ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055987	A. BUILDING _____ B. WING _____	C 07/25/2013

AME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ONOMA HEALTHCARE CENTER	1250 BROADWAY SONOMA, CA 95476

(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 The following reflects the findings of the California Department of Public Health during the Abbreviated Survey investigation of complaint # CA00360763 and CA00358424. Representing the California Department of Public Health: 31594 and 29798, Health Facilities Evaluator Nurse (HFEN). The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. ONE DEFICIENCY WAS ISSUED FOR COMPLAINT # CA00360763 There was no deficiency for Complaint # CA00358424.	F 000	Preparation and execution of this plan of correction in no way constitutes an admission Healthcare Center of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction serves as the allegation of compliance.	
F 251 SS=D	483.15(g)(2)&(3) QUALIFICATIONS OF SOCIAL WORKER > 120 BEDS A facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is an individual with a bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and one year of supervised social work experience in a health care setting working directly with individuals. This REQUIREMENT is not met as evidenced by:	F 251	A 822- A. No residents were found to have been affected by the deficient practice. B. All patient's have the potential to be affected by the deficient practice. Measures identified in paragraph C will be implemented.	

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SEP 03 2013
CDPH/L&C
Santa Rosa D.O.

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator 8/15/13

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that er safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 's following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

Spoke to Cory Christiansen, General Mgr on 9/5/13 @ 9:32am

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F 251	Continued From page 1 Based on interview and record review, the facility failed to employ a qualified Social Worker according to both the facility's job description and Federal regulatory standards. This failure had the potential to undermine patient safety with accurate and experienced psychosocial assessments, interviews, and care plan development. Findings: During an interview on 7/5/13 at 2:35 p.m., Administrative Staff A stated she was a new graduate with a major in psychology but no previous social service or skilled nursing home experience. She stated that a previous consultant had "left abruptly" and that the facility was attempting to find a replacement. A record review at 2:52 p.m., indicated Administrative Staff A did not have the requisite year of supervised social work experience, in a health care setting, as stated in the facility's job description. During an interview on 7/8/13 at 9:38 a.m., Management B stated "I am not in compliance", when questioned about the lack of experience for the recently hired Social Worker. Management B said the facility was "urgently looking" for an experienced consultant after the one they had "abruptly" left on 7/1/13. During an interview on 7/8/13 at 10 a.m., Staff C stated that the facility "fired" them from their job 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 Assistant. Staff C stated that the facility hired an experienced Social Worker in April before Staff C	F 251	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 worker with the education, experience, and skills necessary to fulfill the social needs of the facility's residents. A copy of this individual's resume is attached. This social worker has committed to beginning work on 8/26/13. The social worker will review all assessments performed by the previous social worker and make any revisions necessary. This review will be completed by 9/6/13.	

TEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 251	Continued From page 2 left on vacation. When Staff C returned 6/4/13, the Social Worker had been replaced by a new, less experienced employee. Staff C stated that during a staff meeting with Staff C and Administrative Staff A on 6/22/13, Management B realized the facility was non-compliant with Federal regulations, at which point Staff C was offered the job of Social Director, which she refused. She agreed to act as consultant, but was fired for not being "a team player". A record review on 7/5/13, of the facility's Social Worker job position, indicated the following: "The primary purpose of your job position is to assist in planning, organizing, implementing, evaluating, and directing the overall operation of the Social Services Department in accordance with current federal, state and local standards, guidelines, and regulations.....to assure that the medically related emotional and social needs of the resident are met/maintained on an individual basis." Under the subheading, "Experience", the record indicated: "Must have, as a minimum, a bachelor's degree in social work or ....psychology; and must have, as a minimum, 1 year supervised social work experience in a health care setting working directly with individuals."	F 251	D Management is aware of the requirements and will continue to make certain that the facility always employs at least one full-time social worker who meets or exceeds the qualifications set forth. E. Completed by 8/14/13 ✓ Verified 9/4/13 @ 9:32 am K. Monreal	

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

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

EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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RECEIVED
AUG 16 2013
CDPH L&C
Santa Rosa D.O.

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Administrator (X6) DATE 8/15/13

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8/19/13 - 5:02 pm - request Matt add caveat re: how new SW can re-assess. [illegible]

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