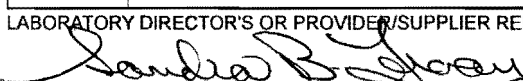


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/08/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/08/2013
NAME OF PROVIDER OR SUPPLIER SHANDIN HILLS BEHAVIOR THERAPY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4164 NORTH 4TH AVENUE SAN BERNARDINO, CA 92407		
(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 abbreviated survey for an entity reported incident CA00344608. The survey conducted on 2/21/13 through 3/8/13. Representing the California Department of Public Health: 28945, HFEN 28445, HFEN An Immediate Jeopardy (IJ) Situation was identified during this abbreviated survey (in which the facility's noncompliance has The IJ was called on PM, in the presence of the Administrator. The facility failed to ensure that residents were consistently supervised and that a closet with exposed sprinkler pipe was kept locked per facility protocol. These failures led to the Because of the facility's failure to consistently supervise residents and follow facility protocol to ensure closets with exposed pipes are kept locked. This put the residents of the facility at risk for injury, serious harm, or death. (refer to F323) The IJ was abated (lifted) on after a plan of correction was accepted by the survey team. The facility plan of correction was validated by the surveyors prior to abatement of the IJ.	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Shandin Hills Behavior Therapy Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency." F323; SS = K; 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES <u>A. What and how corrective action(s) will be accomplished, both temporarily and permanently, for those patients, employees, and/or facility operations identified/found to have been affected by the deficient practice:</u> 1) On 02/21/13 1) Plant Operation Supervisor visually checked facility personnel on shift for facility keys. Facility personnel on shift had keys accounted for. 2) Assistant Administrator and Program Director completed re-education with facility personnel (programming and nursing, working on shift) regarding the maintaining closet doors locked and	STATE DEPT. OF HEALTH SERVICES 13 MAR 18 PM 2:22 SAN BERNARDINO COUNTY	
F 323	483.25(h) FREE OF ACCIDENT	F 323		E. Dates when corrective action will be completed 3/18/13	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 03-18-13
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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 323 SS=K	<p>Continued From page 1 HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that residents were consistently supervised and that a closet with an exposed sprinkler pipe was kept locked per facility protocol. This failure led to the</p> <p>Because of the facility's failure to consistently supervise residents and follow facility protocol to ensure closets with exposed pipes are kept locked, Residents of the facility were at risk for</p> <p>Immediate Jeopardy was called on _____, _____ with the Administrator.</p> <p>Findings:</p> <p>During an interview with the facility Administrator on _____ the Administrator stated that on _____ Resident _____ was seen by the facility staff at _____ AM, entering the facility from the courtyard. At _____, lunch was served in the dining room.</p>	F 323	<p>completing hourly Resident Supervision Rounds and Area Safety/Security Rounds.</p> <p>On 02/22/13</p> <p>3/ The Assistant Administrator and Program Director held re-education with facility staff (programming and nursing) regarding the maintaining closet doors locked and completing hourly Resident Supervision Rounds and Area Safety/Security Rounds.</p> <p>4/ Administrator developed "supervision level protocol and guidelines" – protocol approved by facility governing board.</p> <p>5/ Plant Operations Supervisor visually checked facility personnel for facility keys-facility personnel, working on 02/22/13, had keys accounted for.</p> <p>6/ Administrator began re-education with facility personnel regarding supervision level protocol and guidelines.</p> <p>7/ Assistant Administrator completed re-education with facility personnel regarding supervision level protocol and guidelines.</p> <p><u>B. How the facility will identify other patients, employees, and/or facility operations having the potential to be affected by the same deficient practice and what corrective action(s), both temporarily and permanently, will be taken:</u> As the identified issue affected residents, employees, and facility operations of the residential portions of the facility, the corrective action is the same.</p> <p>On 02/21/13</p> <p>8/ Plant Operation Supervisor visually checked facility personnel on shift for facility keys – facility personnel on shift had keys accounted for.</p> <p>9/ Assistant Administrator and Program Director completed re-education with facility personnel (programming and</p>		03/08/13

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F 323	<p>Continued From page 2</p> <p>At approximately . . . facility staff noticed that Resident had not picked up lunch ticket/diet card. The facility staff began to search for Resident JNA 4 (Certified Nursing Assistant) and a house keeping staff member found Resident. . in his room, inside the The facility staff immediately called 911 and initiated cardio pulmonary resuscitation. According to the Administrator, Resident was discovered with a . . . that is a part of the facility fire sprinkler system. The Administrator stated that prior to the resident's admission to the facility, the resident had a history of . . . , including being on a . . . involuntary for evaluation in an acute hospital for being a . . . for attempting to . . .</p> <p>A tour of the facility was conducted on . . . with the AIT (Administrator In Training) to include Resident room and the closet where the incident took place or . . . It was observed that the closet was a walk-in type closet with a . . . for . . . clothes. There was a pipe noted near the ceiling of the closet. The facility maintenance director provided the measurement; the height of the pipe was measured 7' 6" up from the ground. All of the closets in the facility have an exposed pipe in them. The door to the closet has a lock in the doorknob that has to be unlocked by staff in order to enter. The door has to be pushed shut completely in order for the lock to engage. The door lock showed no evidence of tampering.</p> <p>A review of Resident clinical record on</p>	F 323	<p>nursing, working on shift) regarding the maintaining closet doors locked and completing hourly Resident Supervision Rounds and Area Safety/Security Rounds.</p> <p>On 02/22/13</p> <ul style="list-style-type: none"> 3) The Assistant Administrator and Program Director completed re-education with facility (programing and nursing) regarding the maintaining closet doors locked and completing hourly Resident Supervision Rounds and Area Safety/Security Rounds. 4) Administrator developed "supervision level protocol and guidelines" – protocol approved by facility governing board. 5) Plant Operations Supervisor visually checked facility personnel for facility keys – facility personnel working on 02/22/13, had keys accounted for. 6) Administrator began re-education with facility personnel regarding supervision level protocol and guidelines. 7) Assistant Administrator completed re-education with facility personnel regarding supervision level protocol and guidelines. 8) Staff Development Coordinator contacted facility personnel via phone to verbally verified facility personnel have facility keys and ensured prior to entering unit, facility person met with Staff Development Coordinator for re-education regarding Supervision level protocol and guidelines and Resident Supervision Rounds and Area Safety/Security Rounds. 9) Staff Development Coordinator will orient newly hired personnel regarding the Supervision Level Protocol and Guidelines. Newly hired personnel will perform a satisfactory return demonstration regarding securing 		03/08/13

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F 323	<p>Continued From page 3</p> <p>_____ revealed that _____ was admitted to the facility on _____ with diagnoses that included _____ that causes _____ and _____ review of the resident's care plans for _____ documented that the resident had a history of _____ this happens 1-3x week." The interventions for this care plan included "All staff to provide resident with a stable, consistent, and supervised environment in order to assist resident in the stabilization of their _____</p> <p>During a review of the _____ Evaluation dated _____ indicated that the resident had a history of _____</p> <p>During a review of the _____ "Assessment Progress Note" dated _____ indicated that the resident had _____ and had stated _____</p> <p>During an interview with the AIT on _____ M, _____ stated that all the staff will be in-serviced regarding locking the closets to include a demonstration of the process. _____ stated that the staff are expected to open the closet for the resident, stand back a few feet to give them privacy, and then close the door and ensure that the lock has engaged. The AIT stated that it has been the facility practice to do it this way. The AIT demonstrated the practice.</p> <p>During an interview with Resident _____ (Resident roommate) on _____, _____ he</p>	F 323	<p>resident closet doors.</p> <p><u>C. What immediate measures will be put into place and/or what systematic changes the facility will make to ensure the deficient practice does not recur:</u></p> <p>Supervision level protocol and guidelines approved by facility governing board. Prior to facility personnel entering unit, supervisory personnel verified facility personnel had facility keys accounted for and facility personnel were re-educated on Supervision level protocol and guidelines and Resident Supervision Rounds and Area Safety/Security Rounds. Facility personnel keys were visually checked and accounted for by February 26, 2013. Registered Nurse and/or Licensed Vocational Nurse prior to signing Resident Supervision Rounds and Area Safety/Security Rounds verified and randomly reviewed, throughout shift, Resident Supervision Rounds and Area Safety/Security Rounds for accuracy of rounds. Registered Nurse and/or Licensed Vocational Nurse completed necessary follow-up for any discrepancies on Resident Supervision Rounds and Area Safety/Security Rounds. Administrator /or designee completes re-education with facility personnel on the policies, procedures, and regulations regarding accidents and injury, including but not limited to, Resident Supervision Rounds and Area Safety/Security Rounds and Supervision level protocol and guidelines.</p> <p><u>D. How the facility plans to monitor its performance to make sure that solutions are sustained (description of the monitoring process and positions responsible for monitoring). The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality</u></p>		

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F 323	<p>Continued From page 4</p> <p>stated that _____ did not want to be bothered with all the questions.</p> <p>On _____, a review was done of the facility document "Resident Supervision Rounds and Area Safety/Security Rounds" dated _____. The form included a list all residents in the facility by their room numbers, and has an area for staff to document the residents' location every hour on the hour. The document showed that Resident _____ was seen by staff at _____ in the "Corridor." The _____ hour had an entry made that was scribbled out and illegible.</p> <p>During an interview with the Administrator on _____, _____ stated that the entry for _____ was erroneously filled out. The Administrator stated that the staff (CNA 1) had "thought" _____ saw the resident at _____ but then realized that _____ had not seen the resident and scribbled the note out. The administrator also stated during _____ interview with CNA 1, who was assigned to Resident _____, which CNA 1 admitted that _____ did not go and check Resident _____. The Administrator stated that the facility has no policy and procedure for the "Resident Supervision Rounds and Area Safety/Security Rounds". _____ stated that the expected practice is that the staff member assigned the supervision rounds will find each resident and confirm their location each hour. The Administrator stated that CNA 1 who was assigned the supervision rounds for Resident _____ did not do that. The Administrator stated that the facility practice was not followed and Resident _____ had not been visualized at _____. The Administrator</p>	F 323	<p><u>assurance system:</u></p> <p>During weekday Rounds and Stand Up meetings, Administrator/or designee, as a member of the Performance Improvement Committee, reviews information received regarding the completion of and documentation of Resident Supervision Rounds and Area Safety/Security Rounds and necessary actions taken regarding Resident Supervision Rounds and Area Safety/Security Rounds discrepancies. Necessary follow through to address identified issues. Staff Development Coordinator, as a member of the Performance Improvement Committee, presents information regarding Resident Supervision Rounds and Area Safety/Security Rounds for review by the Performance Improvement Committee to assure corrective actions are achieved and sustained. As needed, Administrator/or designee continues re-education with facility personnel on the policies and procedures regarding accidents and injury, including but not limited to, Resident Supervision Rounds and Area Safety/Security Rounds and Supervision level protocol and guidelines. Staff Development Coordinator completes re-education with facility personnel on Supervision Level Protocol, Resident Supervision Rounds and Area Safety/Security Rounds including, but not limited to, notifying supervisory personnel of Resident Supervision Rounds and Area Safety/Security Rounds discrepancies. Supervisory personnel notify facility Administration if facility personnel keys are not accounted for. Health Information Manager, as a member of the Performance Improvement Committee, completes weekday reviews of Resident Supervision Rounds and Area Safety/Security Rounds to ensure accurate completion of such and</p>		

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F 323	<p>Continued From page 5</p> <p>stated all closet keys held by facility staff have been accounted for, including the direct care staff and maintenance/housekeeping staff. The Administrator stated that their investigation showed that the resident's closet had not been shut completely and that is how the resident had access to the closet. The Administrator stated that did not know which staff had last opened the closet door in Resident room on 03/07/13.</p> <p>During an interview with the Administrator on 03/07/13, stated that CNA 1, who was assigned to do rounds on 03/07/13 at the time of the incident for all of the 47 residents including Resident, was put on suspension. CNA 1 was not available for interview.</p> <p>During a telephone interview with the AIT on 03/07/13 PM, stated that the procedure for doing rounds every hour and for opening the closets for the residents is not in writing but is a practice that is demonstrated to the staff during orientation.</p> <p>On 03/07/13, a review was done of the facility resident "Diagnosis Report" dated 03/07/13. The report showed that all of the facilities 47 residents (current census) have a diagnosis with one of the following diagnosis, "I am having a hard time telling the difference between what is real and not real, marked by..."</p> <p>causes both a loss of contact with reality and/or... where the person...</p>	F 323	<p>report discrepancies during weekday Rounds and Stand Up meetings. Performance Improvement Committee to assure corrective actions are achieved and sustained.</p>		

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F 323	<p>Continued From page 6</p> <p>has extreme _____s including _____</p> <p>During an interview with the AIT on _____ at _____ M, the AIT stated that all of the residents in the facility have been put on conservatorship or temporary conservatorship pending conservatorship, due to either being an extreme _____ themselves, others, or gravely disabled. All of the residents are placed in the facility by the Department of Behavioral Health because they are unsafe to be in the community.</p> <p>On _____ it _____ a review of the documents "Resident Supervision Rounds and Area Safety/Security Rounds" from _____ through _____ was done. The review revealed 4 instances where there was no documentation of the location of the resident at a specific hour; Resident _____ was not visualized on _____ AM, Resident _____ and Resident _____ were not visualized on _____ M, and Resident _____ was not visualized on _____.</p> <p>An interview was conducted with the AIT on _____ regarding this issue. The AIT stated that _____ had no explanation as to why these times were left blank for these residents. _____ stated that since the incident they are auditing the rounds daily to ensure that they are being done properly and that all residents are accounted for at all times.</p> <p>On _____, CNA 2 was interviewed. The CNA stated that the procedure for rounds is for the staff to go room to room to look for each resident and checks that all the</p>	F 323			

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F 323	<p>Continued From page 8</p> <p>12:30 PM. The CNA stated that on the day of the incident, _____ was monitoring the hallway. The lunch started a few minutes late, at about _____ asked what residents still needed to get lunch. _____ was given names and went to go prompt the residents to come for lunch. _____ prompted the other residents but was unable to find Resident _____, so _____ went to the dining room to see if the resident was there. _____ checked with the staff in the dining room and the staff informed her they had not seen him (including the staff that had done the 12:00 rounds). _____ went to check the bathroom and the visiting room and when _____ was unable to find him everyone began a search. CNA 4 stated that _____ and the housekeeper went to the resident's room to check _____ closet and found the resident _____ from the _____ with a _____.</p> <p>_____ stated that _____ called a code blue and _____ and the housekeeper held the resident up to try to loosen the _____.</p> <p>_____ stated that the LVN came in then and they were able to get _____ down and started CPR. _____ stated that there were black shoe marks up the wall from the resident's shoes. The CNA further stated that they do rounds every hour and must go to look for the residents. _____ stated that they are trained on this practice when they get oriented and have in-services during the year.</p> <p>During an interview with the DON or _____, the DON stated that the focus of the rounds is safety. _____ further stated that the expectation is for the staff to search for the resident the first minute that the resident is unaccounted for.</p> <p>Because of the facility's failure to have a system</p>	F 323			

5). All facility personnel to be in-serviced by the Administrator or the AIT on the above prior to working in the facility with the residents by _____					
The Plan of Correction was accepted on February 22, 2013 at 9:15 PM.					
On February 22, 2013 at 9:15 PM, the survey					