PRINTED: 10/25/2017
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055407	A. BUILDING _____ B. WING _____	C 10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUPERTINO HEALTHCARE & WELLNESS CENTER	22590 VOSS AVENUE CUPERTINO, CA 95014

(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 an abbreviated survey regarding investigation of complaints conducted on 9/29/17 and 10/5/17. For Complaint CA00553960 regarding Quality of Care/Treatment and Transportation Services, the department did not substantiated a violation of federal or state regulations. However, a federal deficiency was identified for a violation unrelated to the complaint (F309). For Complaint CA00553827 regarding Quality of Care/Treatment, the department did not substantiated a violation of federal or state regulations. For Complaint CA00554026 regarding Admission, Transfer & Discharge Rights, the department did not substantiated a violation of federal or state regulations. Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 36044, Health Facilities Evaluator Nurse.	F 000	RECEIVED ... ENT OCT 3 1 2017 L & C DIVISION SAN JOSE The facility will ensure compliance by.	
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life 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	F 309	(1) Resident are no longer at the facility.	11/4/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [redacted] TITLE [redacted] (X6) DATE 10/27/17

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.

POC accepted with DON on 11/8/17 at 3:15pm

[redacted]

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F 309	Continued From page 1 practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care 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 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: (K) Pain Management. 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. (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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow facility's policy and procedure to ensure a pre/post dialysis assessment was done for three of three sampled residents (1, 2, and 3). These failures had potential to affect the residents' dialysis care. Findings:	F 309	(2) a new form was developed to match the facility policy on dialysis residents. An inservice will be held with LN's to train on facility policy and to endorse new form. Training on new form will be done during in-service. Inservice will be done by DSN and/or DON / designee. 11/4/17 (3) ADON, Nursing Supervisors, or designee	

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F 309	Continued From page 2 1. Resident 1 was admitted on 7/26/17 and discharged on 9/20/17. Review of her admission diagnoses included end stage renal disease (ESRD) and dependence on hemodialysis. Review of Resident 1's physician's orders indicated an order for hemodialysis three times per week. During a review of Resident 1's clinical record indicated licensed nurse did not perform a pre-dialysis assessment prior to hemodialysis on 8/31/17 and did not complete a post-dialysis assessment. During an interview with assistant director of nursing (ADON) on 10/2/17 at 10:45 a.m., she reviewed the pre/post dialysis assessment record dated 7/29/17 to 9/19/17 from the dialysis communication binder and clinical record, but could not find any evidence Resident 1 had been assessed prior or after the dialysis. She stated the licensed nurse should have conducted a pre/post assessment for dialysis care. 2. Resident 2 was admitted on 8/12/16 with diagnoses including ESRD and received hemodialysis three times per week. Review of Resident 2's pre/post dialysis assessment indicated incomplete assessment for her post dialysis. During a concurrent interview with ADON, she reviewed the pre/post dialysis assessment record and stated licensed nurses are required to complete three assessments for monitoring the side effect (bleeding, low blood pressure, blood blots and infection) from post dialysis residents and this was not completed.	F 309	(4) Will randomly review dialysis assessment form (3 residents weekly) for 1 month, then evaluate after if change is needed in monitoring. An audit form will be kept by those randomly auditing. The information from the audit form will be part of the facility quarterly QA to identify any trends.	11/4/17

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F 309	Continued From page 3 3. Resident 3 was readmitted on 3/24/17 with diagnoses including ESRD and dependent on renal dialysis. Review of Resident 3's physician orders indicated an order for hemodialysis three times per week. During a review of pre/post dialysis assessment indicated his post dialysis assessment was incomplete. During an interview with the ADON, on 10/2/17 at 12:10 p.m., she reviewed the pre/post dialysis assessment and stated it was an incomplete assessment.	F 309		