PRINTED: 04/11/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES			OMB NO. 0938-03
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING	(X3) DATE SURVEY COMPLETED
	055241	B. WING	C 04/05/2022
NAME OF PROVIDER OR SUPPLIER WILLOW PASS HEALTHCARE CENT	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD CONCORD, CA 94519	1 04/03/2022
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES NUST 6E PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHO) TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD RE COMPLETION
F 000 INITIAL COMMENTS		F 000	· · · · · · · · · · · · · · · · · · ·
The following reflects the	ne findings of the f Public Health during the	F 000	•
investigation of a comple	aint.	This plan of correction is being	
Complaint number: CA0		submitted in compliance with regulatory requirements. Neit	specific her its
Representing the Califon Health: HFEN 32717.	nia Department of Public	completion nor content should	not be
The Inspection was limite complaint investigated ar	nd does not represent	construed as an admission by a provider of the validity of any to	
the findings of a full inspe	·	or citation contained herein. F 686	1
complaint CA00761629. F 686 Treatment/Svcs to Prever	nt/Heal Pressure Ulcer	F 686 Corrective Action	
SS=G CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ule Based on the comprehens resident, the facility must e (i) A resident receives care professional standards of p pressure ulcers and does a ulcers unless the individual demonstrates that they we (ii) A resident with pressure necessary treatment and se with professional standards promote healing, prevent in new ulcers from developing This REQUIREMENT is no by: Based on interview and rec three sampled residents (Re failed to ensure Resident 1	cers. sive assessment of a ensure that- e, consistent with practice, to prevent not develop pressure l's clinical condition re unavoidable; and e ulcers receives ervices, consistent of practice, to niection and prevent l. et met as evidenced cord review, for one of esident 1), the facility	Facility will make sure that whe resident admit or readmit from hospital, wound measurements assessments will be done on a tomanner to ensure the healing proof the wounds is happening as ein case of any discrepancy, facility consult the physician and adjust treatments accordingly.	the and imely rocess expected ty will
NTORY DIRECTOR'S OR PODVIDER/SUPPLIE	R REPRESENTATIVE'S SIGNATURE	Admin tretor	940 DATE 4/29/22

Any deficiency statement ending with an asterior (7 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 following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction is requisite to continued 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 ECELIVED

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: CA020000121 POC acceptable 6/23/22 C.Ma, HFES If continuation sheet Page 1 of 19 2022

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFIC AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
·			,	Million Millio	С
		055241	B. WING	The state of the s	04/05/2022
NAME OF PROVIDER WILLOW PASS HE	ALTHCARE CEI			STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD CONCORD, CA 94519	, CHUMAULA
	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 686 Continu	ued From page	1	F 68	3	
and sel standar pressur skin inju a body the tallb pressure the facilistic assessing treatment skin loss skin, manulcer on resulted pressure thickness tissue net bone, muther facilistic and treatment and treatment and treatment skings: Review of indicated, facility on demential making still (protective down, cauth back, kness Review of Review	rvices consister ds of practice to ulcer (otherwary that result freather to use the ulcers from delity staff did not nent, monitoring to an existing that involves to appear as a stiff did not group the coccyx (tail in the worsening ulcer from Stages with coccyx (tail in the worsening ulcer from Stages or tendon ty staff did not group to the developing ulcer on the left to result in ment of the present of the	at with professional or promote healing of a lise known as bed sore, a commune promote healing of a lise known as bed sore, a commune like and hips) and prevent new eveloping when: continuously provide grand physician ordered is Stage II (partial thickness he deeper layers of the shallow crater) pressure bone). This failure go of Resident 1's gell to Stage IV (full extensive destruction, eath), or damage to eath), or damage to eath), or damage to eath), and provide treatment and did ment of a new Stage II to buttock. This failure had delayed management eather that delayed management eather that included and impaired decision pain and osteoarthritis and of the bones wear hands, neck, lower that to the groses that included with the groses that included and impaired decision pain and osteoarthritis and of the bones wear hands, neck, lower that the groses that included with the groses that included and impaired decision pain and osteoarthritis and of the bones wear hands, neck, lower		Facility will also ensure that the weekly wound assessment do any resident under wound call will make sure there is an ade care plan developed. Facility will follow up and ensuthere is enough staff for the trand following up all treatment on a timely manner. DON in consultation with RD was that there are recommended for the weight loss and propertups.	re, facility quate re that eatments orders follow
Appearance	æ, Review (SB/	AR, a communication ones) Communication			4/29/22

RECEIVED

if continuation sheet Page 2 of 19

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTH A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			į		С
		056241	B. WING	And the state of t	04/05/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	Alternative with the same and t
WILLOW	PASS HEALTHCARE CEN	iteb		3318 WILLOW PASS ROAD	
ATIMOM AND I	LUA IFUEISIONIE AE	· · · · · · · · · · · · · · · · · · ·	1	CONCORD, CA 94619	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID .	PROVIDER'S PLAN OF CORRECTION	AM AM
PRÉFIX TAG		MUST 8E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
F 686	Continued From page	2	F 68		:
,	Form and Progress No		, 55.	• 1	
		vas transferred to the acute			
		gen saturation (amount of		•	4
	(%, normal range is 95	% to 100%) at room air.		·	
	The Progress Note ind	cated Resident 1 had a	1	Facility will make sure all pressu	ıre
oxygen in the blood) level reading of 81 percent (%, normal range is 95% to 100%) at room air. The Progress Note indicated Resident 1 had a primary diagnosis of COVID 19 (a respiratory infection caused by a coronavirus that could have severe or life threatening complications). Review of Resident 1's Nursing Admission Screening/History, dated 12/27/20, indicated Resident 1 was re admitted to the facility from the hospital with a Stage II pressure ulcer on the			!	ulcers are promptly documente	
					u and
		ig complications).	1	followed up.	
1.				!	
			1	Clinical team will ensure that fac	cility willi
				follow the policy & procedures a	
					iii the
				time.	i İ
	-	mission Screening/History			ı l
	lid not indicate measur	errient of Resident 1s recept. Resident 1 was re		Weekly wound progress follow u	ın with
4	admitted on hospice car	e (companionale com		patient/responsible party timely	•
fe	ncusian on the austitus	of life so that the person's	:		1
		with dignity and quality).		manner.	
	are suggestions and opposite	with digities the descript.			
D	uring an interview and	concurrent review of		Identify Other Residents.	·
	tesident 1's Nursing Ad		8	-	Ì
S	creening/History, dated Jound Observation Tool	12/27/20, and Weekly		Other residents who have wound	ls may
		tant (RNC), on 2/8/22, at	ŧ	have a potential to be affected by	v this
2.	56 p.m., RNC stated, F	legident 1's pressure		deficient practice.	,
		neasured for the staff to		delicient practice.	
	now the baseline and to		1		
	hether the wound is wo				:
th	at way, appropriate trea	atment and intervention	'		
	ould be provided. RNC :				
	eekly Wound Observati				
	19/21, Resident 1's clin		•		
	dicate a wound assessr				
	19/21. RNC stated then				:
	ekly wound assessmen	nt for every pressure			
ulc	ær.				4/29/22
					4129/22

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: W83E11

Facility ID: GA020000121

If continuation sheet Page 3 of 10

RECEIVED

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/11/202 FORM APPROVE
STATEMENT OF CEFI AND PLAN OF CORRE	CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(K3) DATE SURVEY COMPLETED
		055241	B. WING		C
NAME OF PROVIDER	OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04/05/2022
WILLOW PASS H	EALTHCARE CE	NTER		3318 WILLOW PASS ROAD CONCORD, CA 94519	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
Review Prediction indicated indicate	ting Pressure S and Resident 1 v ping pressure u of Resident 1 v essment tool us /5/21, indicated the ulcer and was the ulcer. an interview and the 1's clinical re- the 2/8/22, at 11:2 pressure ulcer- the sore risk base ment and MDS a staff should have plan. of Resident 1's tent by Hospice, indicated, Resident and the cers (cm) x 1.4 ce ent indicated, " injury to coccyp- pressure injury to the dry apply ment eat partial to fu	's Braden Scale for iore Risk, dated 12/27/20, was at "High Risk" for		DON and Nursing supervisor in conjunction with treatment nursimade a team and started working the skin and wounds on a daily be after the morning meeting clinical will join and go through the IDT nuekly notes, wound assessment measurements on a daily basis. Fawill ensure that there is a consistent reatment nurse every day.	g on asis. al team octes, acility

Review of Resident 1's Treatment Administration Record (TAR) for December 2020 indicated there was no treatment done on Resident 1's coccyx pressure ulcer for three days from 12/27/20 to 12/29/20. The TAR indicated that treatment order

Event ID: W63E11

Facility ID: CA020000121

If continuation sheet Page 4 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

F	RO FUN MEDICARE &				A BMO	VO. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDIA	PLE CONSTRUCTION KG		TE SURVEY MPLETED
		055241	B. WING _	A STATE OF THE STA		C 4/05/2022
NAME OF	PRÓVIDER OR SUPPLIER	2		STREET ADDRESS, CITY, STATE, ZIP CODE	U^A	WU3/2U22
Baire a Andi	NASS 12 4 500 4 5 mm 400 mm		100	3318 WILLOW PASS ROAD		
MAILLOM	PASS HEALTHCARE CEI	VIER	İ	CONCORD, CA 94619		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	Continued From page	A	F 68		TT TANK MINING	****
,		ated by HN 1 on 12/27/20	r 00	DD		1
	was not carried out. Reby Hospice Nurse 4 (H	eview of a telephone visit		Nursing supervisor and DONs ar	e more	•
		indicated current treatment	1	hands on and involved with all t	he	
	LVN," dated 12/28/20 for Resident 1's coccy apply wound gel and Further review of Res 2020 indicated wound coccyx pressure uices "Visit Note LVN" dated	c pressure ulcer was to	*	complicated wounds treatments	:	
	apply wound gel and c	over with dry dressing.		directly.	,	
	 Further review of Desir	lent 1'e TAR for December		directly.		ŀ
		gel treatment order for the		Facility did in-service with the ch	argo	
	coccyx pressure ulcar,	as indicated in hospice		•	- :	
	coccyx pressure ulcer, as indicated in hospice "Visit Note LVN" dated 12/28/20, was not initiated until 12/30/20.	12/28/20, was not Initiated	i	nurses including treatment nurs		
				regarding proper wound treatme	ents.	
:	Review of Resident 1's for January 2021 Indica	Medication Review Report	:	DON and Nurse Consultant plans	ing to	
1	12/27/20 to "Apply skin			continue the in-service		district of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st
	(between genitals and a	inus) as preventative		i		ľ
	measure every shift". A		1	Systemic Changes		
	12/30/21 indicated, "Sac	oral la lerge, thangular e spine and between the			_	
		Cleanse with NS, pat dry,		As a systemic change facility is in	the	
	apply wound gel (treatm		:	process of changing the wound		1
	superficial/partial thickne			physician group who does weekly		-
	stage ii pressure uicer), every day shift". The rej	cover with a dry dressing	!	rounds on weekly basis with a new	N	
	treatment initiated by HN		!	group with modern wound healing	- a	
·	re-admission) to apply m			equipments and methods.	5	ĺ
ŧ	oressure ulcer.			and methods.	•	
; C	Ouring an interview and	concurrent review of		Staff educated on the skin manage	mane	ı
F	Resident 1's clinical reco	rd with TN, on 2/8/22, at	ì	program and change in condition v		
	1:09 p.m., another Brade		į	emphasic on waster and the second	งเเกเก	
	Pressure Sore Risk dater Resident 1's pressure so		i	emphasis on weekly and daily skin	1	
	Resident 1's pressure sol High Risk" (from 12/27/2		ì	integrity checks by license nurses a	nd	
	Moderate Risk". TN stel		ļ	CNAs		-
F -	Resident 1's sore risk wa		+		_	
	ritten by "Maybe one of rould just throw in numbe		ı		4	129/22
W	rousa just unow in numios	ND . IN BIBIEU,	1		1	i

FORM CMS-2567(02-99) Previous Versions Obsoleta

Event ID: W83E11

Facility ID: CA020000121

If continuation sheet Page 5 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	E ' T	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
]				**************************************	C
		055241	B. WING	States - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 - 1910 -	04/05/2022
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
	MARK 1184 1 8016 1 889 681	Branco (co.		3318 WILLOW PASS ROAD	
MILLOM	PASS HEALTHCARE CEN	ITER		CONCORD, CA 94619	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETION
	indicated Resident 1 his consumed only soups information that would 1's risk. Review of RD (Registe 1/7/21 indicated, under pressure injuries and nowekly summary 5/6." for monthly weight more protocol. There was no nutritional intervention in pressure ulcer. During an interview and Resident 1's Weekly Wested 1/19/21, with TN, the observation tool indicated 1/19/21, with TN, the observation tool indicated secrum, the triangulatilbone) area was a Storm x 3.5 cm, unable to indicated Resident 1's wand had slough (yellow,	al Screening dated 1/6/21 ad poor appetite and during meals, an have increased Resident ared Dietician) Note dated skin, "Pressure ulcer. No o edema per nursing RD's recommendation was altoring per hospice o recommendation for to address an existing if concurrent review of bound Observation Tool, on 2/8/22, at 1:09 p.m., icated Resident 1's acrococcyx (fused talibone lar bone just above the age If that measured 3.5 determine depth. The tool yound was "Worsening" tan, white stringy tissue).	F 6	License nurses will complete skin assessment on each resident at the time of admission and as needed. Weekly wound assessment and document findings in the weekly progress notes for the current wood New treatment nurse joined with facility who is focusing more into complicated wounds. She will be sto the wound certification. Facility clinical team is doing a speemphasis on treatment, wound	the the send
		o of the presence of nund is worse than a the current treatment plan saline, pat dry and apply d and cover with dry taff who completed the ned off on the TAR was	• • • • • • • • • • • • • • • • • • • •	measurements & assessments.	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
; 1 tı	Review of Resident 1's " i/19/21, indicated "[HN < reatment] nurse. New le leteriorating."] Spoke with bx [wound			4/29/20

FORM CMS-2567(02-99) Previous Versione Obsolete

Event ID; W93E11

Facility ID: CA020000121

If continuation sheet Page 6 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION IG		SURVEY PLETED
			, , , , , , , , , , , , , , , , , , , ,		940	С
		065241	p. WNG _	and the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distribution of the second distri	04	/05/2022
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	
WILLOW	Pass Healthcare Cen	ITER		3318 WILLOW PASS ROAD		
				CONCORD, CA 94519		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	9E	(X5) COMPLETION DATE
F 686	Continued From page	6	F 68	Monitoring Process	j	
		Physician's Order from				
		indicated to change the		DON will monitor for compliant	e on a	
		1's left buttock and coccyx eanse with NS, pat dry, and		weekly bases.		
•	apply medihoney. The			1	1	
	dressing daily."			Nursing consultant will review (. Audit	
	Review of Resident 1's	TAP for January 2021		in a monthly basis to ensure the		
	indicated physician ord		:	is working as expected.	Joseph	ĺ
	hospice for the existing	pressure ulcer on the		as expected.	•	
	coccyx and the new probuttock were not provid 1/31/21.			QA Process		
•	1131121.			This plan of correction will be		
	Review of Resident 1's indicated the physician			integrated to monthly QA system	n.	
	hospice for Resident 1's	s left buttock pressure		POC will be reviewed during the	COI	
	ulcer was not provided	from 2/1/21 to 2/11/21.	:	meeting for compliance.	1	
1	Review of Resident 1's	Skin impairment		.	•	
	Assessment by Hospice 2/9/21 indicated Reside	Nurse (HN) 2 dated	***************************************	Completion Date		
, 1	ulcers, one with an oper	n date of 12/27/20, and a	ŧ	Plan of correction will be comple	ted on	
	new one with an open d assessment indicated th			04/30/2022		İ
	#1, open date 12/27/20	-	:	1 00,000		
		sured 3.5 cm x 3.5 cm x	1			
).4 cm.	A huttani eran Etono II		!	i	
ľ	#2, open date <i>219</i> /21, le pressure injury that mea	oft buttock area, Stage II sured 2.5 cm x 1.7 cm x			ţ	
	0.1 cm.					-
ቦ F ፡ h	RNS stated Resident 1's rave any documentation	on 3/14/22 at 2:53 p.m.,				129/22
le	eft buttock.			I	7	12/12

FORM CM8-2567(02-99) Previous Versiona Obsolete

Event ID: W83E11

Facility ID: CA020000121

If continuation sheet Page 7 of 19

RECEIVED

		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/11/202 FORM APPROVE
STATEMENT	TEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055241		1	PLE CONSTRUCTION G	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		0 5 5241	B. WING	Administration of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the	C 04/05/2022
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
WILLOW	Pass Healthcare Ce	NTER		3318 WILLOW PASS ROAD CONCORD, CA 94619	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
F 686	Continued From page		F 60		
1 000		's Health Status Notes dated	F 68	°	
		ident 1died on 2/11/21.		1	į
			:	1	
	Review of Resident 15	s Situation, Background,	•	İ	
	Appearance, Review (SBAR, a communication				i
•		ctitioners) Communication	Ì	₽	
i	Form and Progress No	ote, gated 12/19/21, was transferred to the acute	,		
	care hospital due to low oxygen saturation (amount of oxygen in the blood) level reading of				
		range is 95% to 100%) at			
		s Note indicated Resident			
ı	1 had a primary diagno				
	respiratory intection ca could have severe or in	used by a coronavirus that			:
	complications).	ia tu astatulă		; ;	
;	(HN) 3 on 2/9/22 at 3:0 2/11/21, when Residen pressure on the sacroc and really bad" and hac	occyx area looked "big	:		***************************************
		concurrent review of the			Trans.:
		e" (turning schedule, when		i	
		d repositioned) schedule 99 p.m., TN stated, for all			
	esidenta who had	an ferring that mentaged best mil	I		
		was implemented. TN			
! S	tated all staff, licensed	nurses and Certified	ł		· ************************************
		As), made rounds every			M
	wo hours to make sure				:
	ertain position while in a	ned (i.e., at 2:00 p.m., ne window, at 4:00 p.m.,			
		on their back, etc.). TN			
	tated, because T time v				

residents regardless of where the pressure ulcer was located, it was not applicable for Resident 1

Event ID: W83E11

Facility ID: CA020000121

If continuation sheet Page 8 of 19

RECEIVED

		ND HUMAN SERVICES				FOR	D: 04/11/2022 MAPPROVEC
STATEMENT	NS FOR MEDICARE & OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRU		(X3) DATE	D. 0938-0391 SURVEY PLETED
		055241	B. WNG			С	
NAME OF	PROVIDER OR SUPPLIER				APAR ANNI ARAN	04/	05/2022
HANNAGE CO. I	NOTICEN ON SOFFEIER				RESS, CITY, STATE, ZIP CODE		
WILLOW	PASS HEALTHCARE CE	NTER	ĺ		W Pass Road , Ca 94519		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	:	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO ROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X6) COMPLETION DATE
F 686	Carellan and Carellan						
1, 000	manner of the Sa		F6	86		ļ	
		on of the ulcer. TN stated,		·		l	ļ
		positioned on the back only		İ			
		ident 1 should be on either					
		re on the buttock area and		í			
tallbone. Review of the f have Resident 1 position hours at a time, for a tota		-					
				1			
	day.	**************************************					
	During an interview with Restorative Nursing Assistant (RNA) 1 on 2/8/22, at 2:48 p.m., Resident 1 was one of the residents who was					:	de element de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la comp
	Resident 1 required tot of daily living (like turni in bed). RNA 1 stated,	Resident 1, needed to be hours, they were	***************************************	•			Poply American description and appropriate the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
	During a review of the f	facility's noticy and					
	procedure (P&P) titled,						
	Management," réleased						
		sponsible for the prompt					1
		ated problems and any				•	j
		ure sores will receive the	1				1
	necessary treatment an			:			l
	realing and prevent vice P&P indicated under as:	ers from developing. The				3	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa
		ensed nurse will assess					
	each resident's skin con			1			
		weekly progress notes				i	- 1
		nterdisciplinary team (IDT,					1
a	group composed of inc	dividuals representing					
d	ifferent departments of	the facility) and licensed	ĺ				l
		ans and progress notes	•	1			
		status and appropriate				<u> 21.</u>	129/22
	nterventions. Licensed lentified pressure ulcer			i		17	127/22

Event ID: W83E11

Fecility ID: GA020000121

If continuation sheet Page 9 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION ag	(X3) DATE SURVEY COMPLETED
				The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	С
		055241	B. WING		04/05/2022
NAMEOF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
WILLOW	PASS HEALTHCARE CEN	ITER		3318 WILLOW PASS ROAD	
				CONCORD, CA 94519	i
(X4) ID PREFIX TAG	! (EACH DEFICIENCY	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 686	Continued From page	9	 F6	36	
F 849 SS=E	assessment and care indicated, licensed nur ufcer status at least everecord the status of the stage. IDT will enter all resident's care plan an interdisciplinary approach Hospice Services CFR(s): 483.70(o)(1)-(4)-(4)-(4)-(4)-(4)-(4)-(4)-(4)-(4)-(4	planning. The P&P also ses will document pressure ery seven days and should a ulcer, location, size and skin related issues on the dithere will be an lich to skin care. (1) Invices. Imm care (LTC) facility may g: Islon of hospice services with one or more ices. Involves and assist the orangement with apice and assist the orangement as a transfer. In care is furnished in an agreement as specified in a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as a greement as	F 84		sure sure and
a	•	spice care is furnished to agreement must set out		done on a daily basis.	4/29/22

FORM CMS-2667(02-99) Previous Versions Obsolete Event ID: W93E11 Facility ID: CA020900121

RECEIVED

If continuation sheet Page 10 of 19

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIEF/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE SURVEY	
			A. BUILDING	- Marie William Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee	COMPLETED	
		055241	B. WING		C	
	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04/05/2022	
		ACCRETION IN	1	3318 WILLOW PASS ROAD		
	WILLOW PASS HEALTHCARE CEI	NTER	l	CONCORD, CA 94519		
ŀ	(X4) (D SUMMARY ST/	RTEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTION		,
	PREFIX (EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
	F 849 Continued From page	10	F 849))	!	
	(A) The services the h		ł			***************************************
	(B) The hospice's resp	consibilities for determining		Transferrent	_	
	the appropriate hospic in §418.112 (d) of this	e plan of care as specified		Treatment nurses will be in-serviced		- Common of
		TC facility will continue to		how to clear slough and do the co	rrect	
		resident's plan of care.		wound measurements and apply	the	ĺ
	(D) A communication p	rocess, including how the		treatments as prescribed by the		
	(D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.			physician.		l
				preparati		
				Nurses will be in-serviced on the		
	(E) A provision that the	LTC facility immediately			_	
	notifies the hospice abo			importance of developing a care p	E .	
		in the resident's physical,		on a timely basis especially with the	ne	
	mental, social, or emoti	onal status. Is that suggest a need to		residents who has high risk score.		
	alter the plan of care.	is night sufficer to the co. to	1	-		
		e resident from the facility		Facility will make sure that there w	/ill be	
	for any condition.			all the IDT members are present to		
	(4) The resident's death					
	responsibility for determ	rat the hospice assumes		develop a care plan; in case of a ho	spice	
	course of hospice care,		i l	resident we will ensue there is hosp	oice	
	determination to change provided.			epresentative present.	1	
	(G) An agreement that it	is the LTC facility's	: 1	IDT will contact Hospice and make	ادر	
	responsibility to furnish 2	24-hour room and board	· ·	new plan to meet with them on a	191	
	care, meet the resident's				:	
	nursing needs in coording representative, and ensu	•		weekly basis to discuss the care iss		
	provided is appropriately			Especially for the residents with me	ore [
	resident's needs.		1	complicated issues like wounds		
		hospice's responsibilities,				
	including but not limited t					
	direction and manageme counseling (including spir					
	bereavement); social wor				4/201-	
	supplies, durable medical		1		4/29/22	
		:	1			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: W83E11

Facility ID: GA020000121

If continuation sheet Page 11 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED

A BUILDING O55241 B. WING NAME OF PROVIDER OR SUPPLIER WILLOW PASS HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD CONCORD, CA 94519 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 849 Continued From page 11 necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions; and all other hospice services that are	•	RO FUR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938	-039
NAME OF PROVIDER OR SUPPLIER NAME OF PROVIDER OR SUPPLIER WILLOW PASS HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD CONCORD, CA 94519 (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 849 Continued From page 11 necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal				1		(X3) DATE SURVEY COMPLETED	,
NAME OF PROVIDER OR SUPPLIER WILLOW PASS HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD CONCORD, CA 94619 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 849 Continued From page 11 necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal			056241	B. WING	APP-resident control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	•	2
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 849 Continued From page 11 necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		40000
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 849 Continued From page 11 necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal	18691 2458	i barr upai turase cei	i辛5-15	I	3318 WILLOW PASS ROAD		
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 849 Continued From page 11 necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal	44 ILLUVA	PASS REALINCARE CER	HER		CONCORD, CA 94619		
necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLE	ETION
illness and related conditions. (I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therepies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State lew and as specified by the LTC facility. (J) A provision stating that the LTC facility must report all alleged violations involving mistrealment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation. (IK) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility to provide bereavement services to LTC facility staff. §483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the		necessary for the pallia associated with the ter conditions; and all other necessary for the care illness and related conditions; and related conditions; and related conditions and related conditions are responsified the personnel are responsified the reportated appropriated delineated in the hospic facility personnel may awhere permitted by Statch LTC facility. (J) A provision stating freport all alleged violation instreatment, neglect, and physical abuse, inconsource, and misapproprious hospice personnel, to administrator immediate becomes aware of the administrator of the hospice and the LTC facility. A delineation of the hospice and the LTC facility's interdisciplinary for working with hospice coordinate care to the related background, functional background, functional background, functionals and resident or haspesses the resident or haspesses.	ation of pain and symptoms minal illness and related or hospice services that are of the resident's terminal ditions. en the LTC facility lible for the administration of the hospice and be plan of care, the LTC administer the therapies to by the hospice and be plan of care, the LTC administer the therapies to law and as specified by that the LTC facility must be law and as specified by that the LTC facility must be law and as specified by the hospice of unknown into a facility lidle of the law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law and law an		Identify other residents Other residents who have wound have a potential to be affected to deficient practice. DON and Nursing supervisor in conjunction with treatment nursemade a team and started working the skin and wounds on a daily be after the morning meeting clinical will join and go through the IDT reweekly notes, wound assessment measurements on a daily basis. Fewill ensure that there is a consist treatment nurse every day. Nursing supervisor and DONs are hands on and involved with all the complicated wounds treatments.	es ag on asis. al team notes, ts, acility ent	

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: W83611

Facility ID: CA020000121

If continuation sheet Page 12 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X9) DATE SURVEY AND PLAY OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED C 055241 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD **WILLOW PASS HEALTHCARE CENTER** CONCORD, CA 94519 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 849 | Continued From page 12 F 849 The designated interdisciplinary team member is Facility will involve hospice nurses more responsible for the following: when developing care plans for the (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in hospice residents, nursing supervisor the hospice care planning process for those will sure that IDT is complete when residents receiving these services. doing IDT meetings (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related Facility did some in-service with the conditions, and other conditions, to ensure quality charge nurses including treatment of care for the patient and family. (iii) Ensuring that the LTC facility communicates nurse regarding proper wound with the hospice medical director, the patient's treatments. attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians. Systemic Changes (iv) Obtaining the following information from the hospice: Facility made some systemic changes to (A) The most recent hospice plan of care specific to each patient, improve hospice services at the facility. (B) Hospice election form. (C) Physician certification and recertification of DON in conjunction with the nursing the terminal illness specific to each patient. (D) Names and contact information for hospice supervisor developed a new team to personnel involved in hospice care of each ensure that hospice is providing patient. adequate care for the residents who are (E) Instructions on how to access the hospice's 24-hour on-call system. under hospice care. New team consists (F) Hospice medication information specific to of CNAs, Charge Nurses, Social Service each patient. (G) Hospice physician and attending physician (if

429/2

FORM CMS-2587(02-99) Provious Versions Obsolete

any) orders specific to each patient.

furnishing care to LTC residents.

(v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms. and record keeping requirements, to hospice staff

Event ID: W93F11

Facility ID: CA020000121

Director, Nursing supervisor & DON.

If continuation sheet Page 13 of 19

RECEIVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/11/2022 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING COMPLETED 055241 B. WING 04/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD **WILLOW PASS HEALTHCARE CENTER** CONCORD, CA 94519 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X8) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 849 Continued From page 13 F 849 More Hospice Involvement §483.70(o)(4) Each LTC facility providing hospice Part of the new systemic changes care under a written agreement must ensure that Facility IDT will meet with Hospice team each resident's written plan of care includes both the most recent hospice plan of care and a on a weekly basis and discuss the description of the services furnished by the LTC progress of residents under hospice. facility to attain or maintain the resident's highest Any discrepancies will address practicable physical, mental, and psychosocial well-being, as required at §483.24. [!]immediately. This REQUIREMENT is not met as evidenced by: Facility will closely monitor the patients Based on interview and record review, for one of three sampled residents (Resident 1), the facility care by hospice in all areas including the failed to coordinate Resident 1's care, who was hospice aid visits, nurse's visits, social on hospice (compassionate care focusing on the service visits and Chaplin visits extra. quality of life so the person's last days may be spent with dignity and quality), when the facility Team will make sure that during the did not have a designated interdisciplinary team visits they are meeting the needs of the (IDT, a group composed of individuals representing different departments of the facility) residents. member responsible for working with hospice staff to provide quality of care to Resident 1 and Any discrepancies will bring it to the Resident 1's family, and a care plan was not developed and implemented regarding pressure attention of the DON and Social Service ulcer (a skin injury that result from unrelieved Director right away. Facility will contact pressure on a body part, usually on a bony prominence like the tailbone, buttocks and hips) the hospice company immediately to correct the deficient practice. These failures resulted in Resident 1 developing **Corporate Nurse Consultant will**

These failures resulted in Resident 1 developing a new pressure ulcer and Resident 1's pressure ulcer on the coccyx (tailbone), worsened from Stage II (pertial thickness skin loss that involves the deeper layers of the skin, may appear as a shallow crater) to Stage IV (full thickness skin loss with extensive destruction, tissue necrosis [tissue death], or damage to bone, muscles or tendons). (Refer to F686)

Findings:

Event ID: W83E11

Facility ID: CA020000121

monitor for compliance on a weekly

Braden scale to be completed on all

residents to identify resident on high

risk to develop pressure sores.

basis through her audits.

14/29/22

If continuation sheet Page 14 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE &	MEDICAID SERVICES			OMB NO. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT. A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		055241	B. WING		C
	ROVIDER OR SUPPLIER PASS HEALTHCARE CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 3318 WILLOW PASS ROAD CONCORD, CA 94519	04/05/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
R S R ho	facility on 9/4/19 with didementia (memory lost decision-making ability osteoarthritis (when prothe bones wear down, onack, lower back, knee. Review of Resident 1's Appearance, Review (Stool among health pract Form and Progress Not indicated, Resident 1 was hospital due to low amount of oxygen in the procent (%, normal moom air. The Progress I had a primary diagnose espiratory infection causould have severe or life omplications).	Admission Record vas initially admitted to the iagnoses that included and impaired), low back pain, and otective tissue at the end of causes pain in the hands, and hips). Situation, Background, BAR, a communication itioners) Communication at dated 12/19/21, as transferred to the acute oxygen saturation blood) level reading of ange is 95% to 100%) at Note indicated, Resident is of COVID-19 (a sed by a coronavirus that -threatening tursing Admission 12/27/20, indicated and to the facility from the ressure ulcer on the sare. kin impairment Nurse (HN) 1, dated 2/27/20, the day and to the facility,	F 84	Facility clinical team is doing emphasis on treatment, we measurements & assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment assessment asse	ound ents. few hospice sible and r the ent Nurse) ent program- ance on a
со х (ccyx measured 2.1 cen 0.1 cm. The skin assess ficated, "Stage II pressu	timeters (cm) x 1.4 cm ment by HN 1	:		4/29/2

FORM CMS-2567(02-89) Previous Versions Obsolete

treatment initiated cleanse pressure Injury to

Event ID: W83E11

Facility ID: CA020000121

If continuation sheet Page 15 of 19

RECEIVED

PRINTED: 04/11/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		Charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and the charles and th	1	<u> </u>		С	
		056241	B. WNG	and Killer and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	1 6	04/05/2022	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		1140,1442	
WHIOM	PASS HEALTHCARE CEI	NTER	1	3318 WILLOW PASS ROAD			
4017777744	THE PROPERTY OF	W. 1		CONCORD, CA 94619			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X6) COMPLETION DATE	
F 849	Continued From page	15	F 84	·			
	• ••		, , ,	5		•	
	coccyx with [normal saline] pat dry apply medhoney [medihoney, used to treat partial to full		1				
		ers with moderate amount	Ì	QA Process		į.	
	of drainage] cover with dry dressing daily until		į.	•		•	
	healed."			This plan of correction will I	20		
	Davison of Davidson die	Donale Contactor					
	Review of Resident 1's Braden Scale for Predicting Pressure Sore Risk, dated 12/27/20, indicated Resident 1 was at "High Risk" for			integrated to monthly QA s	•	<u> </u>	
	developing pressure ul			POC will be reviewed during	the CQI		
	agaciabuið bigggara m	661.		meeting for compliance.		í	
	Review of Resident 1's	Minimum Data Set (MDS,		,			
		ed to direct resident care)		Completion Date			
		Resident 1 had a Stage II				·	
	pressure ulcer and was at risk of developing			Plan of correction will be co	malated on	1	
	pressure ulcer.		1		mbiered on	į	
: : : : :	Record (TAR) for Decei was no treatment done pressure ulcer for three	FAR indicated treatment initiated by HN 1 on		04/30/2022			
	la de la telembono de	data baratth a sine of the fire			1	-	
		risit by HN 4, titled "Visit 11, indicated the presence	•		ļ	***************************************	
		ssure ulcer and Resident				l	
	's coccyx wound was d						
		6444-1441	į.				
	teview of Resident 1's l		:			1	
	Observation Tool dated 1/19/21 indicated, Resident 1's pressure ulcer on the sacrococcyx					150,000	
	rea (fused tailbone and						
	one just above the tailb		1				
	loer measured 3.5 cm x					ı	
		because of the presence				. 1	
of	slough (yellow, tan, wi leekly Wound Observat	nite stringy tissue). The			,4	1/29/2	

FORM CMS-2567(02-99) Previous Versions Obsolele

Event ID: W83E11

Facility ID: CA020000121

If continuation sheet Page 16 of 19



		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/11/2022 MAPPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
		065241	B. WING	like to the second	TOTAL STRUTTURE STEEL AND STRUKTURE AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS AND AD	•	C /05/2022
NAMEOF	PROVIDER OR SUPPLIER		·····	ST	REET ADDRESS, CITY, STATE, ZIP CODE	1,544)	UUIZUZZ
WILLOW PASS HEALTHCARE CENTER			3318 WILLOW PASS ROAD CONCORD, CA 94819				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X6) COMPLETION DATE
F 849	Continued From page	16	 	349			
		the pressure ulcer was	1 '	ز		:	. [
		the current treatment as:		Ì			
	cleanse with normal sa					ŀ	
	medihoney and cover	with dry dressing.				,	
	Review of Resident 1's	Physician's Order from		ŀ			
		, indicated to change the				:	
:		1's left buttock and coccyx					
i		anse with NS, pat dry, and					
	apply medihoney. Then	r cover with a foam					
	dressing daily."						
1	Review of Resident 1's	TAR for January 2021					
	indicated physician-ord			-			
	hospice for the existing		ŧ .				
	coccyx and the new pre		•				1
	buttock dated 1/19/21 w	ere not provided from					dispusas and
1	1/19/21 to 1/31/21.		:				
J ₁	Review of Resident 1's	Skin Impairment					
	Assessment by HN 2, d	ated 2/9/21, indicated,		:		f	- 1
		sure ulcers, one with an		:			*
	open date of 12/27/20, a						
	open date of 2/9/21. The he following:	e assessment indicated	Į.	:		Ì	-
	ne lollowing. #1, coccyx area, open (late 12/27/20 Stere IV		!			
	ressure injury measure						
•	m.						
		en date 2/9/21, Stage II	•	!			
	ressure injury measure	d 2.5 cm x 1.7 cm x 0.1				1	i
i c	m.						
C	ouring an interview and	concurrent review of	ł.	i			
	-	rd with Treatment Nurse					#####
	ΓN), on 2/8/22, at 11:20						i i
	as no pressure ulcer ca			1			
	esident 1's pressure uld		l			U	129/22
	's high pressure sore ris cale assessment and M					7	4712

Evant ID: W83E11

Facility ID: CA020000121

If continuation sheet Page 17 of 19

RECEIVED

(m.—h-)anan)manamba	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	///	Militario	CONSTRUCTION	OMB NO. 0938-		
	FORRECTION	IDENTIFICATION NUMBER:	ı		JONS (ROC HON	(X3) DATE SURVEY COMPLETED		
		055241	B. W	NG	990ma_:.iin_a_d_1_	C 04/05/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADDRESS, CITY, ST 3318 WILLOW PASS ROAD CONCORD, CA 94519 SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSG IDENTIFYING INFORMATION) If a Stage II pressure ulcer. TN stated the uld have initiated a pressure ulcer care also stated the Plan of Care (POC), 4/21, from hospice, was not current and lined by the facility more than two weeks diffication of the pressure ulcer. In interview with TN, on 2/8/22, at 12:43 stated, every time a resident enters the thing a pressure ulcer, there should be a plan that could change every 14 days go on the status of the wound, whether it ing with current treatment or if the	REET ADDRESS, CITY, STATE, ZIP CODE					
WILLOW PASS HEALTHCARE CENTER				i				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PR	ID REFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET		
F 849	Continued From page	17		E 940				
	. •			1 048		ı		
	staff should have initia	ited a pressure ulcer care	į					
						·		
			i			1		
	after identification of th	e pressure ulcer.	!	:		İ		
	During an interview wit	h TN, on 2/8/22, at 12:43				ļ		
			:					
(depending on the statu	s of the wound, whether it	:	:				
	s improving with сипет vound is worsening.	nt treatment or if the						
ſ	During a telephone inte	rylew with Hagnice	İ	-				
s h	Administrator (HA), on a stated, the expectation cospice nurse to leave	2/11/22, at 2:31 p.m., HA was for the admitting						
Đ	eiore ending ma visit.							
				-				
						i		
		ospice. TN stated there neeting among Minimum	į	l				
D	ata Set Assessment Co	oordinator (MDS),		•				
K.	itchen Manager (KM) a epresentative (RR) 1 b	nd Resident	- [ì		
	epresentative (NN) i b presentative.	ar watert a neshter	l					
Di	uring a telephone Inter	/lew with MDS, on	,					
3/	15/22, at 10:45 a.m., M	IDS stated the hospice	1					
		ated with whoever was officer at the time of the		1		*		
vis	it. MDS denied being t	he designated IDT						
	ember to coordinate Re	esident 1's care with	:			4/29/2		
FIO	spice representative.			1		7127/2		

Event ID: W83E11

Facility ID: CA020000121

FORM CMS-2567(02-99) Previous Versions Obsolete

RECEIVED

If continuation sheet Page 18 of 19

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIP		ONSTRUCTION	OMB NO. 0938- (X3) DATE SURVEY COMPLETED		
		065241	B. WING			С		
AME OF PI	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	04/05/2022		
WILLOW PASS HEALTHCARE CENTER			3318 WILLOW PASS ROAD CONCORD, CA 94519					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	Atmuu	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			
F 849	Continued From page	18	F 84	10	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	;		
	During a telephone in		10*	10				
		at 1:25 p.m., KM stated she		į				
	attended the care con	ference but was not the IDT	I			ı		
	member designated to			!		į		
		. KM also stated there was		ļ		1		
		tive present during the care						
•	conference.			ļ				
s s t	at 3:04 p.m., HA stated record indicated for in- visits, the hospice staff	discussed Resident 1's dever was the licensed	TAX			÷		
(I	eleased on 9/1/08, ind	policy and procedure nd Skin Management," icated, the P&P Indicated, for the prompt reporting		:		i		
		ilems. Any resident who	1			I		
h	as pressure sores will	receive the necessary				1		
		to promote healing and		ļ		-		
		n developing. The P&P		1				
	dicated, Interdisciplina urse will assure care p	ary ream and ilicensed lans and progress notes						
re	fiect resident's current	t status and interventions.						
Ti	ne licensed nurse will i	refer any new pressure						
		nning. The P&P indicated,		,		4		
	T will enter all skin-rel sident's care plan and			!				
		omfort care only, the care	ı			•		
pla	an should reflect agree							
int	erventions.		i		`			
		:						
1								
- 1						4/29/22		

Event (D; W83E11

Facility ID: CA020000121

If continuation sheet Page 19 of 19

RECEIVED