## EPARTMENT OF HEALTH AND HUMAN SERVICES ENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/01/2013 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED					
		055987	B. WING			C 07/25/2013					
	ROVIDER OR SUPPLIER	TER		12	TREET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY ONOMA, CA 95476	,					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE				
F 000	INITIAL COMMEN	TS	F	000							
	California Departm Abbreviated Surve	the following reflects the findings of the alifornia Department of Public Health during the observated Survey investigation of complaint # A00360763 and CA00358424.			Preparation and execution this plan of correction in no way constitutes an admission Healthcare Center of the tr	on					
F 251 SS=D		California Department of Public I 29798, Health Facilities HFEN).			of the facts alleged in this statement of deficiency and plan of correction. In fact,	d					
	complaints investi	s limited to the specific gated and does not represent all inspection of the facility.			plan of correction is submit exclusively to comply with state and federal law. This	tted					
	ONE DEFICIENC COMPLAINT # CA	ICY WAS ISSUED FOR CA00360763			plan of correction serves as allegation of compliance.						
	CA00358424. 483.15(g)(2)&(3) ( WORKER > 120 I			F 251	A 822- A. No residents were found to have been affected by	d					
		e than 120 beds must employ a prker on a full-time basis.			the deficient practice.	ļ					
	bachelor's degree degree in a huma limited to sociolog rehabilitation cour one year of super	worker is an individual with a in social work or a bachelor's in services field including but not by, special education, aseling, and psychology; and vised social work experience in ing working directly with					t		B. All patient's have the potential to be affected by the deficient practice.  Measures identified in paragraph C will be implemented.		
	This REQUIREM	ENT is not met as evidenced			The state of the s	SEP 0:	2013				
	<u> </u>				C.Co.	COPH Santa Roi	kabo. H				
30RATOR	RY DIRECTOR'S OR PROV	VIDERYSKIPPLIER RÉPRESENTATIVE'S SIG	GNATURE		TITLE		(X6) DATE				
er safegu	uards provide sufficient   e date of survey whether	protection to the patients. (See instruction or not a plan of correction is provided.	ons.) Exc For nurs	cept for	ution may be excused from correcting provid or nursing homes, the findings stated above omes, the above findings and plans of corre	ling it is deter	able 90 days				
gram pa	rticipation.	he = made available to the facility.	it deficie	ncies (Cl	s are cited, an approved plan of correction is	requisite to	continued				
RM CMS-2	2567(02-99) Previous Versio	ons Obsolete Event ID: UDG	N11	F	acility ID: CAG10000066	tinuation she	et Page 1 of 3				

## PARTMENT OF HEALTH AND HUMAN SERVICES NTERS FOR MEDICARE & MEDICAID SERVICES

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TIENO I ON MEDI	O/ 11 12	- CONTRACTOR OF A LOCAL					<u>. 0900-00</u> 91
EMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055987	B. WING				C /25/2013
E OF PROVIDER OR SU				STF	REET ADDRESS, CITY, STATE, ZIP CODE		12312013
NOMA HEALTHCAR	ECEN	TER · ·		so	NOMA, CA 95476		
EFIX (EACH DEF	FICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
failed to empaccording to Federal regulate potential accurate and assessment development Findings:  During an in Administrating raduate with previous some experience. Consultant has attempted review at 2:4 A did not has social work as stated in During an in Management when quest the recently said the fact experienced "abruptly" less During an in stated that	terview both in latery a both in latery to und expense, interviews, interviews that the standard the same same and the same same and the same same and the same same and the same same same same same same same sam	w and record review, the facility qualified Social Worker the facility's job description and standards. This failure had dermine patient safety with prienced psychosocial reviews, and care plan w on 7/5/13 at 2:35 p.m., ff A stated she was a new ajor in psychology but no revice or skilled nursing home stated that a previous ft abruptly" and that the facility find a replacement. A record on, indicated Administrative Staff or requisite year of supervised ince, in a health care setting, cility's job description.  W on 7/8/13 at 9:38 a.m., rated "I am not in compliance", about the lack of experience for Social Worker. Management Bas "urgently looking" for an sultant after the one they had		251	C The administrative state have been educated as to the substance and necess of the requirements regarding the prescribed qualifications of a social worker. The facility has a qualified social worke the education, experient and skills necessary to foot the social needs of the facility's residents. A contract this individual's resume attached. This social work on 8/26/13. The worker will review all assessments performe the previous social work and make any revision necessary. This review be completed by 9/6/2	hired r with ce, fulfill py of e is vorker nning social d by rker s	

after 3 months became a Social Service

Assistant. Staff C stated that the facility hired an experienced Social Worker in April before Staff C

		I AND HUMAN SERVICES  8 MEDICAID SERVICES			FOR	D: 08/01/2013 MAPPROVED O: 0938-0391	
TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				TIPLE CONSTRUCTION	(X3) D.	(X3) DATE SURVEY COMPLETED	
		055987	B. WING		0	C 7/25/2013	
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  1250 BROADWAY  SONOMA, CA 95476				
X4) ID REFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 251	left on vacation. Vithe Social Worker less experienced eduring a staff mee Administrative Starealized the facility Federal regulation offered the job of refused. She agrewas fired for not but A record review or Worker job position primary purpose or planning, organizing and directing the Services Departm federal, state and regulationsto a emotional and social met/maintained of the subheading, "indicated: "Must be bachelor's degree and must have, as social work experienced in the subheading of the subheadin	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Intinued From page 2 It on vacation. When Staff C returned 6/4/13, a Social Worker had been replaced by a new, is experienced employee. Staff C stated that ring a staff meeting with Staff C and ministrative Staff A on 6/22/13, Management B alized the facility was non-compliant with ideral regulations, at which point Staff C was ered the job of Social Director, which she fused. She agreed to act as consultant, but is fired for not being "a team player".  The record review on 7/5/13, of the facility's Social orker job position, indicated the following: "The mary purpose of your job position is to assist in anning, organizing, implementing, evaluating, indicated the following: arriving the overall operation of the Social ervices Department in accordance with current deral, state and local standards, guidelines, and gulationsto assure that the medically related notional and social needs of the resident are est/maintained on an individual basis." Under the subheading, "Experience", the record dicated: "Must have, as a minimum, a schelor's degree in social work orpsychology; and must have, as a minimum, 1 year supervised original work experience in a health care setting orking directly with individuals."		D Management is the requirements continue to make that the facility all employs at least of time social worked meets or exceeds qualifications set.  E. Completed by Van	and will certain ways one fuller who sthe forth.	14/13 32 9 m Nonsal	

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EMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		055987	B. WING_			1	25/2013	
	ROVIDER OR SUPPLIER			STREET ADDR 1250 BROAD SONOMA, (				
(4) ID REFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOU SS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
- 000	INITIAL COMMEN	NTS	F 00	00				
F 251 SS=D	California Departr Abbreviated Surve CA00360763 and Representing the Health: 31594 and Evaluator Nurse ( The inspection was complaints invest the findings of a f  ONE DEFICIENC COMPLAINT # C  There was no def CA00358424. 483.15(g)(2)&(3) WORKER > 120  A facility with mor qualified social was A qualified social was A qualified social was limited to sociolo rehabilitation cou one year of supe a health care set individuals.	California Department of Public d 29798, Health Facilities (HFEN).  as limited to the specific ligated and does not represent full inspection of the facility.  CY WAS ISSUED FOR A00360763  ficiency for Complaint #  QUALIFICATIONS OF SOCIAL	F 2	this way Heal of the state plan excestate plan allees A 8 A. I to I the Me par state plan the par state plan allees A 8 A. I to I the Me par state plan allees A 8 A. I to I the par state plan A 8 A. I to I the par state plan A 8 A. I	paration and execution plan of correction in no constitutes an admiss althcare Center of the the facts alleged in this tement of deficiency are not correction. In fact nof correction is submilusively to comply with the and federal law. This not correction serves a regation of compliance.  222- No residents were four have been affected by the deficient practice.  All patient's have the tential to be affected by the deficient practice.  Easures identified in ragraph C will be plemented.	o iion ruth d , this itted is as the	CDPH L&C Santa Rosa D.O	
ORATO	RY DIRECTOR'S OR PRO	OVIDER/SEPPLIER REPRESENTATIVE'S SIG	SNATURE				(X6) DATE	
01001	T DIRECTORS ON FRO		JIMONE		Dully States		8/10/13	
er safegi wing the s followi	uards provide sufficient e date of survey whethe ng the date these docu	protection to the patients. (See instruction or or not a plan of correction is provided iments are made available to the facility.	ons.) Exce For nursin If deficiend	pt for nursing h g homes, the a cies are cited, a	nomes, the findings stated above above findings and plans of correa an approved plan of correction	re are disclos rection are di is requisite t	sable 90 days isclosable 14	

RM CMS-2567(02-99) Previous Versions Obsolete

		I AND HUMAN SERVICES  E & MEDICAID SERVICES			0		APPROVEI 0938-039	
I AN OF CORRECTION DENTIFICATION NUMBER		1 ' '	(X2) MULTIPLE CONSTRUCTION A BUILDING			E SURVEY PLETED		
		055987	B. WING	B. WING			C <b>25/2013</b>	
E OF F	OF PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE	,		
MOM	HEALTHCARE CEN	NTER			0 BROADWAY NOMA, CA 95476			
I) ID EFIX AG	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	
251	failed to employ a according to both Federal regulatory the potential to un accurate and expe	interview and record review, the facility mploy a qualified Social Worker to both the facility's job description and egulatory standards. This failure had tial to undermine patient safety with and experienced psychosocial ents, interviews, and care plan		51	C The administrative staff have been educated as to the substance and necessity of the requirements regarding the prescribed qualifications of a social worker. The facility has hired a qualified social	f ; /		
	Administrative Sta graduate with a m previous social se experience. She consultant had "le was attempting to review at 2:52 p.n A did not have the social work exper	w on 7/5/13 at 2:35 p.m., aff A stated she was a new najor in psychology but no ervice or skilled nursing home stated that a previous of find a replacement. A record n., indicated Administrative Staff or requisite year of supervised rience, in a health care setting, acility's job description.				worker with the education experience, and skills necessary to fulfill the social needs of the facility' residents. A copy of this individual's resume is attached. This social worker has committed to beginning work on 8/26/13.		
	Management B s when questioned the recently hired said the facility wexperienced cons "abruptly" left on	ring an interview on 7/8/13 at 9:38 a.m., nagement B stated "I am not in compliance", en questioned about the lack of experience for recently hired Social Worker. Management B d the facility was "urgently looking" for an perienced consultant after the one they had bruptly" left on 7/1/13.  ring an interview on 7/8/13 at 10 a.m., Staff C			D Management is aware the requirements and wi continue to make certain that the facility always employs at least one full time social worker who	<b>!</b>		

stated that the facility "fired" them from their job

Assistant. Staff C stated that the facility hired an experienced Social Worker in April before Staff C

as consultant and Social Service Assistant on 7/1/13. Staff C was employed in 12/2011, and after 3 months became a Social Service

meets or exceeds the

qualifications set forth.

E. Completed by 8/14/13

		AND HUMAN SERVICES				FORM	08/01/2013 APPROVED 0938-0391
TEMENT OF DEFICIENCIES OPLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		055987	B. WING			1	C <b>25/2013</b>
ONOMA HEALTHCARE CENTER				12	REET ADDRESS, CITY, STATE, ZIP CODE 50 BROADWAY DNOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	· i	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 251	the Social Worker less experienced eduring a staff meet Administrative State realized the facility Federal regulations offered the job of refused. She agreewas fired for not be A record review on Worker job positio primary purpose oplanning, organizing and directing the Services Department of the subheading, "I indicated: "Must he bachelor's degree and must have, as	when Staff C returned 6/4/13, had been replaced by a new, employee. Staff C stated that ting with Staff C and ff A on 6/22/13, Management B was non-compliant with s, at which point Staff C was Social Director, which she led to act as consultant, but leing "a team player".  17/5/13, of the facility's Social in, indicated the following: "The f your job position is to assist in ing, implementing, evaluating, overall operation of the Social ent in accordance with current local standards, guidelines, and ssure that the medically related that in an individual basis." Under Experience", the recordinave, as a minimum, a in social work orpsychology; a minimum, 1 year supervised ence in a health care setting		251			