

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

PRINTED: 06/16/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 06/12/2014
NAME OF PROVIDER OR SUPPLIER  GRAMERCY COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GRAMERCY DRIVE SACRAMENTO, CA 95825		
(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 an abbreviated survey for investigation of complaint #CA00396778.  Representing the Department of Public Health: HFEN 32096  Inspection was limited to the specific incident investigated and does not represent the findings of a full inspection of the facility. 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure professional standards were met for 1 of 2 residents (Resident 1) when:  1. Resident 1's change in condition was not documented timely or reported at the change of shift; 2. A PRN (as needed) FSBS (finger stick blood sugar) reading was not documented in the Medication Administration Record (MAR); and 3. The glucometer (a medical device to check glucose in the blood) control testing log was not maintained per manufacturer's recommendations.  These failures increased the potential for adverse health complications.	F 000			
F 281 SS=D		F 281	F 281  How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;  ▪ The DON conducted an investigation of why Resident 1 Change of condition was not reported on the change-of-shift report. ▪ The Don conducted an investigation of why Resident 1 FSBS was not documented in the MAR. ▪ Resident 1 change-of-conditions shall be reported on the 24-hour shift report. ▪ Resident 1 FSBS shall be documented on the MAR. ▪ Resident 1 FSBS out of MD ordered parameters shall be reported on the 24-hour shift report. ▪ The DON & Administrator conducted an investigation of the glucometer testing logs & implemented measures to ensure glucometer testing is conducted and logged.	7/10/14	

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

TITLE

(X6) DATE

*Henry Bucmberg* Administrator 7/1/14

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.

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F 281	<p>Continued From page 1</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on 5/19/2009 with diagnoses including diabetes and high blood pressure. The Minimum Data Set (MDS, an assessment tool) dated 3/22/14 documented Resident 1 had a Brief Interview for Mental Status (BIMS) score of 4 of 15 which indicated Resident 1 had severe cognitive impairment.</p> <p>In a concurrent observation and interview on 5/1/14 at 1:36 p.m., Resident 1 was observed lying in the bed. Resident 1 was able to answer his name but responded with incomprehensible remarks to the questions on time and place.</p> <p>1. A review of Resident 1's clinical record included a physician's order dated 5/14/13 to check blood sugar daily at dinner time and PRN (as needed) if symptomatic. The Medication Administration Record (MAR) documented Resident 1 had a hypoglycemic episode on 4/28/14 at 16:30 p.m. with the FSBS (finger stick blood sugar) reading of 47 which indicated an abnormal low glucose content in the blood. The average of Resident 1's FSBS readings at dinner time in April was 313 prior to 4/28/14.</p> <p>A review of Nurses Notes, dated 4/28/14 at 1130 a.m., which was recorded as "late entry on 4/29/11 at 11:33 a.m.," Licensed Nurse 1 (LN 1) documented, "Resident verbally responsive, skin clammy. Blood sugar checked [PRN] with results 166...No lunch consumed but consumes nourishment of 120 ml (milliliter) milkshake with vanilla wafers."</p>	F 281	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <ul style="list-style-type: none"> <li>▪ All residents' with a change-of-condition have potential to be affected by the deficient practice.</li> <li>▪ All resident change-of-conditions shall be reported on the 24hr shift report.</li> <li>▪ DON/ADON conducted an audit of the 24-hour report to ensure all residents change-of-conditions &amp; FSBS out of MD ordered parameters have been reported on the 24-hour report.</li> <li>▪ DON, ADON and/or assigned licensed personnel shall be present at change-of-shift report.</li> <li>▪ All residents requiring FSBS have potential to be affected by the deficient practice.</li> <li>▪ All residents requiring FSBS shall be documented in the MAR.</li> <li>▪ All residents eating &lt;50 of meals have potential to be affected by the deficient practice.</li> <li>▪ All DM resident have potential of to be affected by the deficient practice of not maintaining the testing of the accuracy of the glucometer machine.</li> <li>▪ Glucometer testing machines will be calibrated daily by NOC shift Supervisor.</li> </ul>		

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F 281	<p>Continued From page 2</p> <p>A review of Point of Care by Certified Nurse Assistants (CNAs) documented Resident 1 had 0% breakfast and 0% lunch consumed on 4/28/14.</p> <p>A review of the undated facility's policy and procedure titled, Twenty four (24 Hour) Report, stipulated, "Licensed nurse who identifies a change in resident's condition shall enter condition...and discuss changes at the change of shift report."</p> <p>In an interview on 5/1/14 at 2:51 p.m., LN 1 stated that she was aware that Resident 1 did not have any breakfast or lunch on 4/28/14. LN 1 reflected that she checked Resident 1's PRN FSBS due to the change of condition. LN 1 acknowledged that she did not report to the PM shift nurse about the Resident 1's food intake, the changes of condition, the FSBS reading and stated, "I didn't report... I should have."</p> <p>Review of the Lippincott Manual of Nursing Practice Seventh Edition, pages 4-6, indicated regarding, "Nursing Process" "The nursing process is a deliberate, problem-solving approach to meeting the health care and nursing needs of patients. It involves assessment (data collection), nursing diagnosis, planning, implementation and evaluation..." Further review of "Evaluation" indicated, "Determines the success of nursing care and need to alter care plan...Include the patient...nursing team members...and other health team members in the evaluation...Continuous evaluation provides the means for maintaining the viability of the entire nursing process and for demonstrating accountability for the quality of nursing care rendered."</p>	F 281	<p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <ul style="list-style-type: none"> <li>▪ Licensed nurses in-serviced on the facility revised Shift-to-Shift P &amp; P by the DSD on 6/20/14, 6/23-27/14. Policy revised/updated reporting &lt;50% of meals eaten</li> <li>▪ Licensed nurses were in-service by the DSD on the revised facility Nursing Diabetic Care Procedures &amp; Documentation (eMar) P &amp; P. Policy revised/updated (ensure FSBS are recorded on MAR)</li> <li>▪ Residents eating &lt;50% of meals shall be reported on the change-of-shift report.</li> <li>▪ The glucometer testing logs were revised and implemented by the DON.</li> <li>▪ NOC shift licensed nurses shall conduct the glucometer machine testing.</li> </ul> <p>How the facility plans to monitor its performance to make sure solutions are sustained:</p> <ul style="list-style-type: none"> <li>• The DON shall conduct daily audits of glucometer testing logs and 24-hour reports. DON shall forward audit analysis of the glucometer &amp; 24-hour reports to the monthly Quality Assurance &amp; Assessment Committee until the IDT substantiates compliance.</li> </ul>		

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F 281	<p>Continued From page 3</p> <p>A review of National Institute of Health website, retrieved 6/12/14, defined that shift report (hand off report), "The transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify and confirm...includes communication between the change of shift..."</p> <p>2. A review of Resident 1's MAR did not contain documentation of the PRN blood sugar reading of 166 on 4/28/14.</p> <p>A review of the undated facility's policy and procedure titled, Blood Glucose Monitoring, stipulated, "Documentation of blood glucose testing shall be in the resident's record on the Medication Administration Record (MAR).</p> <p>In an interview on 5/1/14 at 3:05 p.m., the Director of Nursing verified the PRN FSBS reading was not documented in Resident 1's MAR and residents' changes in condition were expected to be discussed at the shift change report. The DON acknowledged Resident 1's diabetic management was not professional.</p> <p>3. A review of the undated facility policy and procedure titled, Diabetic Care, stipulated, "Licensed nurse shall maintain blood glucose equipment per vendor recommendations... Blood glucose equipment logs will also be maintained."</p> <p>The [glucometer brand name] manufacturer's manual was reviewed and noted, under Performing a Control Solution Test, "Healthcare Professionals: Record result in the quality logbook."</p>			F 281	<ul style="list-style-type: none"> <li>The DSD shall conduct monthly follow-up in-services to the nursing personnel &amp; forward in-services to the monthly Quality Assurance &amp; Assessment Committee until the IDT substantiates compliance.</li> </ul>		

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