

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

PRINTED: 04/28/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/07/2021
NAME OF PROVIDER OR SUPPLIER VISTA PACIFICA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3662 PACIFIC AVENUE RIVERSIDE, CA 92509		
(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 investigation of one facility reported incident: Facility reported incident number CA00726772. Representing the California Department of Public Health: Surveyor 40000, HFEN; and Surveyor 44175, HFEN. The inspection was limited to the specific facility reported incident and does not represent the findings of a full inspection of the facility. One deficiency was issued for facility reported incident number CA00726772.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a complete monitoring for neurological status (functioning of brain) was conducted for possible head injury (a sudden injury that causes damage to the brain) related to	F 684	A. How corrective actions will be accomplished for those residents found to have been affected by the deficient practice. " On 03/11/2021 the DON assessed		4/23/21

04/28/2021
ePOC
44175
Jee
R6
#38478

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

TITLE

(X6) DATE

Electronically Signed

04/26/2021

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 684	<p>Continued From page 1</p> <p>the incident on February 24, 2021, for one of three residents reviewed (Resident 1).</p> <p>This failure had the potential for delayed identification of neurological deficit (abnormal brain function) for Resident 1.</p> <p>Findings:</p> <p>On March 4, 2021, at 9:02 a.m., an unannounced visit to the facility was conducted to investigate a facility reported incident.</p> <p>On March 4, 2021, at 9:10 a.m., an interview with the Director of Nursing (DON) was conducted. She stated a staff witnessed Resident 1 got hit by another resident on the right side of her head on February 24, 2021, at 2:05 p.m.</p> <p>On March 4, 2021, at 10:22 a.m., a record review on Resident 1 was conducted. Resident 1 was admitted to the facility on December 18, 2013, with the diagnoses which included unspecified dementia (loss of memory, language, problem-solving and other thinking abilities).</p> <p>The facility document titled, "Progress Notes," dated February 24, 2021, at 3:01 p.m., indicated, "...At 1405 (2:05 p.m.) staff witnessed peer strike with open hand to right side of head of (Name of Resident 1) outside room 7 in the front hallway...Neuro checks (neurological checks - comprehensive assessment of a resident's neurological status) in place..."</p> <p>The untitled facility document, dated February 24, 2021, included a plan of care, which indicated, "...TCP (Temporary Care Plan) -RES(Resident)-RES...SN (Staff Nurse) TO</p>	F 684	<p>Resident 1 to ensure there were no neurological deficits present and that the Resident was at a baseline level of functioning.</p> <p>B. How the facility will identify other resident having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>" On 03/11/2021, the DON reviewed all Residents requiring monitoring of neurological status to ensure that assessment and documentation was complete.</p> <p>" On 03/15/2021 the DON counseled all licensed nursing staff that did not complete monitoring for neurological status for Resident 1 as scheduled.</p> <p>" On 03/18/2021 the DON in-serviced all licensed nursing staff to ensure that all monitoring for Resident's neurological status are completed and documented as scheduled.</p> <p>C. 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> <p>" The DON will perform bi-weekly audits to ensure all residents requiring monitoring of neurological status have assessments completed and documented by Licensed Nurses as scheduled.</p> <p>D. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>" The DON will report findings of routine audits ensuring all residents requiring monitoring of neurological status have assessments completed and documented by Licensed Nurses as scheduled to the</p>		

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F 684	<p>Continued From page 2</p> <p>PERFORMED (sic) NEUROCHECKS AS ORDER, MONITOR FOR DELAYED INJURIES. NOTIFY MD (physician) WITH ANY ABNORMAL OBSERVATIONS..."</p> <p>The facility document titled, "Neurological Assessment (evaluation of a nervous system)," dated February 24, 2021, indicated, "...Complete form and describe any neurological problems ..."</p> <p>The neurological assessment form indicated the neurological assessment was to be done on the following frequencies:</p> <ul style="list-style-type: none"> - Every 15 minutes (min) times (x) 4; - Every 30 min x 4; - Every 1 hour (hr) x 2; - Every 4 hr x 4; and - Every 8 hr x 7. <p>There was no documented evidence the neurological assessment was completed on the following dates and times:</p> <ul style="list-style-type: none"> - February 24, 2021, at 11:05 p.m.; - February 25, 2021, at 2:05 a.m. and 6:05 a.m.; - February 26, 2021, at 12:05 a.m. and 4:05 p.m.; and - February 27, 2021, at 12:05 a.m., 8:05 a.m. and 4:05 p.m. <p>On March 4, 2021, at 11:45 a.m., a concurrent</p>	F 684	<p>Administrator at monthly QAPI meetings.</p> <p>E. Completion Date.</p> <p>" 03/18/2021</p>		

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F 684	<p>Continued From page 3</p> <p>interview and record review was conducted with the DON. The DON stated the licensed nurse was to conduct a neuro check after a resident sustained a head injury. She stated there was no documentation the neurological assessment was completed on Resident 1 on the above stated dates and times. She further stated if the neurological assessment was not documented then it meant staff did not assess for neurological deficit within that period.</p> <p>The DON stated the licensed nurse should have completed the neurological assessment on Resident 1 after the incident to check if there was a change of condition that needed to be addressed or referred to the physician for immediate treatment and management.</p> <p>A review of the facility's policy and procedure titled, "Neurological Checks and Monitoring Policy and Procedures," dated May 2, 2012, indicated, "...facility to monitor status of the resident's neurological condition after an incident has taken place...The facility will monitor the resident with head injury as follows...Chart frequency per MD order...Use the neurological assessment form...Chart Q (every) -shift in nursing notes for duration of MD Order..."</p> <p>According to the web article published by AMN Healthcare, Inc. titled, "Neuro Assessment (neurological assessment) Made Easy," dated 2013, "...A focused neurological assessment of your patient can make a difference between life and death, permanent disability or complete recovery. It is a key standard of care for all patients...The purpose of a neurological assessment is to detect neurological disease or injury in your patient, monitor its progression to</p>	F 684			

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F 684	Continued From page 4 determine the type of care you'll provide and gauge the patient's response to your interventions...Evaluation of LOC (loss of consciousness) is the most important part of the neuro exam (neurological assessment), as a change is usually the first indication of a declining status...assessment of your patient's pupil size, shape and equality before and after exposure to the light is an integral part of a neurological exam... Performing a neurological assessment early is important in establishing a baseline for later comparison..."	F 684			