

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056132	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 04/12/2023
NAME OF PROVIDER OR SUPPLIER  AVALON HEALTH CARE - SAN ANDREAS			STREET ADDRESS, CITY, STATE, ZIP CODE 900 MOUNTAIN RANCH ROAD SAN ANDREAS, CA 95249		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of facility reported incident #CA00825236.  Representing the Department of Public Health: Health Facilities Evaluator Nurse, 29825  The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility.	F 000	<p>poc rec'd 4/27/23 approved 5/2/23 BIC = 4/11/2023 per M.A.T.</p>		
F 689 SS=E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the cigarettes and lighters of three of six sampled residents (Resident 2, Resident 3, and Resident 4) were stored at the nurses' station per smoking assessment. This failure increased the risk for injury or explosion in resident rooms where the roommate was receiving oxygen therapy.  Findings:  Resident 2 was admitted to the facility in the	F 689			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

Administrator

4-27-23

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.

Golden San Andreas Care Center  
900 Mountain Ranch Road  
San Andreas, CA 95249  
Phone: (209) 754-3823 / Fax: (209) 754-5621

Plan of Correction

CA00825236 -- F689

Golden San Andreas Healthcare Center submits this response and Plan of Correction as part of the requirements under State and Federal law. The Plan of Correction (POC) is submitted in accordance with specific regulatory requirements and shall not be construed as admission of any alleged deficiency cited or liability.

The provider submits this POC with the intention that it is admissible by any third party in any civil. Criminal actions or proceedings against the provider of its employees, agents, officers, directors, or shareholders.

The provider reserves the right to challenge the cited findings, if at any time, the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party.

Any changes to provider policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and California Evidence Code Section 1151 and should be inadmissible in any proceeding on that basis.

**Corrective Action:**

On 2-17-23, it was observed that three out of six residents (Residents 2,3 and 4) had smoking materials not secured at the nurses' station.

All smoking materials were immediately confiscated by staff from (Residents 2,3 and 4) at the time of discovery. All smoking materials were placed in the container kept at the nurses' station.

**Identification of Others at Risk:**

All known smokers were checked by staff to determine if there were any smoking materials in their possession and none were found.

**Systemic Changes:**

The facility identifies other residents having the potential to be affected by the same deficient practice by identifying on admission whether the resident will be a smoker or non-smoker, and a smoking evaluation is completed. A smoking contract is made between the resident and the facility and signed by

the resident and witnessed by a staff member. By providing supervised smoking breaks, staff can identify any resident not adhering to the smoking schedule and/or contract.

Staff were trained and In-Service was given, starting on 2-17-23 regarding smoking systemic changes for the facility. A schedule for smoking breaks was established to define scheduled smoking breaks. An overhead page of upcoming smoking break is done to allow staff to help residents arrive on time to the smoking patio. Only having assigned staff deliver the cigarettes to residents and light the cigarettes for the residents was reinforced during staff training on 2-17-23. Documentation in the smoking log is maintained for record of residents attending smoking breaks. Family members are cautioned to bring cigarettes to staff for their resident family member rather than give the cigarettes directly to the resident.

**Monitoring:**

Smoking logs are kept in a binder in the DON's office, reviewed for trends. Any resident found on the smoking patio, unattended, is observed to determine if smoking materials are present. If smoking materials are found, the materials are asked to be handed over to staff for inclusion in the cigarette cabinet. Results are discussed at monthly QAPI meetings.

**DOC: 3/6/2023**

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F 689	<p>Continued From page 1</p> <p>summer of 2022 with diagnoses which included altered mental status and cognitive communication deficit (difficulty with thinking and how someone uses language).</p> <p>During a review of Resident 2's Minimum Data Set (MDS, an assessment tool), the MDS indicted Resident 2 had moderate impairment of his memory.</p> <p>During a review of Resident 2's physician orders (PO), dated 10/27/22, the PO indicated, "Resident is incapable of participating in his own plan of care."</p> <p>During a review of Resident 2's "NSG [nursing] Smoking Screen [SS]," dated 2/7/23, the SS indicated, "The resident has cognitive loss...Can...light his/her own cigarette...Intervention: Cigarettes (or other smoking materials) and lighter are required to be stored at the nurse's station..."</p> <p>During an observation on 2/17/23, at 10:58 a.m., Resident 2 was asked if he had any cigarettes and resident said, "My family brings them here. I smoke one at a time." Two cigarette lighters were noted partially covered by his pillow. Resident pointed to them and verified he had two lighters at the bedside and said, "They work." Asked if he could use it and said, "I did use it myself..."</p> <p>During an observation and concurrent interview on 2/17/23, at 11:07 a.m., with Licensed Nurse (LN) 2, LN 2 verified Resident 2 had two lighters by his pillow and said, "I don't know how long he's had a lighter at the bedside. I don't know how he got it...I don't think he should have them at the bedside. Last week, he wouldn't give the lighter</p>	F 689			

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F 689	<p>Continued From page 2</p> <p>back. We just let him have it...He smokes for fun once or twice a day..."</p> <p>Resident 3 was admitted to the facility in the winter of 2021 with diagnoses which included a stroke, weakness and paralysis of one side.</p> <p>During a review of Resident 3's MDS, dated 12/18/22, the MDS indicted Resident 3 had moderate impairment of his memory.</p> <p>During a review of Resident 3's SS, dated 1/15/23, the SS indicated, "The resident has cognitive loss...Intervention: Cigarettes (or other smoking materials) and lighter are required to be stored at the nurse's station..."</p> <p>During a concurrent observation and interview on 2/17/23, at 11:24 a.m., with Resident 3, Resident 3 said, "I keep my lighter with me."</p> <p>During a subsequent observation and interview on 2/17/23, at 11:50 a.m., with Resident 3, Resident 3 was observed in his room. A request was made to check for cigarettes and lighters at his bed side. Resident 3 said, in agitation, "I already gave her [anonymous staff] the lighter. You're not getting my cigarettes [Resident 3 pulled a package of cigarettes out of his right jacket pocket]." Resident 3 refused to have his dresser searched for a lighter.</p> <p>Resident 6 (roommate to Resident 3) was admitted to the facility in the summer of 2019 with diagnoses which included heart and lung disease with shortness of breath.</p> <p>During a review of Resident 6's MDS, dated 2/7/23, the MDS indicted Resident 2 was alert</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>and oriented, able to make his needs known.</p> <p>During a review of the Resident 6's PO, dated 7/1/20, the PO indicated, "Oxygen 2 liters [a unit of volume] per nasal cannula [thin tube leading from oxygen source to provide oxygen to the nose of the resident]. PRN [as needed]. Titrate [increase or decrease] to maintain O2 [oxygen] sats &gt; [more than] 90%..."</p> <p>During an observation on 2/17/23, at 11:50 a.m., of Resident 6, Resident 6 was wearing nasal cannula with oxygen flowing to his nose.</p> <p>Resident 4 was admitted in the summer of 2020 with diagnoses which included nicotine dependence and lack of coordination. During a review of Resident 4's MDS, dated 1/26/23, the MDS indicted Resident 4 was alert and oriented, able to make her needs known.</p> <p>During a review of Resident 4's SS, dated 2/7/23, the SS indicated, "The resident has cognitive loss...Yes...Can the resident light his/her own cigarette...Yes...Intervention: Cigarettes (or other smoking materials and lighter) are required to be stored at the nurse's station..."</p> <p>During a concurrent observation and interview on 2/17/23, at 11:50 a.m., with Resident 4, Resident 4 was asked if she kept cigarettes or lighters at the bedside. Resident 4 held up her personal container which held a pack of cigarettes and lighter and said, "I've had them on my person for the last 3 years..."</p> <p>Resident 5 (roommate to Resident 4) was admitted to the facility in the spring of 2020 with diagnoses which included cancer.</p>	F 689			

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F 689	<p>Continued From page 4</p> <p>During a review of Resident 5's MDS, dated 12/12/22, the MDS indicated Resident 5 had moderate impairment of her memory.</p> <p>During a review of the Resident 5's PO, dated 12/12/22, indicated, "Oxygen 1-4 liters per nasal cannula to keep sats &gt; 90%..."</p> <p>During an observation on 2/17/23, at 11:50 a.m., Resident 5 was wearing nasal cannula with the oxygen flowing at 3 liters per minute.</p> <p>During an interview on 2/27/23, at 11:55 a.m., with the Director of Nurses (DON), the DON was asked what her expectations were for cigarettes and lighters at the bedside while roommates were on oxygen therapy and said, "Cigarettes and lighters should not be left at the bedside. Looking at room assignments, it would probably be prudent not to have a resident who smokes to be a roommate with a resident who is receiving oxygen therapy to avoid potential harm."</p> <p>During a review of the facility policy and procedure titled, "PHYSICAL ENVIRONMENT Facility with Independent and Supervised Smokers," revised 5/18, indicated, "Residents deemed safe to be independent in smoking will be provided an individual storage box for their personal smoking paraphernalia. The individual storage box will be maintained in a secure area, not in the resident's room..."</p> <p>During a review on 2/27/23, at 11:31 a.m., of the online reference (OR) "https://www.vitas.com/family-and-caregiver-support/caregiving/providing-care-at-home/turn-it-off-a-patients-advice-about-oxygen-and-smoking,"</p>	F 689			



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F 689	Continued From page 5 undated, the OR indicated, "Oxygen and Fire Safety Tips...Never smoke while using oxygen...Warn visitors not to smoke when you are using oxygen...Keep oxygen 10 feet from any source of heat."			F 689			