

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

PRINTED: 01/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/28/2018
NAME OF PROVIDER OR SUPPLIER VISTA KNOLL SPECIALIZED CARE FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 WESTWOOD ROAD VISTA, CA 92083		
(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 standard survey for the investigation of one complaint. Complaint number CA00603516. Representing the California Department of Public Health: Surveyor Federal ID number 39448, HFEN. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00603516.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for	F 584			1/10/19

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

TITLE

(X6) DATE

Electronically Signed

12/14/2018

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.

OK 1/10/19

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F 584	<p>Continued From page 1</p> <p>the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to maintain the temperature at or above 71° F in 25 out of 40 resident areas.</p> <p>As a result, residents were exposed to cold temperatures.</p> <p>Findings:</p> <p>Per the Admission Record, Resident 1 was admitted to the facility on 7/19/17.</p> <p>Per the Admission Record, Resident 2 was</p>	F 584	<p>The following Plan of Correction is submitted by the facility in accordance with the pertinent terms and provisions of 42 CFR Section 488 and/or related state regulations, and is intended to serve as a credible allegation of our intent to correct the practices identified as deficient. The Plan of Correction should not be construed or interpreted as an admission that the deficiencies alleged did, in fact, exist; rather, the facility is filling this document in order to comply with its obligations as a provider participating in the Medicare/Medicaid program(s).</p>		

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F 584	<p>Continued From page 2</p> <p>admitted to the facility on 7/19/18.</p> <p>Per the Admission Record, Resident 3 was admitted to the facility on 10/28/15.</p> <p>On 9/20/18 at 2:10 P.M., an interview was conducted with the PS (Plant Supervisor). The PS stated, the thermostat for each resident hall was located at the nursing station, and the nurses were able to adjust the temperatures.</p> <p>On 9/20/18 at 2:30 P.M., a concurrent temperature observation was conducted with the PS of Building 1 using a heat gun (a handheld device which used a sensor to read the temperature of a surface). The PS used the heat gun to check the room temperature in 17 areas in Building 1. The following eight areas had temperatures below 71° F:</p> <ul style="list-style-type: none"> Room 113 70.8° F Room 114 70.6° F Room 115 70.8° F Room 125 68° F Room 127 67.6° F Room 129 67.8° F South Hall 69.8° F Resident lounge 70.4° F <p>On 9/20/18 at 2:45 P.M., a concurrent temperature observation was conducted with the PS of Building 2 using a heat gun. The PS used the heat gun to check the temperature of 23 areas in Building 2. The following 17 areas had temperatures below 71° F:</p> <ul style="list-style-type: none"> Room 201 70.2° F Room 205 69.4° F Room 207 69.9° F Room 208 68.2° F Room 209 66.8° F 	F 584	<p>F584 Safe/Clean/Comfortable/Homelike Environment</p> <p>How Corrective Action(s) will be accomplished for those residents found to be affected by the alleged deficient practice;</p> <p>No other patients were found affected and no other complaints were made regarding the temperatures in patient care areas.</p> <p>All temperatures throughout the facility were checked and adjusted as needed to stay comfortable and within the appropriate range.</p> <p>How the facility will identify other residents that have the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>Random residents were interviewed throughout the facility in different patient care areas and no complaints were made regarding the facility temperatures.</p> <p>Plant Supervisor will continue to make daily rounds throughout the facility to check random patient care areas and ensure that the temperature is within the appropriate range. Any variance outside of that range will initiate immediate action to correct the temperature. Staff was in serviced on how to use the thermostats and what the appropriate range of the temperature in patient care areas is.</p>		

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F 584	<p>Continued From page 3</p> <p>Room 212 68.2° F Room 213 66.2° F Room 223 68.2° F Room 224 67.6° F Room 226 69° F Room 227 69.8° F Room 228 69.4° F Room 229 68.2° F Room 230 69.2° F Resident Lounge 68° F North Hall 70.6° F South Hall 70.6° F</p> <p>On 9/20/18 at 2:53 P.M., an interview was conducted with Resident 1. Resident 1 stated, the facility was cold all of the time. Resident 1 further stated, when she complained to the administrator about the cold temperatures, he offered her an extra blanket.</p> <p>On 9/20/18 at 3:30 P.M., an interview was conducted with Resident 2. Resident 2 stated, the facility was often too cold.</p> <p>On 9/20/18 at 4:05 P.M., an interview was conducted with Resident 3. Resident 3 stated, the facility was frequently too cold.</p> <p>On 9/20/18 at 4:45 P.M., an interview was conducted with LN 1. LN 1 stated, if a resident was too hot or cold, the staff could have adjusted the thermostat for the resident's hall at the nursing station.</p> <p>On 9/20/18 at 5:10 P.M., an interview was conducted with the administrator. The administrator stated, each resident hall had a thermostat which could be adjusted for resident preference. The administrator further stated, he</p>	F 584	<p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>Administrator and Plant Supervisor are investigating alternate thermostats that can be controlled remotely with alerts set when temperatures vary from desired range. Thermostats will be relocated closer to areas they control for more accurate readings and will locked to protect and keep temperatures more consistent. This will eliminate the need for the staff to control the thermostat when the temperatures need to be adjusted. Plant Supervisor, Administrator and other designated personnel with have more immediate control of the temperatures whether they are in the facility or not.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained;</p> <p>Plant supervisor will continue to make daily rounds and randomly check temperatures throughout the facility to ensure they are within the correct range. Staff will be in-serviced to ensure they know how to check temperatures on thermostat and how to report any significant temperature changes above or below required range to PS or administration.</p> <p>Once new thermostats are installed the Plant Supervisor and Administrator will monitor and control thermostat ranges in</p>		

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F 584	<p>Continued From page 4</p> <p>was unsure if the thermostat could be adjusted below 71° F.</p> <p>On 9/26/18 at 11:50 A.M., an interview was conducted with the PS. The PS stated, the thermostats to control resident room temperatures were controlled by the nursing staff, and could be set as low as 64 degrees.</p> <p>Per the facility Policy, titled Quality of Life, revised 5/07, "...Facilities ... must maintain a temperature range of 71° - 81° F"</p>	F 584	<p>the facility or remotely.</p> <p>Completion Date: 1/10/2019</p>		