

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

DX Accepted

3/15/12

PRINTED: 02/27/2012
FORM APPROVED
B NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055318	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		DATE SURVEY COMPLETED 02/21/2012
NAME OF PROVIDER OR SUPPLIER SKYLINE HEALTHCARE CENTER - SAN JOSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2065 FOREST AVENUE SAN JOSE, CA 95128		
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during a complaint investigation conducted on 2/14/12, 2/16/12 and 2/21/12.</p> <p>Complaint Number CA00299173 regarding Quality of Care/Treatment was substantiated and a Federal deficiency was written (see F323).</p> <p>Inspection was limited to the specific complaint investigated and does not represent findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: 25460, Health Facilities Evaluator Nurse.</p>	F 000	<p>DISCLAIMER STATEMENT</p> <p>This Plan of Correction constitutes a written credible allegation of non-compliance with the deficiencies noted. Preparation and/or execution of this Plan of Correction does not constitute admission in agreement or by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and / or executed solely because required by provisions of Federal and State law.</p>		
F 323 SS=D	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff followed a safe transfer technique to prevent a fall for one of three sampled residents (1) when she was transferred from her chair to bed. Two staff attempted to lift a totally dependent resident. The staff failed to follow the facility protocol to use a gait belt (a nylon or canvass strap about 33 to 45</p>	F 323	<p>Resident 1 will be transferred using mechanical lift to ensure safety and prevent injury. There are no further injuries on the resident.</p> <p>The Director of Nursing and the Unit Managers performed internal audit focusing on resident's mobility status, bed to wheelchair and vice versa transfer ability and the extent of assistance the residents need. There was no further deficient practice note.</p> <p>The Rehab Program Manager or Designee provided in-service to Certified Nursing Assistants and Licensed Nurses regarding Policy and Procedure on proper transfers of residents. The Director of Nursing provided an in-service to the Licensed Nurses about proper assessment of</p>	3-24-2012	

LABORER	REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
			3-12-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>inches long used to transfer people from one position to another) to aid safe transfer. Findings:</p> <p>Resident 1's Minimum Data Set dated 11/29/11 indicated she had short and long term memory problems, was cognitively impaired, and was totally dependent on staff during transfer.</p> <p>The daily nursing notes for change of condition dated 1/30/12 indicated Resident 1 fell while being transferred to her bed. On 2/1/12 the physician ordered an X-ray of the left knee and leg. The X-ray result indicated a fracture of the knee and leg.</p> <p>During observation on 2/14/12 at 1:20 p.m., Resident 1 was lying in bed. CNA C with the resident's family at the bedside repositioned the resident's leg. CNA C placed a pillow under the resident's leg and checked the resident's lower extremities. Resident 1's leg was slightly swollen with a yellowish bluish discoloration approximately six centimeters in diameter on the shin.</p> <p>During interview on 2/14/12 at 2:00 p.m., CNA A stated on 1/31/12 at around 10 a.m., Resident 1 fell while she and CNA B transferred the resident from a shower chair to bed. CNA A stated as they were lifting the resident her legs were in a crossed position. She stated they both tried to move the resident to her bed but it was difficult because the resident was heavy. CNA A stated Resident 1 slid down and landed on the floor in a sitting position.</p> <p>During interview on 2/16/12 at 3:54 p.m., CNA B stated on 1/31/12 during morning shift CNA A</p>	F 323	<p>resident's mobility status and how to provide proper intervention focusing on transfer needs. The Director of Staff Development provided in-service on how to transfer residents using Mechanical lift especially on the residents that are totally dependent on care and transfers. The in-service was also focused on utilizing proper equipment for transfers depending on what the resident needs.</p> <p>The Director of Staff Development and Unit Managers will do rounds to observe the Certified Nursing Assistants, Restorative Nursing Assistants, and Licensed Nurses on procedures of transfers. Deficient practices observed will be corrected immediately and further education and disciplinary actions will be provided as needed.</p> <p>Any findings and trends from the rounds, observations and audits will be reported by the DSD to the facility's QA&A committee monthly for further interventions when indicated and to ensure compliance with protocols and regulations.</p>	<p>3/16/12 11:20</p>	

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NAME OF PROVIDER OR SUPPLIER SKYLINE HEALTHCARE CENTER - SAN JOSE			STREET ADDRESS, CITY, STATE, ZIP CODE 2085 FOREST AVENUE SAN JOSE, CA 95128		
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F 323	<p>Continued From page 2</p> <p>asked her to help transfer the resident from a chair to bed. She stated they used a manual lift by placing a towel underneath the resident's knees and placed their arm under the resident's shoulder. She stated as they lifted the resident they had difficulty maneuvering because the resident was "dead weight" and difficult to move. She stated Resident 1 slid down slowly and landed on the floor in a sitting position with one leg tucked under her.</p> <p>During interview on 2/16/12 at 10:00 a.m., restorative nurses assistant (RNA) stated staff were supposed to use a gait belt around the residents waist and towel underneath the residents knees during transfers. She stated it made the transfer easier.</p> <p>During interview with the unit manager (UM) and the director of nursing (DON) on 2/21/12 at 12:30 p.m., they both stated the CNAs had to use a gait belt at all times when transferring residents. UM stated they had to use their arm and not the towel to lift the resident knees. UM stated the CNA assigned to Resident 1 that day was not familiar with the resident and performed poor transfer technique. UM and DON further stated if the staff felt the resident was heavy to lift they should have asked for additional help (a third person) to assist with transfers.</p> <p>The facility's 8/15/02 policy and procedure, "Resident Transfer From Chair to Bed" indicated:</p> <ul style="list-style-type: none"> - Apply the gait belt around the resident's waist. - Grasping the gait belt on either side, each caregiver will assist the resident to standing position. Each caregiver will rise at the same 	F 323			

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F 323	Continued From page 3 time, straightening his/her hips and knees until every one is standing upright.	F 323	<p>3/15/12 11:20 am</p> <p>Spoke with [REDACTED] over phone [REDACTED] for addendum F323 pg 1</p> <p>The DON & Unit managers performed internal audit to identify residents with transfer need and assess who will need mechanical device based on their mobility status. (orig)</p> <p>3/15/12 [REDACTED] [REDACTED] copies sent to [REDACTED] via fax</p>		