

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/22/2015
FORM APPROVED
OMB NO. 0938-0391*acceptable POC*
Susan Lee HFES 6/19/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056096	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2015
NAME OF PROVIDER OR SUPPLIER PIEDMONT GARDENS HEALTH FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 110 41ST STREET OAKLAND, CA 94611		
(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 during the Annual Re-certification Survey conducted from 5/11/15- 5/14/15. Representing the Department: Health Facilities Evaluator Nurses: 05189 32717 33833 The resident census at the time of survey was 74. F 309 483.25 PROVIDE CARE/SERVICES FOR SS=D HIGHEST WELL BEING 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, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide the necessary care and services for two residents (Resident 7 and Resident 10 receiving dialysis treatments) of 15 sampled residents to maintain their highest, practicable physical well-being. 1. The facility failed to coordinate services with the dialysis facility for Resident 7 for the administration of Nephrovite (multivitamin), Thiamine (Vitamin B-1), Vitamin B-12, and Vitamin C medications at a time that would	F 000	The following plan of correction constitutes Piedmont Gardens' written credible allegation of compliance for the deficiencies noted. We make our best efforts to operate in compliance with Federal and State laws. Nothing in this plan of correction is an admission otherwise. We have submitted this plan of correction in order to comply with our obligations and do not waive any objections to the merits or form of any allegations contained herein.		
F 309	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING	F 309			

RECEIVED

JUN 19 2015

Licensing & Certification
East Bay District Office

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

6/5/15

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	<p>Continued From page 1</p> <p>maximize efficacy of the medications. This failure had the potential for decreasing the effectiveness of the medications.</p> <p>2. The facility failed to ensure that all licensed staff were knowledgeable about care of the catheter placement access dressing for Resident 7. This failure increased the risk that the staff member may give inappropriate care to the access dressing creating potential conditions for infection and other complications for the resident.</p> <p>3. The facility failed to ensure all license staff was knowledgeable about the care assessment and maintenance of the dialysis access site (arterial-venous access) for patency and possible infections. This failure had the potential for Resident 10's access site to become infected or non functional and staff would be unaware.</p> <p>Findings:</p> <p>1. The review of a document by a dialysis corporation entitled, "DaVita Dieticians: Dietician Reference Manual", dated March 15, 2005, page 6 of 14 showed in the third bulleted item, "The renal [kidney] vitamin should always be taken once a day. (On dialysis days, patients should take the renal vitamin after dialysis since it can dialyze out if taken before dialysis.)"</p> <p>The review of the "Dialysis Patient's Guide to Renal Vitamins" section of the Dialyve by Hillstad Pharmaceuticals informational insert showed, "Water-soluble B vitamins are removed during dialysis and need to be replaced...Because dialysis removes water-soluble vitamins from your bloodstream, taking a renal multivitamin after the dialysis process replaces the important nutrients you need."</p> <p>The review of the manufacturer informational</p>	F 309	<p>F 309</p> <p>It is the standard of this facility to provide the necessary care and services for residents receiving dialysis.</p> <p>1. Director of Nursing reviewed current dialysis residents and confirmed water-soluble vitamins are administered post dialysis treatments and not pre dialysis in order to maximize efficacy of the nutritional supplement. The timing of administration for Resident #7 was changed from morning to evening.</p> <p>Licensed nurses will be in-serviced on proper administration timing for dialysis residents and water-soluble vitamins.</p> <p>Consulting pharmacist will review dialysis residents' medications on a monthly basis to ensure ongoing compliance.</p>		

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F 309	<p>Continued From page 2</p> <p>Insert entitled, "Nephro-Vite Rx", dated 10/04 showed the composition of the renal vitamins included water-soluble B and C vitamins. The instructions for consumption showed, "Nephro-Vite" should be taken after treatment on dialysis days."</p> <p>The review of the record during the survey showed the facility re-admitted Resident 7 to the facility on 2/3/15 with diagnoses of severe kidney disease requiring tri-weekly dialysis treatments. (Dialysis/Hemodialysis is a process treatment where excess fluid and waste are removed from the body. This process occurs when blood is removed from the body, transported to an artificial kidney for excess fluid and waste removal, and transported back to the body. Blood vessel accesses are surgically created to safely remove and return the blood to the body [access to the resident's circulatory system]. The type of access could include a fistula/graft created surgically be connecting the resident's artery and vein (AV); and or central catheter placement.) Further record review showed Resident 7 had orders dated, 4/7/15 for dialysis treatments scheduled for Tuesday, Thursday, Saturday with "Pick-up" time from the facility at 1:00 p.m.</p> <p>Review of Physician orders dated, 3/24/15 showed instructions for:</p> <ul style="list-style-type: none"> a) Nephro-Vite, one time a day b) Thiamine (Vitamin B-1), one time a day c) Vitamin B-12, one time a day d) Vitamin C, two times a day <p>Review of the medication administration record (MAR) dated for May 2015 showed:</p> <ul style="list-style-type: none"> a) Nephro-Vite was scheduled and administered one time a day at 0800/8:00 a.m., (prior to 	F 309	<p>2. Director of Nursing (DON) provided one-on-one training to RN 1 on 5/12/15 regarding dialysis care, especially dressing changes and thrill/bruit assessments.</p> <p>DON will in-service facility's licensed nurses on the policies and procedures regarding hemodialysis access care, which includes care immediately following dialysis, dressing changes and other central catheter issues. In-service will also be provided regarding different types of access sites including AVFs and AVGs. Assessments of access sites including checking for bruits and thrills will be included. In-services to be completed by 6/30/15.</p> <p>DON updated "Dialysis Communication Report" with a section that specifies bruit & thrill assessments. This report is updated for each dialysis visit and goes with the resident to the dialysis clinic and back.</p> <p>Director of Nursing and facility's QA committee will ensure ongoing compliance.</p>	6/30/15	

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F 309	<p>Continued From page 3</p> <p>dialysis treatments), everyday (including treatment days) from 5/1/15 to 5/12/15.</p> <p>b) Thiamine (Vitamin B-1) was scheduled and administered one time a day at 0800/8:00 a.m., (prior to dialysis treatments), everyday (including treatment days) from 5/1/15 to 5/12/15.</p> <p>c) Vitamin B-12 was scheduled and administered one time a day at 0800/8:00 a.m., (prior to dialysis treatments), everyday (including treatment days) from 5/1/15 to 5/12/15.</p> <p>d) Vitamin C, was scheduled and administered (two times) a day at 0800/8:00 a.m., (prior to dialysis treatments), [and 1700/5:00 p.m.,] everyday from 5/1/15 to 5/12/15.</p> <p>On 5/12/30/15 at 10:00 a.m., the DON (Director Of Nurses) confirmed staff did not give the water-soluble vitamins at the manufacturer's suggested times. The DON stated she was not aware the medications should have been given after dialysis treatment.</p> <p>2. The review of the record, staff interview during orientation tour on 5/11/15 with Registered Nurse (RN) 2 at approximately 9:08 a.m., and direct observation on 5/12/15 at 9:10 a.m., showed Resident 7 had a central catheter placement access covered by a dressing.</p> <p>The review of the "Guidelines" section of the facility's policy and procedure entitled, Hemodialysis Access Care, revised October 2010, showed that with central catheters, "There is more risk of ..infection than with either fistula or grafts."</p> <p>The review of the "Care Immediately Following Dialysis Treatment" section of the policy and procedure showed, "The dressing change is done</p>	F 309	<p>F 309</p> <p>Any resident that receives dialysis has the potential to be affected by the deficient practice. Anyone receiving dialysis will have a chart review done by the DON regarding water-soluble vitamin administration times.</p> <p>Regarding care of catheter site and care of AVFs and AVGs, the facility's skills check-off list for new nurse orientation will be updated with these items.</p> <p>The facility's quality assurance committee will review the deficient practice and the results of the corrective actions to ensure the systematic improvements.</p>		

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F 309	<p>Continued From page 4</p> <p>In the dialysis center post-treatment. If dressing becomes wet, dirty, or not intact, the dressing shall be changed by a licensed nurse trained in this procedure."</p> <p>The review of the "Care of Central Dialysis Catheters" section of the policy showed, "The central catheter site must be kept clean and dry at all times. Bathing and showering are not permitted with this device."</p> <p>On 5/12/15 at 9:20 a.m., when asked about the care of the catheter access dressing, RN 1 inaccurately stated, "When the dressing becomes bloody, site is reddened, or the catheter is dislodged after a shower, we're to change the dressing."</p> <p>On 5/12/15 at 9:30 a.m., when asked about the care of the catheter access dressing, RN 2 accurately stated, "We're not to touch the dressing! Only reinforce it when needed, then call the dialysis center."</p> <p>Subsequently on 5/12/15 at approximately 10:00 a.m., the Director of Nurses (DON) stated none of the facility nurses were trained to change a central dialysis catheter dressing.</p> <p>3. On 5/14/15, the review of the record showed the facility admitted Resident 10 to the facility on 4/22/15 with diagnoses of severe kidney disease requiring tri-weekly dialysis treatments.</p> <p>Further review of the record and concurrent staff interview on 5/11/15 with RN 2 at approximately 9:15 a.m., and during a direct observation on 5/14/15 at 8:40 a.m., Resident 7 had a left upper arm arterial-venous (A/V) fistula access site.</p>	F 309			

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F 309	Continued From page 5 The review of the "Guidelines" section of the facility's policy and procedure entitled, Hemodialysis Access Care, revised October 2010 showed that the Arterial-Venous Fistula (AVF) "is created by surgically connecting an artery and vein." The review of the "Care of the AVFs and AVGs" section of the policy and procedure instructed staff to, "Check patency of the site at regular intervals. Palpate the site to feel the "thrill", or use a stethoscope to hear the "whoosh" sound or "bruit" of blood flow through the access." On 5/12/15 at approximately 9:21 a.m., when asked how staff checked the patency of the arterial-venous access, RN 1 inaccurately stated, "When you (staff) do the "Thrill" assessment, you use the stethoscope to listen for the Thrill. When you do the "Bruit" assessment, you palpate (feel) for the Bruit (whooshing) sound." On 5/12/15 at approximately 9:31 a.m., when asked how staff checked for the patency of the arterial-venous access, RN 2 accurately stated, "You palpate (feel) for the Thrill, and you auscultate (listen with stethoscope) for the Bruit (whoosh)." On 5/12/15 at approximately 10:00 a.m., the DON acknowledged RN 1 was inaccurate regarding the Thrill and Bruit assessment utilized to determine the patency of the A/V fistula. The DON stated RN 1's answer was just the opposite to what the correct answer was.	F 309			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441			

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F 441	Continued From page 6 The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	F 441 It is the standard of this facility to provide safe, sanitary and comfortable environment to help prevent the development and transmission of disease and infection. Upon finding Resident 16 and 17 urinals, CNAs immediately disposed of the urine per protocol and stored the empty urinals away from food and drinks. Director of Staff Development (DSD) will in-service all care staff on urinal procedures and storage, such as keeping urinals away from food and beverage containers. In-services to be completed by 6/30/15. DSD and DON will monitor urinal storage during daily rounds of the unit.		

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F 441	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, for two (Resident 16 and Resident 17) of two random residents, the facility improperly stored residents' urinals (handheld portable device that is used when access to a toilet is not possible) on the residents' over the bed table. This failure had a potential to transmit/spread disease.</p> <p>Finding:</p> <p>During an observation and concurrent interview on 5/15 at 8:15 a.m., Resident 17 had a urinal placed on the over the bed table. The urinal was touching a drinking straw from a cup. Another cup close to the urinal was filled with a supplement drink. Registered Nurse Assessment Coordinator (RN/MDS) stated that the urinal should not be on the over the bed table. RN/MDS stated that the urinal should be kept in the bathroom. Another urinal containing urine was on the over the bed table in Resident 16's room. Resident 16 stated that he usually placed the used urinal on his over the bed table so the nurses could see it. Resident 16 did not reply when asked if he called the nurse after using the urinal.</p> <p>Record review showed that Resident 16 was admitted to the facility with multiple diagnoses that included bacteremia, (Bacterial infection in the blood). Resident 17 was admitted to the facility with multiple diagnoses that included pneumonia.</p> <p>Review of California Department of Public Health's Joint Infection Prevention and Control Guidelines Enhanced Standard Precautions (ESP) for Long-Term Care Facilities showed, "Environmental sanitation is as important as hand hygiene in preventing the transmission of</p>	F 441	<p>F 441</p> <p>All male residents that are continent and use a urinal have the potential to be affected by the deficient practice. These in-services and monitoring by DON and DSD will accomplish corrective action for residents with the potential to be affected by the deficient practice.</p> <p>The facility's quality assurance committee will review the deficient practice and the results of the corrective actions to ensure the systematic improvements.</p>		

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F 441	Continued From page 8 infectious agents in health care facilities ...What is known from published studies is that regardless of the original site of the infection (e.g., wound, respiratory, etc) or colonization (e.g., nares) infectious agents such as MRSA, VRE, C. difficile can contaminate all or parts of the patient's skin surface, especially those sites that are moist (e.g., groin, axillae, etc). The bacteria are then shed in the skin squamous (cells) onto environmental surfaces such as bedrails and table tops in the patient's immediate environment. These organisms can survive on dry environmental surfaces from several hours to many weeks and serve as a source of hand, glove and clothing contamination."	F 441	F 518 It is the standard of this facility to provide training to all staff on emergency, fire and disaster procedures. All staff interviewed during the survey had been properly trained on emergency procedures; however, some of their answers given under the pressure of the survey were not accurate. DSD will in-service all staff again on emergency procedures including how to respond to an earthquake and the locations of shut-off valves. Staff will then be provided written quizzes to confirm their understanding of the procedures. In-services and quizzes to be completed by 6/30/15. The facility also employs an outside expert to provide quarterly fire and disaster drills for all three shifts. DSD will be responsible for ongoing compliance and ensure all staff pass the written quizzes as evidence of their knowledge.	6/30/15	
F 518 SS=D	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures. This REQUIREMENT is not met as evidenced by: Based on interview, record review and observation, the facility failed to ensure that three of eight staff knew how to turn off the water and gas valves in an emergency. One of eight staff did not identify personal safety as the first consideration in an earthquake. This failure had the potential for staff not to be able to perform these essential functions in an emergency and not following recommended procedure during an earthquake.	F 518			

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F 518	<p>Continued From page 9</p> <p>Findings:</p> <p>1. The review of the facility's emergency poster (located at the nursing stations) showed the location and turn-off instructions for shutting down water and gas valves in the event of an emergency or disaster.</p> <p>The facility's emergency water turn-off was located in the locked Maintenance Storage Room, and staff was to turn the valve off by hand.</p> <p>The facility's emergency gas turn-off was located in the locked shed behind the kitchen areas, and was to be turned off with an attached lever.</p> <p>In an interview on 5/12/15 at 6:45 a.m., CNA 2 stated the emergency water shut-off was located in the utility room on the second floor (as opposed to the Maintenance Room), and stated the emergency gas shut-off was in the Maintenance Room (as opposed to the shed). CNA 2 further stated that one of the two shut-off valves was turned off by a switch.</p> <p>At 7:07 am, CNA 3 stated both (water and gas shut-off valves) were located in the Maintenance Department, and that staff used a wrench to turn both off.</p> <p>2. During an interview on 5/12/15 at 2:55 p.m., CNA 1 stated that in the event of an earthquake, she would, "Grab a resident and put them somewhere safe under a sturdy surface." CNA 1 also said that she would stay with the resident to make sure the resident didn't fall out of bed.</p> <p>In an interview on 5/12/15 at 3:15 p.m., Director</p>	F 518	<p>F 518</p> <p>The facility's quality assurance committee will review the deficient practice and the results of the corrective actions to ensure the systematic improvements.</p>		

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(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 518	Continued From page 10 of Staff Development (DSD) stated that during an earthquake, he would expect his staff to save themselves first by hiding under sturdy furniture, away from windows. Review of the facility's disaster preparedness manual dated 9/10/2013 showed that in an earthquake, personnel should first "duck and cover" to protect themselves in order to help others later.	F 518			