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

PRINTED: 10/02/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555771	A. BUILDING _____ B. WING _____	C 09/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE RIVERWALK SNF (CA)	350 CALLOWAY DRIVE, BUILDING C BAKERSFIELD, CA 93312

(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 an abbreviated standard survey. Complaint Number: 654209 Representing the Department: 39763, HFEN 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 written for complaint number 654209.	F 000	**I have enclosed the Plan of Correction for the above-referenced facility in response to the Statement of Deficiencies. While this document is being submitted as confirmation of the facility's on-going efforts to comply with all statutory and regulatory requirements, it should not be construed as an admission or agreement with the findings and conclusions in the Statement of Deficiencies.** **In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or findings, nor have we identified mitigating factors.**	
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from accident hazards when, after the resident sustained a fall, the facility failed to: 1. Complete neurological checks (neuro checks) according to the facility's Neurological Checks policy and procedure.	F 689	**F: 689 Accidents Hazards/Supervision/ Devices CFR(s) 483.25(d)(2)** **How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?** **Resident 1 was monitored by Licensed Nurses, status post fall x 72 hours and no change in level of consciousness was noted.** **Certified Nurse's Assistant placed floor mats at resident's Bedside as well as lowered bed to low position on 9/30/19.**	

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Administrator 10/11/19

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.

POC | ECC Reviewed & accepted 10/15/19
31486, HFES

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F 689	Continued From page 1 2. Ensure safety measures were implemented. These failures had the potential to result in an undetected head injury and/or further injury. Neurological checks are performed to assess a person's neurological function and level of consciousness and may be performed at timed increments. The purpose of neurological assessments are to make sure an individual's neurological functions is not impaired or non responsive after an injury. Findings: 1. During a review of the clinical record for Resident 1, the Change of Condition Evaluation document dated 8/25/19, indicated Resident 1 had a fall and sustained a bump on the left side of her scalp. Resident 1 complained of a headache. The Collaborative Care Review (CCR) document dated 8/26/19, indicated the fall was unwitnessed and "neurochecks" were recommended. The Neurological Evaluation Flow Sheet (the document where the neuro checks should be documented) initiated on 8/25/19, was incomplete. During an interview with the Director of Nursing (DON), on 9/19/19, at 4:33 PM she reviewed the Neurological Evaluation Flow Sheet initiated on 8/25/19 at 8:15 PM and confirmed the Neurological Evaluation Flow Sheet was not completed consistently. The DON stated her expectations are for the neurological checks to be complete. During a review of the facility policy and procedure titled "Neurological Checks" revised 3/18, indicated "Neurological checks will be done	F 689	**Licensed Nurses will be re-in serviced by Director of Clinical Services on 10/8/19 regarding Neurological Checks Policy and Comprehensive Care Plan.** **Certified Nursing Assistants were re-in serviced by Quality Improvement Nurse regarding Kardex emphasizing on floor mats and low bed on 10/8/19** **What measures will put into place or systematic changes made to ensure that The deficient practice will not recur?** **Licensed Nurses will be re-in serviced by Director of Clinical Services on 10/8/19 regarding Neurological Checks Policy And Comprehensive Care Plan.** **Certified Nursing Assistants were re-in serviced by Quality Improvement Nurse 10/8/19 regarding Kardex emphasizing floor Mats and low bed positioning.** **Health Information Specialist or Designee will audit residents with unwitnessed falls and/or injury to head Neurological Checks two times per week for three months. Results of the audit will be communicated to Quality Improvement Team consisting of but not limited to (Director of Clinical Services, Assistant Director of Clinical Services, Unit Managers) during Clinical to oversight Correction of any deficiencies.**	

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F 689	Continued From page 2 for residents with un-witnessed falls and/or injury to the head . . . A. Neurological checks shall be done as follows: Check every 15 minutes for the first hour, Then every 30 minutes for the second hour, Then every hour for the next four hours, Then every two hours for the first 24 hours, Then every shift for the second and third days." 2. During a review of the clinical record for Resident 1 the Collaborative Care Review (CCR) meeting dated 8/26/19, indicated Resident 1 had an unwitnessed fall in her room while trying to get call light from the floor. The CCR recommendations included to keep Resident 1 in a "Low Bed" and ensure "Floormats [sic] at bedside". The Care Plan (CP) initiated on 6/19/19, titled "Resident is at risk for falls" indicated as one of the interventions, to place "Mats on the floor at bedside". During an observation and interview with Resident 1, on 9/19/19, at 2:27 PM, in Resident 1's room, her bed was noted to be approximately 36 inches off the floor and no floor mats were present on either side of her bed. Resident 1 confirmed she had a recent fall. She stated she fell out of bed trying to reach her call light which had fallen on the floor. When asked if she raised her bed to the level it was at now, she stated she did not know how to use the bed controls. During an observation and interview with the Administrator, on 9/19/19, at 2:38 PM, outside of Resident 1's room, he confirmed the absence of floor mats beside Resident 1's bed and confirmed the bed was not in a low position. During an interview with the Director of Nursing (DON), on 9/19/19, at 3:08 PM, she reviewed the	F 689	**How will the facility identify other residents having the potential to be affected by same deficient practice?** **Residents that have unwitnessed falls and/or injury to the head have the potential to be affected by the same deficient practice.** **On 10/8/19, the Clinical Unit Managers will conduct an audit on residents with unwitnessed falls and/or injury to the head from 10/1/19 to 10/7/19 to verify that Neurological Checks were completed and Care Plan Interventions are implemented.**	

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F 689	Continued From page 3 clinical record for Resident 1 and confirmed the recommendations from the CCR meeting dated 8/26/19 and the interventions on the care plan titled "Resident at risk for falls" were correct. The DON stated her expectation are for the recommendations/interventions to be carried out. During a review of the facility policy and procedure titled "Falls Management Policy" revised 7/18, indicated, "Residents who sustain a fall should have a post fall evaluation completed to consider-possible interventions to reduce the potential for future falls and injury." During a review of the facility policy and procedure titled "Comprehensive Care Plan" revised 8/09, indicated "4. Each resident's comprehensive care plan will describe . . . f. Interventions that will be implemented to enable each resident to meet his /her objective."	F 689	**During daily Quality Improvement Rounds, Interdisciplinary Team will Include but not limited to Director of Clinical Services, Assistant Director of Clinical Services, Unit Managers Resident's fall care plan interventions e.g. floor mats, bed keep In low position are Implemented and monitor three times a week for 90 days.** **Any findings will be discussed during Interdisciplinary/ Clinical meeting. Any compliance issues will be corrected by Licensed Nurses and Certified Nursing Assistants as soon as practicable. Additional re-training will be done by Director of Clinical Services or Designee or Quality Improvement Nurse as needed.** **How will the facility monitor its' performance to make sure that solutions are sustained?** **Results of audits or compliance will be bought to Quality Assurance Performance Improvement Committee by Director of Clinical Services or Designee x 3 months. 11/7/19**	**11/7/19**