpose of the police environment free of insects and rodents | ge 6 diseases that are associated ironments. Pest Control es found in health-care rive as agents for the ssion of microorganisms, or ts in the disease transmission as a vector (carrier that the organism from one host to policy and procedures titled, sed in 5/2008, indicated the ry was to provide an pest with emphasis on the Maintenance service, when cessary, in providing pest | F | 025 | | | |
| | | | | | | | |

This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Rinaldi Convalescent Hospital does not admit that any deficiency listed on this form exists, nor does the center admit to any statements, finding, fact, or conclusions that form the regulatory or administrative proceedings any deficiency, statements, facts, and conclusions that form the bases for a deficiency.

F805 (E)

ACTION

On 6/24/2021, Dietary Services Supervisor (DSS) provided one-to-one in-service to Cook 1, titled, "Food Prep – Mechanical Soft", regarding proper food preparation... following recipes/menus, where to find directions, and using the food processor (for mech-soft) or appropriate tool(s) for given diet.

On 6/25, DSS and Registered Dietician (RD) provided in-service to Dietary Staff, titled, "Mech Altered Diets" regarding following recipes/menu and appropriate textures/preparation.

On 6/25, DSS and RD provided in-service to Nursing Staff, titled, "Food Textures", regarding identification of textures and importance to safety and nutrition.

AFFECTING OTHERS

On 6/24, Licensed Nurses checked on residents with Mechanical Soft diet to ensure no one was adversely affected by deficient practice. No residents were affected.

SYSTEMS/MEASURES

DSS to ensure Dietary Staff are trained and competent regarding policy and procedure for food preparation and service, with emphasis for Cooks preparing food for Mechanical Soft diets.

DSS to monitor during daily (M-F) rounds, and RD to monitor during monthly inspections.

MONITORING

DSS will report any negative findings during daily (M-F) QAPI meeting for further recommendations.

RD to report any negative findings to DSS immediately and to Administrator (Admin) on monthly inspection report.

DSS, Admin, or designee will present summary trend analysis indicating any negative findings to QAPI Committee for further recommendations, monthly, or until substantial compliance is achieved.

COMPLIANCE: 9/30/2021

F925 (F)

ACTION

On 6/24/2021, Administrator (Admin) provided one-to-one in-service to Environmental Services Supervisor (ESS), titled, "Maintenance Services", regarding supervisory role and policies and procedures for maintenance.

On 6/23-25, ESS and Environmental Services (EVS) Staff sealed gaps between two walls in dry-storage area and around plumbing directly above the mechanical warewashing (dishwashing) machine.

On 6/23, Admin scheduled Pest Control Service to provide additional pest control service on 6/25 to ensure protection against any potential cockroaches or other pests. Admin also committed Pest Control Service to email service reports to Admin, ESS, and Accounts Payable (AP) after each service visit.

On 6/23, EVS Staff cleaned the Dining/Recreation Room, including the fireplace chimney area.

On 6/23-25, ESS and EVS Staff fixed broken tiles in Kitchen and loose baseboards in the breakroom.

AFFECTING OTHERS

On 6/25, Admin and ESS provided in-service to Dietary Staff, titled, "Reporting Environmental Issues", regarding reporting sightings of pests and/or environmental issues that may facilitate harboring pests.

On 6/25, Admin provided in-service to EVS Staff, titled, "Reporting Environmental Issues", regarding reporting sightings of pests and/or environmental issues that may facilitate harboring pests and immediately addressing the issue.

No patients were affected by deficiency.

SYSTEMS/MEASURES

DSS or designee will perform daily (M-F) kitchen inspections to ensure cleanliness and that no environmental issues that may facilitate harboring pests exist.

RD will perform monthly kitchen inspections to ensure cleanliness and that no environmental issues that may facilitate harboring pests exist.

During weekly Environmental Rounds, ESS and Admin will identify and address any environmental conditions that may result in pest control issues to ensure the environment remains free of pests.

Pest Control Service will service facility semi-monthly and provide service report following each visit.

ESS will review Pest Control Service reports upon receipt and immediately address any issues that may be identified.

MONITORING

ESS will report any negative findings during daily (M-F) QAPI meeting for further recommendations.

ESS, Admin, or designee will present summary trend analysis indicating any negative findings to QAPI Committee for further recommendations, monthly, or until substantial compliance is achieved.

COMPLIANCE: 9/30/2021