Accepted 5/18/11@2:15p

PRINTED: 05/10/2011 FORM APPROVED

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING C B. WING CA070000086 05/05/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER OF PUBLIC HEALTH 3580 PAYNE AVENUE SAN TOMAS CONVALESCENT HOSPITAL SAN JOSE, CA 95117 MAY 18 2011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX TAG ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX. (EACH CORRECTIVE ACTIONS OUT DE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR USC IDENTIFYING INFORMATION) TAG A 000 A 000l Initial Comments Preparation and or/ execution of this Plan of Correction does not constitute The following reflects the findings of the California admission or agreement by the provider Department of Public Health during investigation to the truth of the facts alleged or of a complaint conducted 4/1/11 to 5/5/11. conclusions set forth on this Statement of Deficiencies. For Complaint CA00263606 regarding Quality of This plan of Correction is prepared and/or Care, the Department identified State deficiencies (see California Code of Regulations, Title 22, executed solely because of the Provisions of Sections 72311(a)(1)(A), 72311(a)(1)(B), Health and Safety Code Section 1280 and 42 72313(a)(1)), A Class "B" State citation was also CFR 483 et seg require it. identified (see California Code of Regulations, This Plan of Correction constitutes our Title 22, Section 72527(a)(11)). credible allegation of compliance. Investigation was limited to the complaint A 163 Corrective Actions: investigated and does not represent the findings of a full inspection of the facility. The Licensed Nurse initiated and completed bed rail assessment for Representing the California Department of Public Resident 1 on April 1, 2011, Health was 28150, Health Facilities Evaluator The Interdisciplinary Team assessed Nurse. Resident 1 for a least restrictive measure by replacing the full split rails to two (2) A 163 T22 DIV5 CH3 ART3-72311(a)(1)(A) Nursing A 163 upper half rails for functional mobility on Service--General April 1, 2011. (a) Nursing service shall include, but not be How other residents having the potential limited to, the following: to be affected by the same deficient (1) Planning of patient care, which shall include at practice be identified, and what corrective least the following: (A) Identification of care needs based upon an action will be taken: initial written and continuing assessment of the The Licensed Nurse assessed residents patient's needs with input, as necessary, from equiring bed rail/s begining April 1, 2011 and health professionals involved in the care of the completed on April 7, 2011 to ensure that patient. Initial assessments shall commence at residents are assesed for bed rail/s necessity. the time of admission of the patient and be completed within seven days after admission. The Director of Nursing and Director of Staff Developement reviewed This Statute Is not met as evidenced by: Based on observation, interview, and record policy and procedure for bed rails to review, the facility failed to assess one of five nursing staff to ensure awareness and sampled patients (1) for the use of full side rails. compliance on 5/16/2011 till 5/18/2011. Licensing and Certification Divi-

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California Department of Public Health

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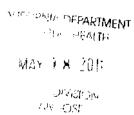
California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C			
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A 163	diagnoses including. The Minimum data tool dated 2/6/11 in short term and long MDS indicated the transfer and mobilit of movement in all of During observation 1 was lying in a bed side rails on both si awake, alert and an Patient 1 stated "co you." During interview on Patient 1 stated cer wheeled her from the bed. She stated she this all the time. She she was "Going crathis had been going here." She pointed the was 90 years old an getting out of bed." ask if she wanted to stated "He just left in She stated "He just left in She stated "Is some Someone should pleshe liked to be arou. A record review on also not assessed for prevention and man 2/16/11 completed to Patient 1 had no fall."	Ited to the facility with dementia and depresent (MDS), an assessificated Patient 1 had term memory problematient needed assisty and had no decreate extremities. It is a support of the ground desort the bed. She was a seried and to the same date and the tified nurses assistant edining room and per was upset because the said they want to "Keep She said the CNAs of the side rails and she they want to "Keep She said the CNAs of the bed after function here and walked attend they want to "Keep She said the CNAs of the side rails and she they want to "Keep She said the CNAs of the side rails and she they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said the CNAs of the said they want to "Keep She said they want to "She she said they want to "She she she she she she she she she she s	ession. ssment d both ems. The tance with sed range n., Patient with full was prrectly. alk to ime, nts (CNA) nut her in e they did her think w long ne culture stated she of me from did not h. She away." !? dicated ent 1 was . "Fall ent dated ndicated The side	A 163	SYSTEMIC CHANGES The MDS Coordinator will asse each resident for bed rails and at least restrictive measures on qua annual, significant change in comPRN as resident MDS is due. The Licensed Nurse will initial bed rails assessment at the time admission and must be complete seven (7) days after admission. A Resident profile is placed or resident begining May 16,2011 a going as a tool in making staff avior fresident's need for bed rail/s or devices. This will be found in ear resident's ADL book and will be PRN by the Licensed Nurses. How the facility plans to moniting performance to ensure correct are achieved and sustained: The Registered Nurse Supervisor will conduct daily rounds and revileast two (2) residents daily if the assessment for bed rail/s, this will through observation of care, revied clinical records and interview with resident and staff. Issues of non compliance will be to the attention of the QA Commiduring monthly meetings for tract trending and further resolution. Dates When corrective Action will be completed: May 20, 2011.	itempt for interly, dition and te a of resident d within n each and on vare other chaptated or its tions T/Designee ew at the is an I be done ew of the chaptated or its tions.		

Licensing and Certification Division STATE FORM

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PRINTED: 05/10/2011 FORM APPROVED California Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B WNG 05/05/2011 CAD70000086 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3580 PAYNE AVENUE SAN TOMAS CONVALESCENT HOSPITAL **SAN JOSE, CA 95117** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX. PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 163 A 163 Continued From page 2 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 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. 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. 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. The facility's policy and procedure "Side rails" dated 4/10 indicated the following -A side rail assessment should be completed by

care. Licensing and Certification Division

the licensed nurse

-Other least restrictive approaches to side rails will be utilitzed prior to the use of side rails, for example; low bed, mattress on the floor, pain assessment and prompt management, use of

It also indicated that side rails should be reviewed periodically to make adjustments to the plan of

toileting program, and bed alarms

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBE			A. BUILDI		(X3) DATE SURVEY COMPLETED C		
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	T22 DIV5 CH3 AR Service-General (a) Nursing service limited to, the following: (B) Development of care plan which individualized care plan which individualized care plan which individualized care plan which individualized care patients (1) who have patient 1 was admidiagnoses includin The Minimum data tool, dated 2/6/11 ishort term and fone MDS indicated the	T3-72311(a)(1)(B) Notes that include, but nowing: ient care, which share if an individual, writt dicates the care to be accomplished and line responsible for bjectives shall be more as evidenced the ion, interview and refailed to develop an plan for one of five and bilateral side rails litted to the facility was dementia and depose (MDS), an assendicated Patient 1 has term memory probatient needed assity and had no decre	Nursing ot be all include at an en patient are given, and the each are assurable expression aression. The areas are and the areas are and the areas are and the areas are	A 164	A 164 Corrective Actions: The Resident 1 care plan was Registered Nurse on April 1, bed rail assessmet was don includes measureable goals/ to meet resident's medical, of psychological needs. How the other residents in potential to be affected by deficient practice be ident what corrective action will. The Licensed Nurses review and updated resident's care pertaining with the use of sid on April 1, 2011 and complet April 6, 2011. The Director of Nursing reviewed with Licensed Nursegarding comprehensive of planing which includes devicare plan with measureable and objectives to meet resident:	s updated by the 2011 after e. The care plate objectives ursing and aving the athe same ified, and be taken: ed and plan e rails ed on Services rases care eloping e goals	he
	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. During record review on 4/1/11, there was no care plan for full side rails found in the record.			needs on May 16, 2011. SYSTEMIC CHANGES The MDS Coordinator and Int Team will review, update resident	erdisciplinary dent's accurac		
				of care plan within 14 days of quarterly, annual and Significa following MDS due date.	ant change/PF		
	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.				The Licensed Nurse will initial care plan after assessment of daily basis for updates or rev	ompletion on	
	During interview or	4/6/11 at 8:30 a.m.	, licensed 📗		applicable.		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER:SUPPLII IDENTIFICATION NO.			(X2) MULT PLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C			
	CAN TOMAS CONVALESCENT HOSPITAL 3580			ADDRESS, CITY, STATE, ZIP CODE AYNE AVENUE				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG TO PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE OATE	
	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. T22 DIV5 CH3 ART3-72313(a)(1) Nursing ServiceAdministration 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.		A 178	How the facility plans to performance to ensure chacked and sustained: The Registered Nurse Supereview at least two (2) residenced and sustained: The Registered Nurse Supereview at least two (2) residenced and further attention of QA Commonthly meetings for track and further resolution. Dates when corrective will be completed: May 20, 2011 A 178 CORRECTIVE ACT The Licensed Nurse obtained a physician's order from attending physcian for 1 bed rails for functional on April 1, 2011.	orrections are pervisor will dent's clinical it bed rail/s are able. will be brought mitte during the ing, trending actions TION: ptained in Resident's			
	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 domentia 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.				How other residents having to be affected by the same practice be identified, and action will be taken: The Licensed Nurses of residents using bed rail April 1, 2011 till April 7, ensure that resident's rebedrail/s have physicial in placed. Orders were from resident's attending if needed.	e deficient what corrective eviewed //s on 2001 to equiring an order obtained		

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/ÇLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING B. WING CA070000086 05/05/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3580 PAYNE AVENUE SAN TOMAS CONVALESCENT HOSPITAL SAN JOSE, CA 95117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) A 178 A 178 Continued From page 5 The Director Of Nursing reviewed During observation on 4/1/11 at 2:10 p.m., Patient policy and procedure on Administration. 1 was lying in a bed high off the ground with full of Medication and Treatment to nursing side rails on both sides of the bed. She was staff on May 16, 2011. awake, alert, and answered questions correctly. SYSTEMIC CHANGES: A record review done on 4/1/11 indicated there was no physician order for the side rails. The Registered Nurse Supervisor will conduct daily rounds and will at During interview on 4/1/11 at 2:05 p.m., certified least review (2) two charts daily to ensure that nurses assistant A (CNA A) stated the side rails physician order is in placed if resident were placed to prevent Patient 1 from falling. is requiring a bed rail/s. When asked if there was an order for the side rails, he stated "No one have said anything. I don't know," How the facility plans to monitor During interview on the same date at 2:10 p.m., ils performance to ensure corrections are licensed nurse A (LN A) stated she was aware achieved and sustained: Patient 1 had both side rails raised on the bed. She reviewed the record and stated she could not Issues of non compliance will find a physician order for side rails. be addressed by the Director During interview on the same date at 2:40 p.m., of Nursing with the Licensed Nurses the director of nurses (DON) reviewed the record and progressive discipline will be and stated there was no physician order for side followed. rails. Issues found of non compliance During interview on 4/6/11 at 8:30 a.m., LN B will be reported monthly to the QA stated a physician order was needed before the committee for further discussion and use of side rails. resolution The facility's undated policy and procedure "Physician's orders" indicated all treatments for patients should be ordered by a licensed Dates when corrective action will physician. completed: May 20, 2011. TRUTCH ARMEN'S TRUTCH TO THE PARTMEN'S STABLE REALTH

I Icensing and Certification Division

California Department of Public Health

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

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SAN TOMAS CONVALESCENT HOSPITAL 1580 PAYNE AVENUE, SAN JOSE, CA 95117 SANTA CLARA COUNTY	NAME OF 98	AVIGES OF SUPPLIES	<u> </u>	STREET ADDRESS	S CITY STATE	7ID COOF			
The following reflects the findings of the Department of Public Health during a Complaint Investigation visit: CLASS 8 CITATION PATIENT RIGHTS 07-2346-0008139 S Complaint(s): CA0283608 Representing the Department of Public Health: Surveyor ID # 28150, HFEN The Inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. The 22 72527(a)(11) Patients' Rights (a) Patients have the rights erand include these rights and procedures which include these rights and procedures which include these rights and procedures which include these rights and full recognition of dignity and individuality, including privacy in troatment and in care of personel needs. The facility failed to respect individuality whon three of five sampled patients (3, 4, and 5) welled in a line in the hallway to take a shower. The facility failed to treat patients with dignity.	•		PITAL	J			DUNTY		
Department of Public Health during a Complaint Investigation visit: CLASS & CITATION PATIENT RIGHTS 07-2346-0008139 S Complaint(s): CA00263608 Representing the Department of Public Health: Surveyor ID # 28150, HFEN The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of this facility. 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 ensure that these rights are not violated. The facility astablish and implement written policles 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 policles 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 cate of personal needs. The facility failed to respect individuality whon three of five sampled patients (3, 4, and 5) welled in a line in the hallway to take a shower. The facility failed to treat patients with dignity.	PREFIX	(EACH DEFICIENCY MUST BE PRECEEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE CROSS-	COMPLETE		
Event ID:27Q811 5/9/2011 11:37:25AM		Department of Public Investigation visit: CLASS B CITATION 07-2346-0008139-S Complaint(s): CA00263 Representing the Depa Surveyor ID # 28150, In the inspection was limited and findings of a full inspection and the famights are not establish and improcedures which shall make a copy the patient and to patient. The policies public upon requestight: (11) To be treated and full recognition including privacy in personal needs. The facility failed to tree facility failed to the	PATIENT RIGHTS 3606 artment of Public Health Section of Public Health Section of the specific fadoes not represent tion of the facility. Rights he rights enumeration of the facility shall ensure violated. The fallement written princlude these of these policies any representation of the facility and treatment and treatment and to respect individual patients (3, the hallway to take	alth: actify the (A) aled in this that these actifices and rights and available to tive of the sible to the have the ion, respect individuality, in care of uality whon 4, and 5) a shower. ty	DE PUBLIC E MAY 10 , & C DIVI SAN JO	Plan of Correction does not core admission or agreement by the to the truth of the facts alleged a conclusions set forth on this State of Deficiencies. This Plan of Correction is prepare executed solely because of the literature and Safety Code Section CFR 483 et seq require it. This Plan of Correction constitution credible allegation of compliance PARIMENT CORRECTIVE ACTIONS: The facility purchased and install the new installed water heater to of the water temperature daily to 9, 2011 (or 30 days then weekly to the water temperature daily to ensure the proper function winstalled water heater and continued in the morning stand up meeting beginning May 9, 2011. The Director of Staff Development inservice to Cortified Nursing Assibeginning May 9, 2011 and ongo resident's rights and dignity. Togetesting of water temperature printers in the setting of the setting	stitute provider provider provider provisions of 1280 and 42 es our e. led water 11. unctioning of hrough testing peginning May thereafter. residents in tioning of the liscussed for any issues of conducted distants ing regarding pic include;		
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enters 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.

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION DENTIFICATION NUMBER:					IPLE CONSTRUCTION	(X3) OATE SURV COMPLETE:	
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te (2 w oo Ti 5r Si ta	hen they failed to imperature for one it. A certified in ater on Patient 2 coasions, sprayed column facility's water toke on 3/15/11. Intion 1 hallway exists a shower. Toplaced until 3/17/11.	e of five samurse assistant is scrotum, and diwater on nursh Patients lined very morning at	pled patients sprayed hot on different ly. ng Station 2 up in the nd wailed to		temperature to avoid any relating to out of range we to report any uncomfortal temperature to maintenal possible and inform Certif Assistants of possible adjusted the problem of body cover dignity / privacy during the room and appropriate appresidents of any issue involved.	ater temperatures, ble water nce staff as soon as fied Nursing istment of shower lem arises, proper to maintained ansport to shower proach in Informing	
1. as ha	Patient 3's Minasessment tool) ad no memory proper own decisions. Patient interview on stated they have a weeks." She stated they have attorn 1 where ever	dated 2/22/11 in blem and was 4/1/11 at 2:32 been "Out of lated the wated been taking ybody waited in	p.m., Patient hot water for thad been showers in line to take		The Director of Staff Development of the Director of Staff Development of the Director of Staff Development of the Director of	ing May 10, 2011 to ure that in case of it shower schedules modate individual vaiting in line for ied Nursing d of issue and plan will inform	
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. 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.					resident or responsible pa of hot water arises and ac The Social Service Staff int 2, 3, 4 and 5 regarding any particularly in accommoda according to their prefere Resident 2, 3, 4 and 5 vert with their care including to showers without waiting it respecting their individual dignity.	tion plan. terviewed Resident y care issues ation of needs nce on May 9, 2011 palized contentment heir scheduled in line and staff	

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

TITLE

(X8) 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 evailable to the facility. If deficiencies are cited, an approved plan of correction is regulate to continued program participation.

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

OR5884 STREET ADDRESS, DITY, STATE, ZIP CODE SAN TOMAS CONVALESCENT HOSPITAL STREET ADDRESS, DITY, STATE, ZIP CODE SAN TOMAS CONVALESCENT HOSPITAL SERO PAYNE AVENUE, SAN JOSE, CA 95117 SANTA CLARA COUNTY SERO PAYNE AVENUE, SAN JOSE, CA 95117 SANTA CLARA COUNTY PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUAL PREFIX REGULATIONY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Continued From page 2 B. THE TITLE OR POSITION OF THE PRESON RESPONSIBLE FOR CORRECTION: The Administrator and Maintenance are responsible for the correction. During interview on 5/5/11 at 9:30 a.m., Patient shower blenkets sat in the hallway walking to lake a showar. She stated Tt's grumpy." Patient 5 stated she was scheduled to shower two days in a week end to be rushed while she was The Maintenance Staff will develop a daily.	COMPLETED 05/05/2011	
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trying to get "A good shower was not ok." She stated she was concerned for other patients at the same was a concerned for other patients and was and weekly thereafter.		
who were also waiting to be showered. 4. During observellon on 4/1/11 at 1:44 p.m Patient 2 was alen, awake, end sal in the wheelche'r in his room. His MDS dated 3/3/11 indicated Patient 2 was moderately impaired with decision making. The Administrator or designee will do at least one (1) shower room random water temperature check five times a week to ensure compliance. The Director of Staff Development or	{	
During interview on 4/1/11 at 1:44 p.m., Patient 2 was asked about the shower weter temperature. He etated the temperatures wers sometimes cold and sometimes too hot. He stated one time during a shower, a sufficient opened the shower hasd 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 acrotum. He alated "Do you know how that feels? That was cruel." He stated "I don't think you will like that." designee will randomly monitor resident's shower five times a week to ensure that resident's rights are respected/maintained on 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 that there will be discussed in the standam department heads and documented in the		
Ourling interview on 5/5/11 at 8:30 a.m., Daily Standup Meeting Minutes starting May 11, 2011.	J	

LABORATORY DIRECTOR'S OR PROVIDERSUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Any deficioncy statement enoling with an asients (*) denotes a deficioncy which the institution may be accurate from correcting providing it is determined that other safeguards provide sufficient protection to the patients. Except for runsing homes, the findings above are discussable 90 days following the falls of survey whether or not a plant of correction is provided. For nursing homes, the above findings and plant of correction are discloseble 14 days following the date those documents are made systlable to the facility. If deficioncies are cited, an approved plan of correction is requisite to continued program participation

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/ISUPPLIER/ISLIA IDENTIFICATION MUMBER: 055884		(X2) MULTIPLE CONSTRUCTION A. B'UILDING D. WING		(XA) DATE SURVEY COMPLETED	
	WOER OR SUPPLIER AS CONVALEBEENT HOS	PITAL	STREET ADDRESS 3550 PAYNE AV	• • • •	zip code Jobe, ca 95117 Santa Clara co	UNTY	
(X4) 10 PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCE: NUST BE PRECEEDED BY MARY BE WENTER BE BEEN BEEN BEEN BEEN BEEN BEEN BEEN	FULL	id Prefix Tag	PROVIDER'S FLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(XA) COMPLETE DATE
Event ID:2	Station 2 had four 1 had only one all when the hot wate were instructed to showers. She states four showers, the eccommodated one result, many patient their turn to showe was shut off frosteted one of the people were knocknishe was being repatients wanted to going to be fixed also complained of due to the "Air." A record review following shower Station 2: a. 3/15/11 (Tues scheduled for shower.	LN A) stated she vater for two days a stated there was a stated there was a from Station 2 there was only LN A acknowled. Station 2 theory was shower room. CNA shower room in patient at a lined up and ar. CNA B ataled ar. CNA B ataled. CNA B	on nursing is a waiting extre number to take a one shower ged the hot nianced the at 8:50 a.m., B) stated while Station 1 for 2 which had Station 1 ime: As a waited for the water 17/11. She set because so she felt stated most shower was me patients in liceted the patients in	11:3	The Social Service Staff will intelleast one (1) resident daily (Morregarding staff recognition of the respect of individuality and dign. Any compliance issues pertaining realdent's rights and dignity will out to the QA Committee for recorrective actions will be discuss the QA meeting every month for then quarterly thereafter. D. DATE THE IMMEDIATE CORRIDOR THE DEFICIENCY WILL BE ACCOMPLISHED: May 19,2011	i-Fri) eir privacy, lty. g to be brought sew and sed during r six months	

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

TILE

(KB) DATE

Any deficiency statement ending with an estatisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient prosection to the patients. Except for nursing homes, the findings above are disclosable 97 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

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STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER				(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		055884		A BUILDING		- 05/	05/2011
L		0434				-	
	OVIDER UR SUPPLIER		STREET ADDRESS				
SAN TOM	AS CONVALESCENT HOS	SPITAL	3580 PAYNE AV	ENUE, SAN JO	DSE, CA 95117 SANTA CLA	RA COUNTY	
(X4) ID PREFIX TAG				ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	<u> </u>					 _
			iambaara				
	b. 3/16/11, (We scheduled to shower.	dnesday) 13 pat	ients were				
	The facility's und	ated policy and	procedure				
	"Resident/Patient ri		the facility	j			j
	would protect the	rights of pati	ients to a				
	dignified existence.			j			
	The facility's water	heater in nursing	g station 2				
	was broken and p			l ! :			}
	showers in stetion patients needing						
	period. The facility	-	ì	1			}
	individuals when pa	itients waited in	line to take				
1	a shower. Hot wa		- 1	-			
	burning in the elde the patient with		ignity when				
	Patient 2 had cold	•					
	sprayed on him during	his snower.					
	The above violation	n caused or nor	under				
		ely to cause	significant	1			
		anity, anxiety,	-				
	emotional trauma to pa	atients.		į			
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	}		j				
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l				i			}
	}						
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Event ID:			5/9/2011	11.37.2			
LABORATOR	RY DIRECTOR'S OR PROVID	ER/SUPPLIER REPRES	ENTATIVE'S SIGNA	TURE	TIT_E		(X6) DATE

Any deficiency elatement 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 requisite to continued program participation.

State-2567