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| F 000 | INITIAL COMMENTS<br><br>The following reflects the findings of the California Department of Public Health - Licensing and Certification during an ABBREVIATED SURVEY for Entity Reported Incident (ERI) CA00537180, CA00537518, and CA00537445.<br><br>Representing the California Department of Public Health - Licensing and Certification by Federal ID: 35737 RN, HFEN.<br><br>The ABBREVIATED SURVEY was limited to the specific incidents investigated and does not represent the findings of a full inspection of the facility.<br><br>ERI CA00537180: One deficiency was issued.<br>ERI CA00537518: One deficiency was issued.<br>ERI CA00537445: One deficiency was issued. | F 000 | | |
| F 309 SS=E | 483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>483.24 Quality of life<br>Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.<br><br>483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure | F 309 | | 10/16/17 |

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

Electronically Signed | 10/20/2017

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 309 | Continued From page 1<br>that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:<br><br>(k) Pain Management.<br>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br><br>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to ensure one of four sampled residents (Resident 1) received the necessary care to maintain the highest physical and mental well-being when Resident 1 was not effectively assessed or treated for bilateral foot pain caused from bunions and calluses (hard and thick skin) to the balls of his feet.<br><br>As a result of this failure Resident 1 had unresolved pain which made walking difficult and affected Resident 1's mood and behavior that resulted in Resident 1's altercations with Resident 2, 3, and 4 in a span of two days.<br><br>Findings:<br><br>Resident 1's clinical record titled, "Admission | F 309 | Main West Post Acute-SNF makes its best effort to operate in substantial compliance with both Federal and State Law. Nothing in this plan of correction is an admission otherwise.<br><br>The facility has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form any allegations contained herein. Please note that the facility may contest the merit and/or form of any of the deficiency findings alleged below and may take reasonable steps to appeal them.<br><br>The facility is submitting this plan of correction as required by law as its written | |

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| F 309 | Continued From page 2<br>Record (document containing personal information)" indicated Resident 1 was admitted on [redacted] with diagnoses including generalized anxiety disorder and depression.<br><br>Resident 1's cognitive (memory assessment) dated 5/3/17 indicated Resident 1 had impaired memory with a cognitive assessment score of 6 out of 15.<br><br>Review of Resident 1's care plan dated 4/27/17, indicated, "RESIDENT HAS A CALLUS ON RT [Right] FOOT PLANTAR SURFACE. Goal. RESIDENT WILL HAVE NO COMPLICATIONS. Interventions. APPLY A&D (lubricating ointment) ON PLANTAR SURFACE ON CALLUS ...MD NOTIFIED."<br><br>Review of Resident 1's care plan dated 4/27/17, indicated, "resident has callus on right foot under great toe. Goal. Will [not have complications] by the review date. Apply A & D every shift, MD notified, notify MD for any s/s [signs and symptoms] of infection."<br><br>Review of Resident 1's care plan dated 4/27/17, indicated, "RESIDENT HAS CALLUS ON THE PLANTAR SURFACE OF LEFT FOOT. Goal. RESIDENT WILL HAVE NO COMPLICATIONS. Interventions, apply A&D on callus, MD notified."<br><br>On 6/14/17 at 10:20 a.m., during an observation and concurrent interview in the hallway of the facility, Resident 1 was walking with his walker. Resident 1 walked on both heels and did not apply pressure to the balls of his feet. Resident 1 stated, "My feet hurt" when he was encountered by the Director of Nurses (DON). | F 309 | credible allegation of compliance for alleged deficiencies.<br><br>F309<br>How correction will be accomplished for those residents found to have been affected by the deficient practice.<br><br>1. A podiatrist appointment was made for Resident #1 by the SSD. He was seen by the podiatrist on 6-16-2017 with subsequent routine podiatrist appointments. Resident had not complained of any pain prior to this incident. A pain assessment was completed on 6-14-2017 and routine pain meds were requested. Orders for Norco 5-325 mg PRN Q 4 hours was obtained by the MD on 6-14-2017.<br><br>How the facility will identify other residents having the potential to be affected by the deficient practice and what corrective actions will be taken.<br><br>1. The MDS Coordinator and Social Service Director reviewed all the current residents from 6-14-17 to 6-16-17 by reviewing charts and interviewing the residents for any verbal or non-verbal symptoms of pain. Pain assessments are continued to be done on admission, quarterly and any change in condition. There were no other residents having the potential to be affected by this deficient practice.<br><br>What measures will be put into place or | |

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| F 309 | Continued From page 3<br>On 6/14/17 at 10:25 a.m., during an observation and concurrent interview, Resident 1 was observed with facial grimacing as he removed both tight fitting shoes. Resident 1 stated he had pain on both feet and the pain made him feel "cranky." Resident 1 stated he became upset when obstacles were in his way while he walked. Resident 1 stated he could not walk with both feet flat on the ground due to the pain he experienced. Resident 1 removed his shoes and pointed to the calluses on his feet. Resident 1's feet were reddened with large calluses to the balls of his feet. Resident 1 stated, "I always tell them that I'm in pain. I wish I could go to sleep and never wake up." Resident 1 stated he felt depressed all of the time because of the pain he felt on his feet and the pain on his left shoulder.<br><br>On 6/14/17 at 10:40 a.m., during an interview, Certified Nursing Assistant (CNA 1) stated she was assigned to care for Resident 1. CNA 1 stated Resident 1's feet looked swollen from the top but she had not seen the bottom of Resident 1's feet. CNA 1 stated Resident 1 walked on the sides of his feet and was not sure why. CNA 1 stated she was supposed to be checking on Resident 1's feet but had not.<br><br>On 6/14/17 at 11:15 a.m., during an interview, the Social Service Designee (SSD) stated the interdisciplinary team (IDT) (group with a nurse, activity staff, social service staff, dietary staff) discussed Resident 1's pain management and switched Resident 1's PRN (as necessary) pain medication to a routine dose for pain management. The SSD stated Resident 1 walked with an uncomfortable look on his face and an unsteady gait. | F 309 | what systemic changes the facility will make to ensure that the deficient practice does not recur.<br><br>1. As of 6-14-17, the facility will prior to adjusting any psychotropic medication ensure that a pain assessment is completed on any said resident. If there is any further resident to resident altercation , the IDT will immediately complete a pain assessment to rule out pain for any behavior issue.<br>2. The DON and/or Qualified Designee will ensure that the Altercation Policy and Procedure is followed and completed for every altercation incident.<br><br>How the facility plans to monitor that solutions are sustained.<br><br>1. The DON and/or Qualified Designee will monitor and review corrective actions for on-going compliance. Any resident to resident altercation will be reviewed for pain and a pain assessment should be completed. This will be monitored by the DON and/or Administrator.<br>2. The Quality Assurance and Performance Improvement Committee shall review and monitor this plan at least quarterly.<br><br>Note: Training was done by the MDS Coordinator to the other members of the IDT Team.<br>Date of completion for all corrective actions was 6.16.2017. | |

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|---|---|---|---|---|
| F 309 | Continued From page 4 | F 309 | | |

On 6/14/17 at 11:35 a.m., during an observation in Resident 1's room and a joint interview, with Resident 1, SSD, and Licensed Nurse (LN) 1. LN 1 stated, "Skin and foot inspections are done once per week by the licensed nurses and when the CNA does the shower he/she will look at the skin and feet, if there is anything wrong with their feet or skin the CNA will let the licensed nurse know." Resident 1 removed his shoes while complaining of pain to both feet. LN 1 stated, "It looks like [Resident 1] has calluses on both feet." Resident 1 stated, "They hurt so bad, they hurt all the time when I walk." Resident 1 rated his foot pain 9 out of 10 (0 being no pain and 10 being the worst pain). The SSD stated, "To be perfectly honest I had not noticed the way he walked ...I didn't know his feet were like this." LN 1 stated she only gave PRN pain medications to the residents when they complained to her about pain. LN 1 measured the calluses on Resident 1's feet. The right foot plantar under the fifth toe measured 2 centimeters (cm) (unit of measurement) by 2.5 cm. The callus on the right foot plantar under the great toe measured 1.5 cm by 1.6 cm. The callus on the left foot under the fifth toe measured 2 cm by 1.9 cm. LN 1 stated she had not paid attention to how Resident 1 was walking and had not seen Resident 1's feet.

Resident 1's clinical record titled, "Skin Monitoring: Comprehensive CNA Shower Review" dated 6/11/17 indicated, "Showered clear skin." The note was signed by LN 1.

On 6/14/17 at 1:40 p.m., during an interview, LN 1 stated pain could be assessed at any time during the shift and she had not yet assessed Resident 1 for pain. LN 1 stated Resident 1 had an order for Tylenol (pain reliever) ER (extended

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|---|---|---|---|---|
| F 309 | Continued From page 5 | F 309 | | |

release) 650 mg PRN for arthritis pain and had not given Resident 1 anything for pain because she did not have it available. LN 1 stated Resident 1 had not received anything to treat Resident 1's complaint of pain. LN 1 stated she had fallen behind on her medication pass and had not asked the DON for help. LN 1 stated Resident 1's pain had not been treated and was triggering his behaviors of anxiety and irritability.

Resident 1's physicians orders dated 4/27/17 indicated, " ...Arthritis Pain Tablet Extended Release 650 mg (milligram) (unit of measurement) Acetaminophen (pain reliever) Give 2 tablets by mouth every 8 hours as needed for Pain-mild."

On 6/14/17 at 1:55 p.m., during a record review and concurrent joint interview with SSD and LN 2, the SSD stated Resident 1 had an altercation on 5/28/17 at 10 a.m., with Resident 2. The SSD stated Resident 2 threw a cigarette butt on the ground close to Resident 1's feet triggering Resident 1's behavior of aggression. LN 1 stated the facility's plan was to keep Resident 1 and Resident 2 separated and to watch Resident 1's location frequently. LN 1 stated there was no recommendation made by the IDT to review Resident 1's pain management following the altercation.

Review of Resident 1's IDT notes titled "Post Event Note" dated 5/30/17, indicated, "The station 2 charge nurse reported that [Resident 1] hit [Resident 2] ...on the back of the head as he was passing by with his walker and [Resident 2] was sitting on his w/c in front of the day room hallway." Under Interventions, the document stated, "Separated both residents immediately, assessed

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|---|---|---|---|---|
| F 309 | Continued From page 6 | F 309 | | |

residents. No injury noted ...Staff monitoring closely and [Resident 1] on behavior monitoring.] ... Date and time of Event 5/28/17 3:50 p.m."

On 6/14/17 at 3:20 p.m., during record review and concurrent joint interview with SSD and LN 2, LN 2 stated Resident 1 had a second physical altercation this time with Resident 3 on 5/30/17 at 11 a.m. The SSD stated she had not identified the trigger for the altercation between Resident 1 and Resident 3. LN 2 stated the altercation between Resident 1 and Resident 3 could have been avoided because the staff already knew about Resident 1's previous altercation with Resident 2 and had not done anything else other than watch Resident 1. LN 1 stated pain management was not addressed following the altercation with Resident 3.

Review of Resident 1' IDT notes titled "Post Event Note dated 5/31/17 indicated, "Per [CNA 2] witness "I was in the hallway ...when another resident started to yell....I witnessed [Resident 1] punch [Resident 3] on the face. [Resident 3] reacted by holding on to [Resident 1's] head and punching it." Under Interventions, the document stated, "Staff was immediately called and helped to separate the residents ...residents placed on a 15 minute whereabouts check ... Date and time of Event 5/30/17 11 a.m."

On 6/14/17 at 3:50 p.m., during record review and concurrent joint interview with SSD and LN 2, reviewed the record and were unable to produce the 15 minute whereabouts check for Resident 1.

On 6/14/17 at 3:35 p.m., during record review and concurrent joint interview with SSD and LN 2, LN 2 stated Resident 1 had a third physical

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|---|---|---|---|---|
| F 309 | Continued From page 7 | F 309 | | |

altercation, with Resident 4 on 5/30/17 at 3:15 p.m. LN 2 stated the altercation occurred because Resident 1 and Resident 4 had finished smoking and Resident 4 blocked Resident 1's path. LN 2 and the SSD stated the altercation could have been avoided if a staff member would have been present. The SSD and LN 2 stated the Residents were outside without a staff member present. LN 2 stated pain management was not addressed following the altercation with Resident 4.

On 6/14/17 at 3:54 p.m., during an interview, the DON stated she did not pay attention to Resident 1 in the morning when he complained about pain to his feet. The DON stated she had not paid attention to Resident 1's gait and she had not seen his feet before 6/14/17. The DON stated it was necessary for pain to be addressed promptly. The DON remained silent when asked if the altercations between Resident 1, 2, 3 and 4 were avoidable.

On 10/9/17 at 10:05 a.m., during a telephone interview, CNA 2 stated she witnessed Resident 1 and Resident 3's altercation on 5/30/17 at 11 a.m. CNA 2 stated Resident 3 was blocking the entrance to Resident 1's bedroom. CNA 2 stated Resident 1 was often angry and was very irritable.

Review of Resident 1's care plan, dated 5/4/17, indicated, "At risk for pain...Goal. Pain will be resolved 30 minutes after pain med is given...Interventions. Assess for pain every shift, give medication as ordered, If pain is not resolved with current medication ask for a stronger pain medication, Offer resident periods of rest to help with pain relief, Reassess for pain after pain medication has been given."

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| F 309 | Continued From page 8<br><br>The facility policy and procedure titled, "Pain Assessment and Management" undated, indicated, "The purpose of this procedure are to help the staff identify pain the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. 1. The pain management program is based on a facility wide commitment to resident comfort ...3. Pain management is a multidisciplinary care process that includes the following: a. Assessing the potential for pain; b. Effectively recognize the presence of pain; c. Identifying the characteristics of pain; d. Addressing the underlying causes of pain; e. Developing and implementing approaches to pain management ...Recognizing pain: 1. Observe the resident (during rest and movement) for physiologic and behavioral non verbal) signs of pain. Possible Behavioral Signs of Pain: a. Verbal expressions such as groaning ...b. Facial expressions such as grimacing, frowning ...c. Changes in gait ...d. Behavioral such as resisting care ...irritability, depression ...i. Evidence of depression,anxiety ..." | F 309 | | |