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

PRINTED: 04/18/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555066	A. BUILDING _____ B. WING _____	C 04/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENFIELD CARE CENTER OF FILLMORE, LLC	118 B ST FILLMORE, CA 93015

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health Licensing and Certification during an investigation of one complaint and one Entity Reported Incident (ERI). Complaint # 573461 Unsubstantiated. ERI # 573616 Substantiated. Representing the Department : 31401-HFE-S 38444-HFEN 38592-HFEN 38593-HFEN	F 000	2018 APR 30 AM 9:13 LICENSING & CERTIFICATION VENTURA DISTRICT OFFICE DEPT OF PUBLIC HEALTH	
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	F 656	A Care Plan was created for Resident 1 on 2/5/2018 for being an elopement risk. A Care plan was created on 2/21/2018 for Resident 1 regarding activity outings with activity personnel, to ensure resident is going out with activity staff on pass for needs outside the facility. This was per discussion with Resident 1. An audit was conducted on 2/27/2018 to ensure all residents with risk of elopement have care plans and needed documentation. QAPI Project plan initiated on 12/21/2017 Monthly Care Plan meetings initiated as a QAPI Project Plan, to ensure all Care Plans are reviewed and are up to date. Meetings will be held monthly for 6 Months and then Quarterly for 1 year. POC accepted 4/30/18 Kelvane	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stacy Chandler — TITLE: Administrator — (X6) DATE: 4.27.18

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 656	Continued From page 1 treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to develop a comprehensive and individualized care plan for elopement for one of three sampled residents (Resident 1). This failure placed the resident at risk for eloping and injury. Findings: Review of the facility's entity reported incident (ERI), dated 2/5/18, indicated on 2/4/18 at 7:30 p.m.,Resident 1 left the facility unaccompanied. Resident 1 went across a major freeway on a wheelchair to a 7-11 store. During the facility visit and concurrent interview	F 656		

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F 656	Continued From page 2 on 2/21/18, at 10:10 a.m., Resident 1 was observed in bed, awake, and a wheelchair at the bedside. Resident 1 stated,"I went all the way to the store to buy snacks, there's nobody to tell I was leaving and I used the front door. "Resident 1 further stated, "I used the wheelchair to propel myself across the street to the 7-11 store." During an interview with the Director of Nursing (DON) on 2/21/18, at 10 a.m., the DON indicated, the resident was at the front patio of the facility when noted by a visiting family member of another resident to be wheeling self towards the street and freeway to the 7-11 store. A licensed nurse (LN 1) followed and was able to convince the resident to go back to the facility. Review of the Minimum Data Set (MDS -assessment tool used to direct patient care), dated 6/8/17, indicated, Resident 1 was hard of hearing, with good cognition and uses the wheelchair for mobility. The resident's activity preferences included group activities, going outside to get fresh air and reading. During an interview with the Assistant Director of Nursing (ADON) on 2/21/18 at 4:10 p.m., the ADON stated,"The Interdisciplinary Team (IDT) met with the resident on 2/5/18 to discuss his rights, plans to address the elopement incident, buy snacks from the stores, activities preferred, and resident's verbalization to go home against medical advice (AMA)." Review of the clinical record for Resident 1 and concurrent interview with the ADON on 2/21/18, the elopement care plan dated 2/5/18, revealed no measures to address Resident 1's going out of the facility to buy snacks, discharge planing,	F 656		

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F 656	Continued From page 3 alternative activities, and measures to monitor a recurrence of elopement incident. The ADON stated, "The resident does not have a person-centered care plan." The facility policy and procedure titled "Elopement Risk Precautions and Procedures" dated 01/2013, indicated "Upon return of the resident, the resident will be assessed for injuries and any physical and mental changes. The outcome of the evaluation will be documented in the medical record and in the care plan...Prevention mythologies will also be reflected in the care plan."	F 656		