

California Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA070000086 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/05/2011 |
| NAME OF PROVIDER OR SUPPLIER SAN TOMAS CONVALESCENT HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 3580 PAYNE AVENUE SAN JOSE, CA 95117 MAY 18 2011 | | | |
| (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) COMPLETE DATE |
| A 000 | Initial Comments The following reflects the findings of the California Department of Public Health during investigation of a complaint conducted 4/1/11 to 5/5/11. For Complaint CA00263606 regarding Quality of Care, the Department identified State deficiencies (see California Code of Regulations, Title 22, Sections 72311(a)(1)(A), 72311(a)(1)(B), 72313(a)(1)). A Class "B" State citation was also identified (see California Code of Regulations, Title 22, Section 72527(a)(11)). Investigation was limited to the complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health was 28150, Health Facilities Evaluator Nurse. | A 000 | Preparation and or/ execution of this Plan of Correction does not constitute admission or agreement by the provider to the truth of the facts alleged or conclusions set forth on this Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because of the Provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq require it. This Plan of Correction constitutes our credible allegation of compliance. | | |
| A 163 | T22 DIV5 CH3 ART3-72311(a)(1)(A) Nursing Service--General (a) Nursing service shall include, but not be limited to, the following: (1) Planning of patient care, which shall include at least the following: (A) Identification of care needs based upon an initial written and continuing assessment of the patient's needs with input, as necessary, from health professionals involved in the care of the patient. Initial assessments shall commence at the time of admission of the patient and be completed within seven days after admission. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assess one of five sampled patients (1) for the use of full side rails. | A 163 | A 163 Corrective Actions: The Licensed Nurse initiated and completed bed rail assessment for Resident 1 on April 1, 2011. The Interdisciplinary Team assessed Resident 1 for a least restrictive measure by replacing the full split rails to two (2) upper half rails for functional mobility on April 1, 2011. How other residents having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken: The Licensed Nurse assessed residents requiring bed rail/s beginning April 1, 2011 and completed on April 7, 2011 to ensure that residents are assessed for bed rail/s necessity. The Director of Nursing and Director of Staff Development reviewed policy and procedure for bed rails to nursing staff to ensure awareness and compliance on 5/16/2011 till 5/18/2011. | | |

Licensing and Certification Division

LABORATORY DIRECTOR'S OR

STATE FORM

SIGNATURE

5899

Z7QB11

TITLE

Director of Nursing

(X6) DATE

5/16/11

If continuation sheet 1 of 6

California Department of Public Health

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| A 163 | <p>Continued From page 1</p> <p>Findings:</p> <p>Patient 1 was admitted to the facility with diagnoses including dementia and depression. The Minimum data Set (MDS), an assessment tool dated 2/6/11 indicated Patient 1 had both short term and long term memory problems. The MDS indicated the patient needed assistance with transfer and mobility and had no decreased range of movement in all extremities.</p> <p>During observation on 4/1/11 at 2:10 p.m., Patient 1 was lying in a bed high off the ground with full side rails on both sides of the bed. She was awake, alert and answered questions correctly. Patient 1 stated "come here--I want to talk to you."</p> <p>During interview on the same date and time, Patient 1 stated certified nurses assistants (CNA) wheeled her from the dining room and put her in bed. She stated she was upset because they did this all the time. She stated they made her think she was "Going crazy." When asked how long this had been going on she stated "It's the culture here." She pointed to the side rails and stated she was 90 years old and they want to "Keep me from getting out of bed." She said the CNAs did not ask if she wanted to be in bed after lunch. She stated "He just left me here and walked away." She stated "Is something wrong with me? Someone should please tell me." She indicated she liked to be around people and talk.</p> <p>A record review on 4/1/11 indicated Patient 1 was also not assessed for full side rail use. A "Fall prevention and management" assessment dated 2/16/11 completed by a licensed nurse indicated Patient 1 had no falls in the last quarter. The side rails were not coded in the MDS assessment.</p> | A 163 | <p>SYSTEMIC CHANGES</p> <p>The MDS Coordinator will assess each resident for bed rails and attempt for least restrictive measures on quarterly, annual, significant change in condition and PRN as resident MDS is due.</p> <p>The Licensed Nurse will initiate a bed rails assessment at the time of resident admission and must be completed within seven (7) days after admission.</p> <p>A Resident profile is placed on each resident beginning May 16,2011 and on going as a tool in making staff aware of resident's need for bed rail/s or other devices. This will be found in each resident's ADL book and will be updated PRN by the Licensed Nurses.</p> <p>How the facility plans to monitor its performance to ensure corrections are achieved and sustained:</p> <p>The Registered Nurse Supervisor/Designee will conduct daily rounds and review at least two (2) residents daily if there is an assessment for bed rail/s, this will be done through observation of care, review of clinical records and interview with resident and staff.</p> <p>Issues of non compliance will be brought to the attention of the QA Committee during monthly meetings for tracking, trending and further resolution.</p> <p>Dates When corrective Action will be completed: May 20, 2011.</p> | |

CALIFORNIA DEPARTMENT
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California Department of Public Health

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| A 163 | <p>Continued From page 2</p> <p>The "Resident Data Set" assessment form under devices and restraints was not checked off for side rails. The record also indicated a least restrictive alternative interventions was not attempted prior to placing side rails</p> <p>During interview on 4/1/11 at 2:05 p.m., certified nurses assistant A (CNA A) stated the side rails were placed to prevent Patient 1 from falling. He stated "That was routine" for her. On 4/6/11 at 8:45 a.m., CNA A stated sometimes Patient 1 tried to climb out of bed because she wanted to go home or use the bathroom.</p> <p>During interview on the same date at 2:10 p.m., licensed nurse A (LN A) stated she was aware Patient 1 had both full side rails raised on her bed. She also stated the side rails were not coded in the MDS. She did not respond when asked if Patient 1 was assessed prior to placing the side rails.</p> <p>During interview on the same date at 2:40 p.m., the director of nurses (DON) reviewed the record and stated Patient 1 was not assessed prior to placing side rails.</p> <p>The facility's policy and procedure "Side rails" dated 4/10 indicated the following</p> <ul style="list-style-type: none"> -A side rail assessment should be completed by the licensed nurse -Other least restrictive approaches to side rails will be utilized prior to the use of side rails, for example; low bed, mattress on the floor, pain assessment and prompt management, use of toileting program, and bed alarms <p>It also indicated that side rails should be reviewed periodically to make adjustments to the plan of care.</p> | A 163 | | | |

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| A 164 | <p>T22 DIV5 CH3 ART3-72311(a)(1)(B) Nursing Service--General</p> <p>(a) Nursing service shall include, but not be limited to, the following: (1) Planning of patient care, which shall include at least the following: (B) Development of an individual, written patient care plan which indicates the care to be given, the objectives to be accomplished and the professional discipline responsible for each element of care. Objectives shall be measurable and time-limited.</p> <p>This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop an individualized care plan for one of five sampled patients (1) who had bilateral side rails. Findings:</p> <p>Patient 1 was admitted to the facility with diagnoses including dementia and depression. The Minimum data Set (MDS), an assessment tool, dated 2/6/11 indicated Patient 1 had both short term and long term memory problems. The MDS indicated the patient needed assistance with transfer and mobility and had no decreased range of movement in all extremities.</p> <p>During observation on 4/1/11 at 2:10 p.m., Patient 1 was lying in a bed high off the ground with full side rails on both sides of the bed.</p> <p>During record review on 4/1/11, there was no care plan for full side rails found in the record.</p> <p>During interview on the same date at 2:40 p.m., the director of nurses (DON) reviewed the record and stated there was no care plan.</p> <p>During interview on 4/6/11 at 8:30 a.m., licensed</p> | A 164 | <p>A 164</p> <p>Corrective Actions:</p> <p>The Resident 1 care plan was updated by the Registered Nurse on April 1, 2011 after bed rail assessment was done. The care plan includes measureable goals/objectives to meet resident's medical, nursing and psychological needs.</p> <p>How the other residents having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken:</p> <p>The Licensed Nurses reviewed and and updated resident's care plan pertaining with the use of side rails on April 1, 2011 and completed on April 6, 2011.</p> <p>The Director of Nursing Services reviewed with Licensed Nurses regarding comprehensive care planning which includes developing care plan with measureable goals and objectives to meet resident's needs on May 16, 2011.</p> <p>SYSTEMIC CHANGES:</p> <p>The MDS Coordinator and Interdisciplinary Team will review, update resident's accuracy of care plan within 14 days of admission then quarterly, annual and Significant change/PRN following MDS due date.</p> <p>The Licensed Nurse will initiate a care plan after assessment completion on daily basis for updates or revisions if applicable.</p> | | |

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| A 164 | Continued From page 4 nurse B (LN B) stated staff should have care planned the side rails. The facility's undated policy and procedure "Comprehensive care plan" indicated the facility should develop care plan with measurable objectives and goals to meet the patient's medical, nursing and psychological needs. | A 164 | How the facility plans to monitor its performance to ensure corrections are achieved and sustained: The Registered Nurse Supervisor will review at least two (2) resident's clinical records daily to ensure that bed rail/s are care planned when applicable. Issues of non compliance will be brought to the attention of QA Committee during the monthly meetings for tracking, trending and further resolution. Dates when corrective actions will be completed: May 20, 2011 | |
| A 178 | T22 DIV5 CH3 ART3-72313(a)(1) Nursing Service--Administration of Medication (a) Medications and treatments shall be administered as follows: (1) No medication or treatment shall be administered except on the order of a person lawfully authorized to give such order. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to obtain a physician's order for side rails for one of five sampled patients (1). Findings: Patient 1 was admitted to the facility with diagnoses including dementia and depression. The Minimum Data Set (MDS), an assessment tool, dated 2/6/11 indicated Patient 1 had both short term and long term memory problems. The MDS indicated the patient needed assistance with transfer and mobility and had no decreased range of movement in all extremities. | A 178 | A 178 CORRECTIVE ACTION: The Licensed Nurse obtained a physician's order from attending physician for Resident's 1 bed rails for functional mobility on April 1, 2011. How other residents having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken: The Licensed Nurses reviewed residents using bed rail/s on April 1, 2011 till April 7, 2011 to ensure that resident's requiring bedrail/s have physician order in placed. Orders were obtained from resident's attending Physician if needed. | |

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| A 178 | <p>Continued From page 5</p> <p>During observation on 4/1/11 at 2:10 p.m., Patient 1 was lying in a bed high off the ground with full side rails on both sides of the bed. She was awake, alert, and answered questions correctly.</p> <p>A record review done on 4/1/11 indicated there was no physician order for the side rails.</p> <p>During interview on 4/1/11 at 2:05 p.m., certified nurses assistant A (CNA A) stated the side rails were placed to prevent Patient 1 from falling. When asked if there was an order for the side rails, he stated "No one have said anything. I don't know."</p> <p>During interview on the same date at 2:10 p.m., licensed nurse A (LN A) stated she was aware Patient 1 had both side rails raised on the bed. She reviewed the record and stated she could not find a physician order for side rails.</p> <p>During interview on the same date at 2:40 p.m., the director of nurses (DON) reviewed the record and stated there was no physician order for side rails.</p> <p>During interview on 4/6/11 at 8:30 a.m., LN B stated a physician order was needed before the use of side rails.</p> <p>The facility's undated policy and procedure "Physician's orders" indicated all treatments for patients should be ordered by a licensed physician.</p> | A 178 | <p>The Director Of Nursing reviewed policy and procedure on Administration of Medication and Treatment to nursing staff on May 16, 2011.</p> <p>SYSTEMIC CHANGES:</p> <p>The Registered Nurse Supervisor will conduct daily rounds and will at least review (2) two charts daily to ensure that physician order is in placed if resident is requiring a bed rail/s.</p> <p>How the facility plans to monitor its performance to ensure corrections are achieved and sustained:</p> <p>Issues of non compliance will be addressed by the Director of Nursing with the Licensed Nurses and progressive discipline will be followed.</p> <p>Issues found of non compliance will be reported monthly to the QA committee for further discussion and resolution</p> <p>Dates when corrective action will completed: May 20, 2011.</p> | | |

MAY 18 2011

LICENSING DIVISION
SAN JOSE

5/10/11 3:09pm POC was accepted with changes received by FAX from [redacted] was satisfied by [redacted]

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

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| | <p>The following reflects the findings of the Department of Public Health during a Complaint Investigation visit:</p> <p>CLASS B CITATION -- PATIENT RIGHTS 07-2346-0008139-S Complaint(s): CA00263606</p> <p>Representing the Department of Public Health: Surveyor ID # 28150, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>Title 22 72527(a)(11) Patients' Rights (a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right: (11) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs.</p> <p>The facility failed to respect individuality when three of five sampled patients (3, 4, and 5) waited in a line in the hallway to take a shower. The facility failed to treat patients with dignity</p> | | <p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider to the truth of the facts alleged or conclusions set forth on this Statement of Deficiencies.</p> <p>This Plan of Correction is prepared and/or executed solely because of the Provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq require it.</p> <p>This Plan of Correction constitutes our credible allegation of compliance.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH MAY 10 2011 & C. DIVISION SAN JOSE</p> <p>CORRECTIVE ACTIONS:</p> <p>The facility purchased and installed water heater in Unit 2 on March 17, 2011.</p> <p>The Maintenance staff monitor functioning of the new installed water heater through testing of the water temperature daily beginning May 9, 2011 for 30 days then weekly thereafter.</p> <p>The department heads interview residents in Unit 2 to ensure the proper functioning of the new installed water heater and discussed in the morning stand up meeting for any issues beginning May 9, 2011.</p> <p>The Director of Staff Development conducted inservice to Certified Nursing Assistants beginning May 9, 2011 and ongoing regarding resident's rights and dignity. Topic include; testing of water temperature prior to shower</p> | | |

Event ID: Z7Q811

5/9/2011

11:37:25AM

[redacted] ER REPRESENTATIVE'S SIGNATURE

[redacted] TITLE

[redacted] (X6) DATE 05/10/2011

Any deficiency statement citing an "excused" deficiency denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for nursing homes, the findings 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 not accepted 5/10/11. 2 Voice mail was left on [redacted]

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| | <p>Continued From page 1</p> <p>when they failed to provide a comfortable water temperature for one of five sampled patients (2). A certified nurse assistant sprayed hot water on Patient 2's scrotum, and on different occasions, sprayed cold water on his body.</p> <p>The facility's water heater on nursing Station 2 broke on 3/15/11. Patients lined up in the Station 1 hallway every morning and waited to take a shower. The water heater was not replaced until 3/17/11.</p> <p>1. Patient 3's Minimum Data Set (MDS, an assessment tool) dated 2/22/11 indicated she had no memory problem and was able to make her own decisions.</p> <p>During interview on 4/1/11 at 2:32 p.m., Patient 3 stated they have been "Out of hot water for 2-3 weeks." She stated the water had been cold and they had been taking showers in station 1 where everybody waited in line to take a shower in the morning. She stated it was not a good experience. She stated she was upset that the facility allowed that to occur.</p> <p>2. Patient 4's MDS dated 3/9/11 and 7/15/10 indicated she had short-term memory loss but was cognitively intact. During interview on the same date at 2:34 p.m., Patient 4 stated it was not a nice experience to line up every morning farther away from her room just to take a shower. She stated after waiting several times she requested to be bathed in her room instead of going to station 1.</p> | | <p>by using staff own hands in testing water temperature to avoid any complications relating to out of range water temperatures, to report any uncomfortable water temperature to maintenance staff as soon as possible and inform Certified Nursing Assistants of possible adjustment of shower schedule in case the problem arises, proper application of body cover to maintained dignity / privacy during transport to shower room and appropriate approach in informing residents of any issue involving their care.</p> <p>The Director of Staff Development will conduct in service beginning May 10, 2011 to all Licensed Nurses to ensure that in case of water heater problem that shower schedules must be adjusted to accommodate individual resident needs/ prevent waiting in line for shower and that all Certified Nursing Assistants will be informed of issue and plan of care.</p> <p>The interdisciplinary team will inform resident or responsible party if similar issue of hot water arises and action plan.</p> <p>The Social Service Staff interviewed Resident 2, 3, 4 and 5 regarding any care issues particularly in accommodation of needs according to their preference on May 9, 2011. Resident 2, 3, 4 and 5 verbalized contentment with their care including their scheduled showers without waiting in line and staff respecting their individuality, privacy and dignity.</p> | |

Event ID: Z7QB11

5/9/2011

11:37:25AM

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

TITLE

(X6) DATE

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| | <p>Continued From page 2</p> <p>3. Patient 5's MDS dated 2/7/11 indicated she had no memory problem and was cognitively intact.</p> <p>During interview on 5/5/11 at 9:30 a.m., Patient 5 stated to imagine patients wrapped with shower blankets sat in the hallway waiting to take a shower. She stated "It's grumpy." Patient 5 stated she was scheduled to shower two days in a week and to be rushed while she was trying to get "A good shower was not ok." She stated she was concerned for other patients who were also waiting to be showered.</p> <p>4. During observation on 4/1/11 at 1:44 p.m., Patient 2 was alert, awake, and sat in the wheelchair in his room. His MDS dated 3/3/11 indicated Patient 2 was moderately impaired with decision making.</p> <p>During interview on 4/1/11 at 1:44 p.m., Patient 2 was asked about the shower water temperature. He stated the temperatures were sometimes cold and sometimes too hot. He stated one time during a shower, a staff opened the shower head and sprayed cold water on him. He stated he told the staff he liked warm water for a shower. On another day, he stated a CNA sprayed hot water on his scrotum. He stated "Do you know how that feels? That was cruel." He stated "I don't think you will like that."</p> <p>During interview on 5/5/11 at 8:30 a.m.,</p> | | <p>B. THE TITLE OR POSITION OF THE PERSON RESPONSIBLE FOR CORRECTION:</p> <p>The Administrator and Maintenance are responsible for the correction.</p> <p>C. DESCRIPTION OF THE MONITORING PROCESS TO PREVENT RECURRENCE OF THE DEFICIENCY:</p> <p>The Maintenance Staff will develop a daily water log effective May 9, 2011 for the next 30 days and weekly thereafter.</p> <p>The Administrator or designee will do at least one (1) shower room random water temperature check five times a week to ensure compliance.</p> <p>The Director of Staff Development or designee will randomly monitor resident's shower five times a week to ensure that resident's rights are respected/maintained on resident's perspectives which includes proper application of body covers during transport to the shower room, water temperature within comfortable range and maintaining resident's individuality, this will be done through resident's interview and observation. Any findings during the random check will be discussed in the standup meeting every Monday to Friday with the department heads and documented in the Daily Standup Meeting Minutes starting May 11, 2011.</p> | |

Event ID: Z7QB11

5/8/2011

11:37:25AM

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

TITLE

(X6) DATE

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. Except for nursing homes, the findings 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 required to continued program participation.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065884 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 05/05/2011 |
| NAME OF PROVIDER OR SUPPLIER SAN TOMAS CONVALESCENT HOSPITAL | | STREET ADDRESS, CITY, STATE, ZIP CODE 3680 PAYNE AVENUE, SAN JOSE, CA 95117 SANTA CLARA COUNTY | | |
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| | <p>Continued From page 3</p> <p>licensed nurse A (LN A) stated she was aware there was no hot water for two days on nursing station two (2). She stated there was a waiting line in Station one (1) due to the extra number of patients coming from Station 2 to take a shower. She stated there was only one shower room on Station 1. LN A acknowledged the hot water shut-off in Station 2 inconvenienced the patients.</p> <p>During interview on the same date at 8:50 a.m., certified nurse assistant B (CNA B) stated Station 2 had four shower rooms while Station 1 had only one shower room. CNA B stated when the hot water heater was shut off, they were instructed to take patients to Station 1 for showers. She stated unlike Station 2 which had four showers, the shower room in Station 1 accommodated one patient at a time. As a result, many patients lined up and waited for their turn to shower. CNA B stated the water was shut off from 3/15/11 to 3/17/11. She stated one of the patients was upset because people were knocking on the door, so she felt she was being rushed. CNA B stated most patients wanted to know when the shower was going to be fixed. She stated some patients also complained of cold during the waiting time due to the "Air."</p> <p>A record review on 5/5/11 indicated the following shower schedules for patients in Station 2:</p> <p>a. 3/15/11 (Tuesday) 14 patients were scheduled for shower.</p> | | <p>The Social Service Staff will interview at least one (1) resident daily (Mon-Fri) regarding staff recognition of their privacy, respect of individuality and dignity.</p> <p>Any compliance issues pertaining to resident's rights and dignity will be brought out to the QA Committee for review and corrective actions will be discussed during the QA meeting every month for six months then quarterly thereafter.</p> <p>D. DATE THE IMMEDIATE CORRECTION OF THE DEFICIENCY WILL BE ACCOMPLISHED:</p> <p>May 19,2011</p> | |

Event ID:Z7QB11

5/5/2011

11:37:25AM

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

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|---|--|---|--|--------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055884 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/05/2011 |
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| | <p>Continued From page 4</p> <p>b. 3/16/11, (Wednesday) 13 patients were scheduled to shower.</p> <p>The facility's undated policy and procedure "Resident/Patient rights" indicated the facility would protect the rights of patients to a dignified existence.</p> <p>The facility's water heater in nursing station 2 was broken and patients were directed to take showers in station one. There were several patients needing showers during that time period. The facility failed to treat patients as individuals when patients waited in line to take a shower. Hot water can cause scalding and burning in the elderly. The facility failed to treat the patient with respect and dignity when Patient 2 had cold water and then hot water sprayed on him during his shower.</p> <p>The above violation caused or occurred under circumstances likely to cause significant humiliation, indignity, anxiety, or other emotional trauma to patients.</p> | | | | |

Event ID: 27QB11

5/9/2011

11:37:25AM

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TITLE

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