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

PRINTED: 07/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055292	A. BUILDING _____ B. WING _____	C 07/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHIELDS RICHMOND NURSING CENTER	1919 CUTTING BLVD RICHMOND, CA 94804

(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 represents the findings of the California Department of Public Health during the investigation of one complaint. Complaint Number: CA00592151 Representing the Department: HFENs 39410 and 40212. For Complaint Number: CA00592151, one deficiency will be issued.	F 000		
F 689 SS=D	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 provide the appropriate number of staff to physically support one (Resident 1), of three sampled residents. For Resident 1, the facility did not provide two staff members to assist her, when she went to the bathroom. This deficient practice resulted in Resident 1 falling in the bathroom. Findings:	F 689	See Attached POC	7/27/18 7/31/18

RECEIVED
AUG 01 2018
Certification
District Office

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

[signature] Assistant Administrator 7/27/18 7/31/18

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.

POC Accepted Jie Wang HFES 8/1/18

PRINTED: 07/18/2018
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055292	A. BUILDING _____ B. WING _____	C 07/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHIELDS RICHMOND NURSING CENTER	1919 CUTTING BLVD RICHMOND, CA 94804

(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 689	Continued From page 1 Review of the record showed Resident 1 was admitted to the facility on 5/27/18. Further review of Resident 1's last comprehensive Minimum Data Set (MDS - an assessment tool used to help direct health care needs) dated 6/9/18 showed Resident 1 had moderate impairment in her ability to understand and process information. Resident 1's MDS also showed that she required two persons in order to physically assist her to transfer from bed to wheelchair and two persons to assist her while using the bathroom. By observation on 6/27/18 at 11:42 a.m., Resident 1 sat in her wheelchair, in her room, unable to stand up on her own.	F 689		
	In an interview on 6/27/18 at 11:45 a.m., Resident 1 stated that during the time of her fall, there was one Certified Nursing Assistant (CNA) that transfered her to her wheelchair and brought her to the bathroom. Resident 1 stated, "I actually fell. I landed on my knees. I have never fallen here before. After the fall I was brought back to bed". During an interview on 6/27/18 at 12:14 p.m., Resident 2 (roommate of Resident 1) stated, "CNAs usually have partners when helping Resident 1. The door to the bathroom was slightly open. There was only one CNA in there with her". During an interview on 6/27/18 at 12:49 p.m., Licensed Vocational Nurse (LVN) 1 stated Resident 1's fall was reported to her by Certified Nursing Assistant (CNA) 3. CNA 3 informed LVN 1 that she was by herself and that Resident 1's legs were sliding and that it was an assisted fall.			

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

PRINTED: 07/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055292	A. BUILDING _____ B. WING _____	C 07/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHIELDS RICHMOND NURSING CENTER	1919 CUTTING BLVD RICHMOND, CA 94804

(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 689	Continued From page 2 In an interview on 7/11/18 at 1:56 p.m., CNA 3 stated Resident 1 had to use the bathroom and so Resident 1 was transferred to the bathroom and CNA 3 stayed with her in the bathroom without additional assistance. CNA 3 stated that Resident 1's legs felt weak and so CNA 3 assisted her down to the floor. CNA 3 stated, "I usually take Resident 1 to the bathroom by myself". During an interview on 6/27/18 at 11:15 a.m., Certified Nursing Assistant (CNA) 1 stated Resident 1 cannot be left alone in the bathroom. CNA 1 stated, "If she goes to the bathroom, she needs two persons to transfer her. She had a stroke and has right sided weakness. Two of us have to put her in her wheelchair first, then bring her to the bathroom". In an interview on 6/27/18 at 11:20 a.m., CNA 2 stated Resident 1 needs two to three people in order to transfer her to a wheelchair. CNA 2 stated Resident 1 cannot be left alone in the bathroom, because she is a fall risk. During an interview on 6/27/18 at 11:30 a.m., the Director of Nursing (DON) stated she received a report that during the fall, there was only one CNA with her in the bathroom. DON stated, "CNAs need to be partnered up when they are transferring, and in the bathroom". Review of Resident 1's care plan dated 5/27/18 showed, "The resident has limited physical mobility related to weakness. The resident requires two person assist by staff on transfer".	F 689		

Plan of Correction Shields Nursing Centers Richmond ID # 055292

F 689 – For resident affected by this deficiency,

Resident was discharged on 6/28/2019

For resident's having the potential to be affected

By this deficiency in-service on Fall: assisted and unassisted,

proper Documentation of falls, and following Care Plans was

done on 6/22/2018. See exhibit A

1. Licensed Nurse to give report to CNA's at the start of shift for any new resident's that require the assistance of 2 or more people for transfers.
2. CNA's to check the Kardex of their assigned resident before providing care which informs them how much assistance is required for transfers.
3. DSD to monitor randomly by asking CNA's which of their assigned resident require 2 or more people for transfers and provide report at monthly QAPI meeting for 6 months.
4. MDS nurse provides a list of residents that requires assistant of 2 or more people for transfer that is kept in the assignment binder at the nurses' station. This form is updated weekly and as needed.

Assistant Administrator to monitor monthly for compliance at QAPI meeting x 6 months.