

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

PRINTED: 01/30/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555657	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2019
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NAME OF PROVIDER OR SUPPLIER CARLMONT GARDENS NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002
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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
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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during an investigation of an Abbreviated Standard Survey. Inspection was limited to the specific incident investigated and does not represent the findings of a full inspection of the facility. For Facility Reported Incident no. CA584429 regarding Resident/Patient/Client Abuse, the Department was able to substantiate a violation of Federal regulations and issued a deficiency. Representing the California Department of Public Health: 31794, Health Facilities Evaluator Nurse Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in	F 000		
F 609 SS=D		F 609	<p style="text-align: right; color: red;">MAR 25 2019</p> <p>F 609</p> <p>Residents involved in incident met with Administrator and Director of Social Services to discuss situation and options for resolving differences. They agreed to eat at separate tables if both are dining at the same time. Both residents appeared to be satisfied with this solution.</p> <p>Employees who participate in staffing the dining areas are trained to be vigilant for any suggestion of disharmony. If any signs are observed, the residents are immediately separated and placed at two different tables. In some cases, a resident may be escorted to his or her room with their meal served in that location.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Sluigen	TITLE Administrator	(X6) DATE 2-15-19
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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 609	<p>Continued From page 1 accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure a Summary of the Investigation of abuse was reported to the State Agency (SA): the California Department of Public Health (CDPH) within the required five (5) working days of the incident.</p> <p>This deficient practice failed to ensure a complete investigation of an abuse incident was conducted, and had the potential for abuse to continue.</p> <p>Findings:</p> <p>A review of the Facility Reported Incident (FRI) received by the SA on 4/26/18, indicated two residents (Resident 1 and Resident 2) were eating lunch in the dining room. Resident 1 sat at the same table with Resident 2. Resident 2 became upset and made a comment that he would be able to trip Resident 1's wheelchair. Resident 1 responded by using profane language to Resident 2.</p> <p>During an interview with Resident 1 on 6/28/18 at 2:54 PM, Resident 1 stated they were eating lunch and Resident 2 told her to move. Resident 1 stated Resident 2 said, "I'll kick your butt."</p>	F 609	<p>While it is challenging to predict or prevent every type of disagreement or confrontation, a careful assessment of possible behavioral type is made at the time of admission and with any change of medical condition. If there is any reason to predict that two residents may be confrontational or if past behavioral history suggests that a resident may not function appropriately within a group setting, he/she/they are not placed together within the same area.</p> <p>To date, there has been no further confrontation between the two individuals identified. In conjunction with the facility's quality assurance program, the Director of Social Services and the Activities Supervisor monitor behavior on a regular basis and note satisfactory progress in each resident's quarterly assessments.</p>		2-15-19

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F 609	<p>Continued From page 2</p> <p>Resident 1 stated she was, "scared," and felt Resident 2 was a "threat" to her life</p> <p>During observation on 6/28/18 at 2:50 PM, Resident 2 was walking in the hallway with staff. Resident 2 declined to make an appointment for an interview.</p> <p>During interview with the Administrator on 6/28/18 at 2:35 PM, she verified the alleged abuse between Residents 1 and 2 happened on 4/25/18 at 3:00 PM. The Administrator said it was a "verbal altercation;" it was investigated; there was no "physical contact." When asked, the Administrator acknowledged she did not send a copy of the result of the facility's investigation to the SA within the required timeframe.</p> <p>Review of the untitled document received from the facility that was date stamped 6/20/18, indicated a meeting took place between the residents and the facility staff, including the Administrator, to discuss the "verbal altercation." This document was received by the SA and was date stamped 6/20/18, 40 days after the alleged incident.</p> <p>Review of the facility policy on Abuse Prevention & (and) Reporting with the latest revision date of 1/13, indicated: "1. Purpose: A. To ensure that residents are free from abuse... C. ...specific reports are directed to the... California Department of Public health within specified timeframe... F. The Facility Administrator will be responsible for...Ensuring residents are protected from further abuse... Timely and accurate reporting to the appropriate agencies of any/all abuse..."</p>	F 609			

MAR 25 2019