

California Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>CA030000071</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/05/2024</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>FAIR OAKS HEALTHCARE CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>11300 FAIR OAKS BLVD.<br/>FAIR OAKS, CA 95628</b> |
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C 000 Initial Comments

C 000

The following reflects the findings of the California Department of Public Health during a change of ownership (CHOW) licensing survey from 2/5/24 through 2/8/24.

Representing the Department of Public Health:  
Health Facilities Evaluator Nurse (HFEN), 46872  
HFEN, 47197

The facility census was 142. The sample size was 8.

C 785 T22 DIV5 CH3 ART3-72305(b)(4) Physician Services--Medical Director

C 785

(b) The medical director shall:

(4) Be responsible for reviewing employees' preemployment and annual health examination reports.

This Statute is not met as evidenced by:  
Based on interviews and employee file reviews, the facility failed to ensure the facility's Medical Director reviewed and approved the pre-employment health examination for 1 of 8 employee files reviewed.

This deficient practice had the potential for residents to receive care from staff with medical or physical limitations, preventing them from providing safe competent care.

Findings:

During a concurrent interview and record review

*POC  
2/10/24  
approved  
BIC  
2/21/24  
Q. Bradley*

Licensing and Certification Division  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

California Department of Public Health

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| C 785  | Continued From page 1<br><br>of randomly selected employee files on 2/4/24, at 2:30 p.m., with the Director of Staff Development (DSD), the employee file of Certified Nursing Assistant (CNA) 1 did not contain documented evidence of having the employee's health exam reviewed and approved by the facility's Medical Director. The DSD confirmed the Medical Director's signature was missing from CNA 1's pre-employment health exam.<br><br>During an interview with the Director of Nursing (DON) on 2/5/24 at 3:10 p.m., the DON stated he was aware that all employees' health exams need to contain the signature of the facility's Medical Director to confirm it was verified and approved by the Medical Director. | C 785   |  |  |
| C1090  | T22 DIV5 CH3 ART3-72315(j)(2)(A) Nursing Service--Patient Care<br><br>(j) Fluid intake and output shall be recorded for each patient as follows:<br><br>(2) For each patient with an indwelling catheter:<br><br>(A) Intake and output records shall be evaluated at least weekly and each evaluation shall be included in the licensed nurses' progress notes.<br><br>This Statute is not met as evidenced by:<br>Based on interview and record review, the facility failed to ensure the intake and output records for one out of eight sampled residents (Resident 4) were evaluated weekly and included in the nursing progress notes.   | C1090   |  |  |

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| C1090                    | <p>Continued From page 2</p> <p>This failure increased the potential for inadequate monitoring of intake and output, and failure to recognize early signs of fluid imbalance of Resident 4.</p> <p>Findings:</p> <p>A review of Resident 4's clinical record indicated Resident 4 was originally admitted November of 2023 and had diagnoses that included dementia (impairment of the ability to remember, think, or make decisions that interferes with everyday activities) and congestive heart failure (a condition in which the heart cannot pump oxygen-rich blood efficiently to the rest of the body). Resident 4 had an active physician's order for the use of foley catheter (also known as indwelling catheter, a flexible tube connected to a drainage bag used to drain urine from the bladder). Resident 4's "Weekly Nursing Summary" (a comprehensive review of the patient's medical state and function) dated 12/6/23, 12/13/23, 12/20/23, and 12/27/23 did not include a weekly evaluation of Resident 4's intake and output.</p> <p>During an interview on 2/6/24 at 11:11 a.m. with the Director of Nursing (DON), the DON stated resident's with foley catheter should have a daily monitoring and a weekly evaluation of their intake and output for at least 30 days.</p> <p>During an interview on 2/6/24 at 1:41 p.m. with Licensed Nurse (LN) 1, LN 1 stated, "It [weekly evaluation of intake and output] should reflect on the weekly summary...Management reviews it during the IDT [Interdisciplinary Team] meeting with the physician..." LN 1 further stated, "[It is important to have a weekly intake and output</p> | C1090               |  |                          |

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| C1090  | Continued From page 3<br><br>evaluation] So we [staff] can tell the physician if there ' s a fluid imbalance..."<br><br>During a concurrent interview and record review on 2/7/24 at 8:51 a.m. with the Assistant Director of Nursing (ADON), Resident 4's clinical record was reviewed. The ADON confirmed Resident 4 was on foley catheter on his entire stay in the facility. The ADON also confirmed there was no weekly evaluation and documentation of the intake and output in Resident 4's clinical records. The ADON stated, "[It is important to have a weekly intake and output evaluation] To make sure that the fluids he's [Resident 4] taking-in is estimated as his [Resident 4] output for the week...So we know he's [Resident 4] not retaining or loosing too much fluids...and check his [Resident 4] kidney function...There should have been a documented weekly evaluation [of Resident 4's intake and output]."<br><br>A review of the facility's policy and procedure titled, "Intake and Output Criteria Documentation", revised 10/17/16, indicated, "I & O [intake and output] will be monitored for:...4) All residents with a urinary catheter for a minimum of 30 days...8) An Intake/Output weekly Assessment will be completed and documented by the licensed nurse within the appropriate section of the Weekly Summary Observation in the E.H.R. [electronic health record] ..." | C1090   |  |   |
| C4425  | T22 DIV5 CH3 ART5-72527(a)(10) Patients' Rights<br><br>(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   | C4425   |  |   |

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| C4425  | <p>Continued From page 4</p> <p>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:</p> <p>(10) To be free from mental and physical abuse.</p> <p>This Statute is not met as evidenced by:<br/>Based on interview and record review, the facility failed to implement policies and procedures to ensure resident's right to be free from mental and physical abuse is not violated for a census of 142 residents when 22 out of 26 sampled facility staff hired in December 2023 (Certified Nurse Assistant [CNA] 3, CNA 4, CNA 5, CNA 6, CNA 7, CNA 8, CNA 9, CNA 10, CNA 11, CNA 12, CNA 13, CNA 14, CNA 15, CNA 16, CNA 17, CNA 18, CNA 19, CNA 20, CNA 21, Licensed Nurse [LN] 4, LN 5, and Housekeeping Staff [HKS]) started to work with residents in the facility without an employee background check (a formal process that verifies an upcoming employee's personal and professional information such as identity, work history, criminal record, and any other relevant information) done.</p> <p>This failure had placed all the residents in the facility at risk for possible serious physical and/or psychosocial harm and decreased the facility's potential to protect residents from exposure to an employee with a criminal history of abuse, neglect, and/or exploitation.</p> | C4425   |  |  |

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| C4425  | Continued From page 5<br><br>Findings:<br><br>During a concurrent interview and record review on 2/6/24 at 2:16 p.m. with the Human Resource/Payroll (HRP), Certified Nurse Assistant (CNA) 5's employee files were reviewed. The HRP confirmed that CNA 5 was hired as a full time (an employee who is scheduled to work and who does work a schedule of 30 hours or more per week) CNA (provides vital support to both residents and nurses which includes assisting, transporting, bathing, and feeding patients, stocking medical supplies, and logging patient information) on 12/12/23 and started providing direct care to residents on 12/21/23. The HRP also confirmed that CNA 5's background screening report was done 1/10/24, almost a month after CNA 5's hired date. The HRP stated, "...We had an on-site hiring before and there were a couple of them that had their background check got delayed..." The HRP further stated, "...It was not safe to do that [having a staff working in the facility with residents without an employee background check done] ...Our standard is to have the background check first before the staff starts working..." The employee files of the facility employees hired in December 2023 were requested.<br><br>During a concurrent interview and record review on 2/7/24 which started at 12:57 p.m. with the HRP, the employee files of the CNAs hired in December 2023 were reviewed. The HRP confirmed that CNA 3, CNA 4, CNA 8, CNA 10, CNA 11, CNA 12, CNA 14, CNA 16, CNA 17, CNA 18, CNA 19, CNA 20, and CNA 21 were all hired as a full time CNAs in the facility and started providing direct care to residents without a background screening done. The HRP also | C4425   |  |  |

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| C4425  | <p>Continued From page 6</p> <p>confirmed that CNA 6, CNA 7, CNA 9, and CNA 13 were all hired as a part time (an employee who is scheduled to work and who does work a schedule of 30 hours per week) CNA in the facility and started providing direct care to residents without a background screening done. The HRP further confirmed that CNA 15 was hired as an on-call (an employee that is ready to go to work at any time if they are needed, especially if there is an emergency) CNA in the facility and started providing direct care to residents without a background screening done.</p> <p>During a concurrent interview and record review on 2/7/24 which started at 12:57 p.m. with the HRP, the employee files of the Registered Nurse (RN- a nurse that provides a higher level of patient care and coordination and works under a doctor, assesses patient health problems, and needs, develop, and implement nursing care plans, and maintain medical records) hired in December 2023 were reviewed. The HRP confirmed that LN 3 was hired as a full time RN in the facility and started providing direct care to residents on 1/8/24 without a background screening done. The HRP also confirmed that as of 2/7/24, LN 3's background screening was still in process.</p> <p>During a concurrent interview and record review on 2/7/24 which started at 12:57 p.m. with the HRP, the employee files of the Licensed Vocational Nurse (LVN- a nurse that is trained in basic nursing skills, such as taking vital signs, administering medications, and assisting with basic patient care) hired in December 2023 were reviewed. The HRP confirmed that LN 4 was hired as a full time LVN in the facility and started providing direct care to residents on 1/1/24 without a background screening done. The HRP</p> | C4425   |  |

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| C4425  | <p>Continued From page 7</p> <p>also confirmed that as of 2/7/24, LN 4's background screening was still in process.</p> <p>During a concurrent interview and record review on 2/7/24 which started at 12:57 p.m. with the HRP, the employee files of the housekeeping staff hired in December 2023 were reviewed. The HRP confirmed that HKS was hired as a part time housekeeping staff in the facility and started working on 12/23/23 without a background screening done. The HRP also confirmed that as of 2/7/24, HKS's background screening was still in process. The HRP agreed that even though HKS did not provide direct care to residents, HKS still had an access and interactions with residents and their properties whenever he would clean their rooms and other areas in the facility.</p> <p>During an interview on 2/7/24 at 1:37 p.m. with the Administrator (ADM), the ADM stated, "My expectation is that background check should be done...What went wrong on that is that I did not verify it with her [HRP]...This [having a staff working in the facility with residents without an employee background check done] is not light, this is something I recognize as important...It's a safety risk for the residents, ultimately..."</p> <p>A review of the facility's employee handbook titled, "Fair Oaks Healthcare Center EMPLOYEE HANDBOOK", undated, under "SECTION 5-SAFETY POLICIES", indicated, "BACKGROUND CHECKS. The Facility requires a criminal check for all employees once a conditional offer of employment has been extended, in accordance with applicable law..."</p> <p>A review of the facility's policy and procedure (P&amp;P) titled, "Abuse, Neglect, Exploitation and Misappropriation Prevention Program", revised</p> | C4425   |  |  |  |



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| C4425  | Continued From page 8<br><br>04/2021, indicated, "Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation...2...implement policies and protocols to prevent and identify: a. abuse or mistreatment of residents; b. neglect of residents; and/or c. theft, exploitation or misappropriation of resident property...4. Conduct employee background checks..."<br><br>A review of the facility's P&P titled, "Hiring", undated, indicated, "...8. The following steps will be followed when accepting applications from outside the facility: ...g. The HR director will then conduct any applicable investigations and determine whether the applicant is legally eligible to work...10...background investigations may be conducted on persons making applications for employment with this facility and on current employees..." | C4425   |  |  |
| C4835  | T22 DIV5 CH3 ART5-72535(a) Employees' Health Exam and Health Records<br><br>(a) All employees working in the facility, including the licensee, shall have a health examination within 90 days prior to employment or within seven days after employment and at least annually thereafter by a person lawfully authorized to perform such a procedure. Each such examination shall include a medical history and physical evaluation. The report signed by the examiner shall indicate that the person is sufficiently free of disease to perform assigned duties and does not have any health condition that would create a hazard for himself, fellow employees, or patients or visitors.<br><br>This Statute is not met as evidenced by:<br>Based on interviews and employee file reviews,  | C4835   |  |  |

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| C4835  | <p>Continued From page 9</p> <p>the facility failed to ensure pre-employment health examination and tuberculosis (infectious bacterial disease) screening was conducted for 1 of 8 employee files reviewed.</p> <p>This failure had the potential risk for elderly residents, employees, and visitors to be exposed to staff with unknown infectious health conditions and diseases.</p> <p>Findings:</p> <p>During a concurrent interview and record review of randomly selected employee files on 2/6/24, at 10:50 a.m., with the Director of Staff Development (DSD), the employee file of Certified Nursing Assistant (CNA) 2 did not contain documented evidence of a pre-employment health exam or tuberculosis screening. The DSD stated CNA 2 had been working full time since December 2023 and confirmed the pre-employment health exam including tuberculosis screening was not completed.</p> <p>During a review of the facility's Policy &amp; Procedures (P&amp;P) titled, "Medical Examination (Physicals)," revised 1/08, the P&amp;P indicated, "Each potential employee who has received a conditional offer of employment will be required to undergo a physical examination ..."</p> | C4835   |  |  |

**Plan of Correction 2/25/24**

**C 785**

**How Corrective Action(s) will be accomplished for resident(s) found to have been affected by the deficient practice.**

- The facility reviewed all pre-employment health exams and had the employee perform their health exam.

**How the Facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.**

- All Employee files have been reviewed and confirmed that a physician has signed off on every employee physical.
- All employee files were reviewed for missing documents regarding health exams.

**What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not occur.**

- The Facility's Medical Director will perform the Pre hire employee physical exams.
- The DSD will oversee that all health exams are completed within the required time frame.
- The Administrator will monthly audit new hire employee files to ensure all required documents and exams are completed.

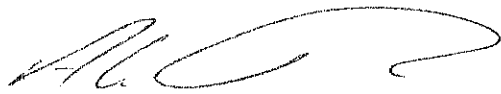
**Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.**

- Date for completion 3/1/24

**Alec Jackson**

**Administrator**

**2/25/24**



**Plan of Correction 2/25/24**

**C 4425**

**How Corrective Action(s) will be accomplished for resident(s) found to have been affected by the deficient practice.**

- The facility took all employees that didn't have a background check off the schedule.
- The facility ran background checks on all employees that didn't not meet this requirement.
- The background checks came back cleared before we scheduled any of the CNA's to work.

**How the Facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.**

- All employee files have been reviewed for background checks.
- All employees background checks were cleared.

**What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not occur.**

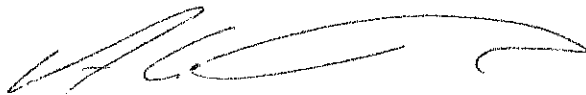
- The Facility's HR will have background checks ran and come back cleared for new hires before orientation is done.
- The Administrator will do monthly random audits with new hires to ensure that background checks have been done timely.

**Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.**

- Date for completion 2/15/24

**Alec Jackson**

**Administrator**



**2/25/24**

**C 4835**

**How Corrective Action(s) will be accomplished for resident(s) found to have been affected by the deficient practice.**

- Health Examinations were performed on all employees that didn't meet the requirement.
- All Missing health exams have been added to each employee file.

**How the Facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.**

- DSD reviewed all employee files to ensure all needed Health Examinations were performed.

**What measures will be put in place or what systemic changes the facility will make to ensure that the deficient practice does not occur.**

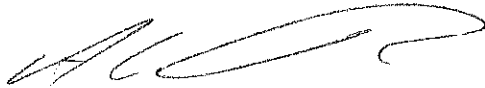
- The DSD and HR will ensure all employees or future employees will have health exams performed at the facility.
- The Administrator will perform audits on employee files monthly to ensure all required documents and need for the employee's file is met.

**Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.**

- Date for completion 2/15/24

**Alec Jackson**

**Administrator**



**2/25/24**

**C1090 T22 DIV5 CH3 ART3-72315(j)(2)(A) Nursing Service—Patient Care.** The following narrative represents Fair Oaks Healthcare Center's response to complaint CHOW licensing visit on 02/05/2024, and our intentions to correct associated problems.

**How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Re-education will be provided to CNA, LVN, & RN staff to ensure a recent and clear understanding of the policy driven Intake, Measuring, and Recording process. Education will include narrative surrounding policy and procedures in the huddle process. The Intake, Measuring, and Recording policy will be in the monthly mandatory reading.

**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;** An Intake, Measuring, and Recording audit will be conducted to ensure the Intake, Measuring, and Recording of I&O is completed per policy.

**What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;** Current policy updated to more accurately reflect expectations and education provided to CNA, LVN, and RN staff to ensure understanding of policy driven expectations.

**How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system; and:** Data from audits will be reported to the nurse driven monthly QAPI meetings and reviewed for compliance. Data will be moved to the quarterly QAPI meetings and discussed as a team. QAPI data will be reported to all staff for viewing and progress will be discussed through the huddle process to ensure staff see the results of their work.

**Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State Agency.** POC was started on 02/20/2024 and will be completed 03/07/2024. Copies of sign-in sheets will be available for review on site.