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

PRINTED: 11/20/2012
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
	555066	A. BUILDING _____ B. WING _____	C 11/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FILLMORE CONVALESCENT CENTER	118 B ST FILLMORE, CA 93015

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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Licensing and Certification, during an abbreviated standard survey. Complaint # CA00331490 Representing the Department: HFEN 28888 Facility census 83 The inspection was limited to this specific investigation and does not represent the findings of a full inspection of the facility.	F 000	*Preparation and execution of correction does not constitute admission or agreement by Fillmore Convalescent Center of the truth of the fact alleged or conclusion set forth of the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Health and Safety Code Section 1280 and 42 C.F.R. 483 et.se.*	
F 165 SS=D	483.10(f)(1) RIGHT TO VOICE GRIEVANCES WITHOUT REPRISAL A resident has a right to voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide an environment, free of reprisal, for expressing grievances regarding care provided to one sampled resident (Resident 1). The responsible party (RP)of Resident 1 expressed concern, to facility administration, regarding bruising and skin tears sustained by Resident 1. Following this grievance Resident 1's RP was contacted by the facility's medical director and the RP felt like Resident 1's care was	F 165	accepted plan of correction 12/10/12	

CA DEPT OF PUBLIC HEALTH
2012 DEC -4 PM 4:23
LICENSING & CERTIFICATION
VENTURA DISTRICT OFFICE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mary G. Jennings	Administrator	12/04/12

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 165	Continued From page 1 jeopardized because a grievance was expressed. This failure placed Resident 1 at risk for harm and potential injuries due to reprisal by the facility staff. Findings: Record review on 11/1/12 revealed Resident 1's diagnoses included Alzheimer's disease. The nursing weekly summary dated 10/25/12 revealed the resident was nonverbal and required total care from staff. During an interview on 11/15/12 at 2:20 p.m. Resident 1's RP indicated that on 11/1/12 the RP was contacted by the facility's medical director about the grievance he expressed to facility administration on 10/31/12, regarding the multiple bruises and skin tears Resident 1 had recently received. The RP indicated the medical director told him having Resident 1's care investigated would lessen the opportunity for Resident 1 to receive good care because staff would not want to care for Resident 1. The RP explained that he felt threatened by what the medical director said and felt more concerned for Resident 1 than prior to expressing his concerns to the facility's administration. Record review on 11/1/12 at 4:30 p.m. revealed a nursing note dated 11/1/12 at 10:45 a.m. stating the medical director was going to call Resident 1's RP and discuss the RP's concerns.	F 165	F 165 **CORRECTIVE ACTION:** -M.D. (Medical Doctor) was made aware of how resident #1 R.P. felt like resident 1's care was jeopardized because a grievance was expressed. -M.D. (Medical Doctor) will contact CDPH since he was never contacted by them. - M.D. (Medical Doctor) has been this resident's Primary Care Physician for more than 25 years. **IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED:** -All residents have the potential to be affected because the Facility practice is to make all physicians aware of all concerns regarding their residents. The Facility has no control over private conversations between physician and resident/legal representative. **MEASURES AND SYSTEMIC CHANGES:** -Facility will request that M.D. make family phone calls in the presence of the R.N./LVN doing rounds with him/her to validate content of conversation when possible. Facility has no control over conversations made outside of facility. **HOW FACILITY WILL MONITOR:** - R.N. /LVN will do rounds with physician. -Any and all issues will be brought to QA. **CORRECTIVE ACTION COMPLETED:** -12/03/12	
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's	F 279		

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F 279	Continued From page 2 comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility failed to update the plan of care plan for one sampled resident (Residents 1). Interventions for Resident 1's skin discoloration care plan were not updated even though four additional incidents, including tears, occurred within a month after the initial care plan was implemented. This failure placed Resident 1 at risk for harm related to potential injuries and complications. Findings: Record review on 11/1/12 revealed Resident 1's diagnoses included Alzheimer's disease. The nursing weekly summary dated 10/25/12 revealed	F 279	F 279 **CORRECTIVE ACTION:** -Resident's 1 Care Plan has been updated to reflect current interventions to date. -Developed assessment form to use upon Admission Quarterly and Change of Condition. Form is titled "Risk for Development of Bruises/Skin Tear". This form takes in consideration the nutritional status of resident / Hx of bruises and skin tears / medications / behaviors / age, and preventive measures. **IDENTIFYING OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED:** -The form "Risk for Development of Bruises/Skin Tear" will be completed upon admission. By identifying potential for bruising / skin tears for residents upon admission / COC / quarterly, we will better be able to prevent any bruising or skin tears due to implementation and follow up of preventive measures. **MEASURES AND SYSTEMIC CHANGES:** -Implementing the use of our new assessment form "Risk for Development of bruises / skin tears", to identify the residents having the potential to be affected by bruises/skin tears. **HOW FACILITY WILL MONITOR:** -Facility will monitor by reporting: • Weekly on skin assessment sheets. • Monthly in QA meeting. • Quarterly in Care Plan Meetings and IDT **CORRECTIVE ACTION COMPLETED:** -12/03/12	

100% compliance

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F 279	Continued From page 3 the resident was nonverbal, required total assistance by staff for bathing and the assistance of two staff and a mechanical lift for transferring from the bed to the wheelchair. Review of physician's orders dated 11/1/12 revealed Resident 1 was receiving 81 milligrams of Asprin once a day to help prevent blood clots. Review of a care plan for skin discoloration, dated 9/26/12, revealed that bruising was found on three fingers of Resident 1's left hand. Interventions implemented on 9/26/12 included having the resident wear protective sleeves over her arms and padding one side rail of the bed. The care plan additionally revealed Resident 1 sustained a skin tear and abrasion to the left lower leg on 10/4/12, a skin tear to the left hand on 10/16/12, and a skin tear and bruise to the right middle finger on 10/29/12. No additional interventions were implemented, following those noted on 9/26/12, to assist in preventing further injuries. During an observation and concurrent interview on 11/1/12 at 4 p.m. a full body assessment of Resident 1 was performed by a licensed nurse (LN 1). Bilateral arm protectors were removed by LN 1. A purpura (bleeding under the skin causes purplish blotches to appear on the skin) was noted on the resident's left elbow, a scab was found on the top of the left hand and a skin tear with steri-strips was present on top of the middle finger of the left hand. LN 1 indicated the middle finger skin tear started out as a bruise and became a skin tear while the resident was being showered. LN 1 reported that staff had not been able to determine the cause of Resident 1's bruises and skin tears.	F 279		

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F 279	Continued From page 4 During an interview on 11/1/12 at 1:30 p.m. the director of nursing (DON) reported that Resident 1's history did not include combative behaviors and the resident bruised easily due to taking Aspirin. The DON also indicated Resident 1 requires two staff and a lift for transferring from the bed to a wheelchair. Additionally, the DON confirmed that no interventions, besides the ones implemented on 9/26/12, were currently in place to help prevent further injuries. During an interview on 11/15/12 at 2:20 p.m. Resident 1's family member expressed a concern regarding the number of bruises and skin tears his mother had received during the past few months.	F 279		