

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

PRINTED: 01/17/2014  
FORM ASPR-1001  
OMB NO. 0938-0181

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056394	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 100 B. WING:	(X3) DATE SURVEY COMPLETED  R 01/17/2014
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NAME OF PROVIDER OR SUPPLIER

ST. FRANCIS CONVALESCENT PAVILION

STREET ADDRESS, CITY, STATE, ZIP CODE

99 ESCUELA DRIVE

DALY CITY, CA 94015

(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 a 2nd revisit survey conducted on 1/14/14 to 1/17/14.  Representing the California Department of Public Health: 13579, Health Facilities Evaluator Nurse 23106, Health Facilities Evaluator Nurse 31794, Health Facilities Evaluator Nurse 33227, Health Facilities Evaluator Nurse  The census at the time of the 2nd revisit was 207 residents including 5 residents on bedhold.  The total sample size was 18 residents.  The highest scope and severity was B.	{F 000}	In the professional judgment of the facility, the alleged deficiencies are merely findings and demonstrate no negative resident outcome and no failure in the delivery of Quality Care. Without admitting guilt, St. Francis Pavilion Nursing Center is submitting the following Plan of Correction (POC). This plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted.  Thank you.	02/07/2014
{F 281} SS=B	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on interviews, observation and record review the facility failed to provide the necessary care and services for one out of six sampled residents (Resident 38) when the Licensed Nurse did not follow the doctor's order for the medication, spiriva aerosol inhaler, to give 2 inhalations daily. This deficient practice had the potential to compromise the health and well being of Resident 38.	{F 281}	F 281  A. How corrective action(s) was accomplished for those residents found to have been affected by the deficient practice:  Resident was assessed immediately for signs and symptoms of respiratory distress. The attending physician was notified and the care plan was accelerated.  B. How the facility identified other residents having the potential to be affected by the deficient practice and corrective action taken:	

OPTIONAL: DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*T. M. Carlson*

TITLE

ADMINISTRATOR

(X6) DATE

2-7-14

POC accepted by [signature] acting supervisor 2/10/14

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

PRINTED: 01/31/2014  
FORM APPROVED  
CMS NO. 0038-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/17/2014
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ST. FRANCIS CONVALESCENT PAVILION

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DALY CITY, CA 94015

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[F 281]	<p>Continued From page 1</p> <p>Findings:</p> <p>Resident 38 was originally admitted to the facility on [REDACTED] 13 with the diagnoses including COPD (chronic obstructive pulmonary disease- is a group of lung diseases that cause obstruction of the airways) and hypertension (high blood pressure). The Minimum Data Set (MDS- an assessment tool) dated [REDACTED] 13 indicated that Resident 38's BIMS (Brief Interview of Mental Status) score was 15 (score of 15/15 indicates a resident has an intact cognition, alert and oriented).</p> <p>During an observation of the Medication Pass on the second floor, 2 West, by Licensed Nurse (LN) 1 on 1/15/14 at 8:30 a.m., LN 1 took out a capsule from its container and placed it inside the handihaler device (a device used to deliver the contents of medication inhalation). LN 1 handed the device to Resident 38 and told Resident 38 that it was "spiriva". Resident 38 placed the inhaler in his mouth and took one puff.</p> <p>In an interview with LN 1 on 1/15/14 at 9:10 a.m., LN 1 confirmed that Resident 38 took only one puff of the spiriva inhaler.</p> <p>Review of the Physician Orders for the month of January, 2014 indicated an order: "Order Date: 7/10/13, Order Code: M, Time: QD (everyday), Intropium 18 mcg 2 inhalations per 1 capsule everyday for wheezing/SOB (shortness of breath)</p> <p>"</p> <p>During a phone interview on 1/22/14 at 8:45 a.m., Administrator was requested to fax clarification order for the generic name of spiriva inhaler</p>	[F 281]	<p>All residents with an order of Spiriva have the potential to be affected. The pharmacy nurse consultant conducted a medication pass observation and there were no deficient findings.</p> <p>C. What measures will be put into place to prevent deficient practice reoccurrence:</p> <p>On 2/6/2014, The Pharmacy Consultant in-serviced the Licensed Nurses on following the Medication Administration orders of Spiriva inhalant. These in-services for Licensed Nurses will continue quarterly. Licensed Nurses will be observed monthly by the Pharmacy Nurse Consultant, for following the Medication Administration of Spiriva.</p> <p>D. How the facility plans to monitor its performance to make sure solutions are sustained:</p> <p>The Pharmacy Consultant will report findings to the DON or DON designee. Then, all findings will be addressed by the DON during the Quarterly Quality Assurance (QA) meeting.</p>	02/07/2014

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

PRINTED: 01/31/2014  
FORM APPROVED:  
OMB NO. 0938-0291

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R 01/17/2014
NAME OF PROVIDER OR SUPPLIER  ST. FRANCIS CONVALESCENT PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ESCUELA DRIVE DALY CITY, CA 94015		
(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 281}	Continued From page 2 A faxed copy of clarification order dated [REDACTED] 14 indicated: "Dc (discontinue) Intropium order. Change to Tiotropium Bromide 18 mcg 2 inhalations per 1 capsule ..."  Review of Resident Care Plan dated [REDACTED] 14, Problem: ... COPD, Approach: "Spiriva 18 mcg 2 INH (inhalations)/ capsule daily", signed by facility staff.  In an interview on 1/16/14 at 10:00 a.m., LN 1 acknowledged that Resident 38 had only one puff of the spiriva inhaler instead of the order to give two puffs. When asked why Resident 38 had only one puff of spiriva, LN 1 stated "I was nervous" during the Med Pass observation.  In an interview with the Nursing Supervisor (NS) on 1/16/14 at 10:00 a.m., NS stated she was made aware that Resident 38 did not receive the correct dose of the medication and the doctor had been notified.  Review of facility document titled: Preparation and General Guidelines, IIA2: Medication Administration- General Guidelines. POLICY: Medications are administered as prescribed in accordance with good nursing principles and practices ... B. Administration, 2) Medications are administered in accordance with written orders of the attending physician.	{F 281}			02/07/2014
{F 514} SS=B	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete;	{F 514}	F 514  A. How corrective action(s) was accomplished for those residents found to have been affected by the deficient practice:		



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
UNITED STATES FOR MEDICARE & MEDICAID SERVICES

PROVIDER COMPLIANCE  
FORM A-1500 (REV. 11/01)  
OMB NO. 0938-0091

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R 01/17/2014
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DALY CITY, CA 94015

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{F 514}	<p>Continued From page 3</p> <p>accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to maintain clinical records on each resident in accordance with accepted professional standards and practices to maintain complete and accurate clinical records for one of 18 sampled residents. For Resident 22, the facility failed to document at the back of the medication administration record (MAR) the name of the medications, dates, times and reasons for there complaints or symptoms and what results were achieved and the time when the results were achieved. These medications were Ambien (medication containing narcotic indicated for sleep and Maalox (medication indicated for upset stomach) and were given as PRN (as needed). This failure had the potential to result in not meeting the needed care and service for the resident.</p> <p>Findings:</p> <p>Resident 22 was admitted to the facility on [REDACTED] 2 with diagnoses including insomnia, anxiety disorder and hypertension.</p> <p>During a review of the clinical record on [REDACTED] 14</p>	{F 514}	<p>Resident 22 was reassessed by the Licensed Nurse and the care plan was accelerated. LN's were in-serviced by the Pharmacy Consultant concerning the Policy and Procedure of PRN Medication Administration and follow-up documentation. The Pharmacy Nurse Consultant observed PRN medication administration by the Licensed Nurses.</p> <p>B. How the facility identified other residents having the potential to be affected by the deficient practice and corrective action taken:</p> <p>All residents with an order of PRN medication(s) have the potential to be affected. Medical Records personnel audited the PRN medication administration and found no deficient findings.</p> <p>C. What measures will be put into place to prevent deficient practice reoccurrence:</p> <p>Licensed Nurses will be observed for Medication Pass Administration by the Pharmacy Consultant on a monthly basis. LN's will be in-serviced by the Pharmacy Consultant on the Policy and Procedure of Medication Administration documentation quarterly. Medical Records personnel will audit the Medication Administration Record (MAR) in the PRN documentation weekly.</p>	02/07/2014

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STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

056394

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

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01/17/2014

NAME OF PROVIDER OR SUPPLIER

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REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  
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PROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)

(X5)  
COMPLETION  
DATE

{F 514}

Continued From page 4

for Resident 22, the medication administration record (MAR) is a clinical record containing the name of the resident, name of medications, route of administration and the time and frequency when to give the medications to the resident. After the licensed nurse (LN) gave the medications, the LN will initial the MAR in the space provided under the date, and on the line for that specific medication dose administration. When the medications are to be given PRN (as needed only) then the licensed nurse will document at the back of the MAR the name of the medications, dates, times and reasons for the residents complaints and symptoms and what results were achieved and the time when the results were achieved. If the results were not achieved per the parameters then it would require further interventions. The clinical record for Resident 22, the MAR indicated a [REDACTED] 14 physician's order of Ambien 5 mg by mouth every bedtime as needed for insomnia. The MAR dated [REDACTED] 14 was initialed by the licensed nurse that Ambien was given as a PRN. The back of the MAR lacked the required documentation for PRN given.

In addition, Resident 22's clinical record had a [REDACTED] 2013 physician's order of Maalox 30 cc by mouth every 4 hours as needed for stomach upset. The MAR dated [REDACTED] 14 was initialed by the licensed nurse that Maalox was given as a PRN. The back of the MAR lacked the required documentation.

During an interview with LN 2 on 1/15/14 at 2:30 PM, LN 2 checked the MAR, nurses notes and weekly summary if the administration of the Ambien and Maalox had been documented on those dates. LN 2 did not find any documented

{F 514}

D. How the facility plans to monitor its performance to make sure solutions are sustained:

Medical Records personnel will report the findings to the DON or DON designee. All findings will be addressed by the DON during the Quarterly Quality Assurance (QA) meeting.

02/07/2014

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DEFICENCY OF DEFICIENCIES PLAN-OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056394</b>	(X2) MULTIPLE CONSTRUCTION: A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/17/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST. FRANCIS CONVALESCENT PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>99 ESCUELA DRIVE</b> <b>DALY CITY, CA 94015</b>		
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{F 514}	<p>Continued From page 5</p> <p>notes that the required documentation was done by the medication nurse.</p> <p>During a telephone interview with LN 3 (medication nurse who administered the medications) on 1/16/14 at 2:45 PM, stated "I should document it, it's my fault."</p> <p>During an interview on 1/17/14 at 12:30 PM, Resident 22 said "I do not know anything about medication, yes I have stomach upset but not chronic." Resident 22 refused further interview.</p> <p>The facility policy and procedure titled "Medication Administration Guidelines" dated 4/2008, indicated C. DOCUMENTATION 1) The individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. At the end of the medication pass, the person administering the medication reviews the MAR to ensure necessary doses were administered and documented. In no case should the individual who administered the medication report off duty without first recording the administration of any medications.</p> <p>5) When PRN medications were administered, the following documentation is provided: a. Date and time of administration, medication, dose, route of administration (if other than oral)...b. Complaints or symptoms for which the medication was given. c. Results achieved from giving the dose and the time results were noted 6) If a dose ... given at other than scheduled time...the space provided on the front of The MAR for that dosage administration is initiated...</p>	{F 514}		<b>02/07/2014</b>	

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{F 514}	Continued From page 6 An explanatory note is entered on the reverse side of the record provided for PRN administration. The facility did not follow their own policy and procedure.	{F 514}		02/07/2014	