

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

POC ACCEPTED 08/16/22  
36500

PRINTED: 08/04/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>08/01/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WELLSPRINGS POST ACUTE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>44445 NO.15TH ST. WEST LANCASTER, CA 93534</b>		
(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 investigation of a complaint. Complaint Number: CA00793553  Representing the Department: Health Facilities Evaluator Nurse: 36500  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was identified for complaint number: CA00793553 (Refer to Ftag 825). Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2)  §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must-  §483.65(a)(1) Provide the required services; or  §483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act.	F 000	F 000 INITIAL COMMENTS  This Plan of Correction(POC)serves as our Credible Allegation of Compliance. The Facility will be in substantial compliance on or before 09-01-22. This plan of correction does not admit guilt to any of the alleged violations nor does not interfere with the right to contest or appeal the alleged violations  F 825 Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2)  It is the policy of this facility to ensure a physician's order for physical and occupational therapy evaluation be conducted timely and as ordered.  1. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;  - Resident 1 is still in the facility. A PT and OT eval was done by the PT and OT in accordance with the PCP orders. Completed by 08/12/2022.		
F 825 SS=D		F 825			

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. (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 825	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a physician ordered physical and occupational therapy evaluation was conducted for one of seven sampled residents (Resident 1).</p> <p>This deficient practice placed Resident 1 at risk for not receiving specialized rehabilitative services to assist the resident to attain, maintain, or restore their highest practicable level of physical, mental, functional, and psycho-social wellbeing.</p> <p>Findings:</p> <p>A review of the Admission Record indicated the facility initially admitted Resident 1 on 10/31/2018, with diagnoses including spastic (a condition in which muscles stiffen) hemiplegia (paralysis of one side of the body) affecting left dominant side, neuralgia (pain caused by damaged nerves and neuritis (inflammation of a nerve), and chronic pain syndrome.</p> <p>A review of the Minimum Data Set (MDS - a comprehensive standardized assessment and screening tool), dated 5/13/2022, indicated Resident 1's cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision-making were intact. The MDS indicated Resident 1 had functional limitation in range of motion on both lower extremities. The MDS also indicated Resident 1 was not receiving occupational and physical therapy services during the look back period (time frame for observation) of the assessment.</p>	F 825	<p>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>- All resident's health records were reviewed by the rehab director and case manager to check for Rehab request, rehab orders, and/or authorization for rehab orders, for review by the PT and OT, and provided rehab service in accordance to PCP orders. Completed on or before 09/02/2022.</p> <p>3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>- The Case Manager and Rehab Director will coordinate, and review rehab orders, and review with the DON and/or her designee their findings on a weekly basis to ensure that residents with orders for rehab are provided timely and as ordered by resident's PCP.</p>		

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F 825	<p>Continued From page 2</p> <p>A review of Resident 1 ' s History and Physical examination, dated 5/3/2022, indicated the resident had normal cognition.</p> <p>During an interview on 8/1/2022 at 10:18 a.m., Resident 1 stated the facility had not addressed her request for physical therapy services.</p> <p>A review of Resident 1 ' s progress notes, dated 11/19/2021, by the Director of Rehabilitation (Rehab) Services (DRS), indicated that Resident 1 requested to be on rehab services to increase strength, functional mobility, and activity tolerance. The note indicated Resident 1 may benefit from PT/OT services for PT evaluation, OT evaluation, therapeutic exercises, therapeutic activities, neuromuscular re-education, self-care management and gait training if able, to address strength, balance, activity tolerance, functional mobility, and activities of daily living (ADL).</p> <p>A review of Resident 1 ' s Order Summary Report indicated a physician order, dated 11/24/2021, for: Physical Therapy (PT) and Occupational Therapy (OT) evaluation with follow-up treatment to address strength, balance, activity tolerance, functional mobility, and activities of daily living training. Diagnoses of including spastic hemiplegia affecting left dominant side, traumatic subarachnoid hemorrhage (bulging blood vessel that bursts in the brain) without the loss of consciousness.</p> <p>A review of Resident 1 ' s Notice of Action letter, indicated the insurance company authorized the request for OT and PT evaluation on 11/24/2021.</p> <p>During a concurrent interview and record review, on 8/1/2022 at 11:22 a.m., with the Director of</p>	F 825	<p>4. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>- The Rehab Director in coordination with the case manager will review their findings with the QA committee on a quarterly basis and as needed to ensure compliance</p>	9-2-22	

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F 825	<p>Continued From page 3</p> <p>Rehab Services (DRS), Resident 1's physician orders, progress notes and skilled rehab services notes were reviewed. The DRS stated the resident was not currently receiving PT and OT services. The DRS stated there was a physician order on 11/21/2021 for PT and OT evaluation but the evaluation was not done, nor did she have records indicating the evaluation was done. The DRS stated the purpose of the evaluation was to assess the resident's range of motion and assess changes in transfer ability and strength, and to assess if there was any decline.</p> <p>During an interview on 8/1/2022 at 1 p.m., the Case Manager Nurse (CMN) stated he received the authorization from the insurance company for Resident 1's PT/OT evaluation to the rehab staff (unable to recall the name of the staff) on 11/24/2021.</p> <p>During an interview on 8/1/2022 at 12:30 p.m., the Director of Nursing (DON) stated the PT/OT evaluation should have been done. The DON stated the Case Manager Nurse should have made a follow-up on Resident 1's order for evaluation to ensure it was done. The DON stated the evaluation would have created a treatment plan for the resident based on the PT/OT assessment.</p> <p>A review of the facility's policy titled, "Scope of Care," from the manual of Rehabilitation Services policy and procedure, last reviewed by the facility's quality assurance committee on 4/22/2022, indicated physical therapy is the identification, prevention, remediation and rehabilitation of acute or prolonged physical dysfunction or pain, with emphasis on movement dysfunction; it is the evaluation of residents and assessment of residents; occupational therapy is the application</p>	F 825			

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F 825	Continued From page 4 of purposeful, goal oriented activity in the evaluation, problem identification, and treatment of persons whose function is impaired by physical illness or injury, emotional disorder, congenital or developmental disability or the aging process, in order to achieve optimum functioning to prevent disability, and to maintain health.	F 825			