

"AMENDED RECEIVED"
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 FORM APPROVED
 OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055831	(X2) MULTIPLE CONSTRUCTION A. BUILDING CDPH L&C Santa Rosa D.O. B. WING _____		(X3) DATE SURVEY COMPLETED C 02/25/2014
NAME OF PROVIDER OR SUPPLIER SAN RAFAEL HEALTHCARE & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 5TH AVENUE SAN RAFAEL, CA 94901		
(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 represents the findings of the California Department of Public Health during an Abbreviated Standard Survey for Complaint # CA00379904. Inspection was limited to the Abbreviated Standard Survey and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyors #31423 and 31572, Health Facilities Evaluator Nurses. One deficiency was issued for Complaint #CA00379904. F 465 SS-E 183.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain a safe and comfortable environment when repair of a malfunctioning furnace was delayed during several days of unusually cold weather. This failure resulted in residents experiencing the discomfort and stress of a cold environment. Findings:	F 000	San Rafael Healthcare and Wellness submits this response and the Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as an admission of any alleged deficiency cited or liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in civil criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. F 465 The providers reserves the right to challenge the cited findings if any at the time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the government agency or third party.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	
		Administrator		7-3-14	

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.

LOC accepted 7/13/14 1:54pm by Miguel Hernandez RN, LSCN

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NAME OF PROVIDER OR SUPPLIER SAN RAFAEL HEALTHCARE & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 1501 5TH AVENUE SAN RAFAEL, CA 94901		
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F 465	Continued From page 1 Observations of facility internal temperatures on 2/11/13 reflected the following: At 9:15 a.m., the temperature in the main lobby, as indicated on the facility thermostat, was 68 degrees Fahrenheit (F); the thermostat was set for 78 degrees F. The temperature in resident room 1 was 66.7 degrees when taken by the surveyor at the level of resident beds. One hallway temperature was 68 degrees F according to the facility thermostat across from resident room 9; the thermostat was set for 80 degrees F. The temperature in resident room 4 was 66.4 degrees when taken by the surveyor at the level of the residents' beds. At 10 a.m., the temperature in resident room 25 was 65.8 degrees F according to the wall thermometer that Resident 3 had installed above the bed. At 10:25 a.m., the temperature in resident room 7 was 65.8 degrees F as measured by the surveyor. At 10:40 a.m., the temperature in resident room 8 was 68.4 degrees F as measured by the surveyor. At 10:45 a.m., the temperature in resident room 2 was 69.1 degrees F at the level of the resident in bed, as measured by the surveyor. At 11 a.m., the thermostat outside resident room	F 465 F465	A. Resident 1 is alert and oriented. When interviewed she states that she is warm and comfortable and denies any concerns when it comes to the temperature of her room or the building. Resident 2 is no longer a resident at the facility. Resident 2 was safely discharge home on 4-06-14. Per nursing documentation review for the dates starting on December 9 2013 through December 14, resident showed no signs And symptoms of hypothermia. Resident 3, who still resides in the Facility, is alert and oriented. When interviewed he states that he is warm and comfortable and denies any concerns when it comes to the temperature of his room or the building. Per resident himself, during starting on December 9 2013 through December 14, Resident 4 showed no signs or symptoms of hypothermia.		

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NAME OF PROVIDER OR SUPPLIER SAN RAFAEL HEALTHCARE & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 5TH AVENUE SAN RAFAEL, CA 94901		
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F 465	<p>(Continued From page 2)</p> <p>1. Indicated a hallway temperature of 68 degrees F; the thermostat was set for 86 degrees F.</p> <p>During an interview on 12/11/13 at 9:15 a.m. Resident 1 stated, "Yesterday was terrible. I don't know whether the thermostats aren't working right or the people aren't."</p> <p>During an interview on 12/11/13 at 9:25 a.m., Resident 2 complained of tossing and turning all night due to the cold, and stated she woke up shivering.</p> <p>During an interview on 12/11/13 at 10 a.m., Resident 3 stated that his room was often cold.</p> <p>During an interview on 12/11/13 at 10:25 a.m., Resident 4 stated "It was pretty cold for a few days. If I wasn't out doing therapy, I was curled up with my blanket. I can do okay, but some of the cold people had trouble."</p> <p>During an interview on 12/11/13 at 12 noon, a family member of Resident 5 stated "He [the resident] is doing okay. I'm here to cover him up. I think [the furnace] is working now. I don't think it was working for a couple of days."</p> <p>During interview on 12/11/13 at 10:10 a.m., Staff C stated "Sunday, Monday, and Tuesday were bad." Staff C stated that one resident (Resident E) shook with cold when the Staff C got him up on Tuesday morning (12/10/13). Staff C stated that</p>	F 465	<p>Resident 4 is no longer a resident in the building. Resident 4 was safely discharged home on 12-18-13. Per nursing documentation and weekly summary review for the dates starting on December 9 2013 through December 14, Resident 4 showed no signs or symptoms of hypothermia.</p> <p>Resident 5 is no longer a resident in the building as of 3-22-14. Per nursing weekly summary review for the dates starting on December 9 2013 through December 14, Resident 5 showed no signs or symptoms of hypothermia.</p> <p>Resident 6 who still resides in the facility, per weekly summary and physician progress notes on 12/14/13 resident showed no signs or symptoms of hypothermia.</p> <p>B. All Other residents residing at the Facility are monitored within the Adopt of resident program (Department Heads are assigned to specific residents) to ensure that residents are comfortable with the temperature of their rooms. Maintenance will check room temperatures weekly for the next three months any concerns will be addressed promptly. Trend analysis will be reported monthly during the CQI/QA meetings.</p>		

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NAME OF PROVIDER OR SUPPLIER SAN RAFAEL HEALTHCARE & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 5TH AVENUE SAN RAFAEL, CA 94901		
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F 465	<p>Continued From page 3</p> <p>Extra blankets were passed out and showed one to the surveyor. The "blanket" was made of a woven fabric similar to a heavy muslin; it did not appear to have any significant insulation properties.</p> <p>During an interview on 12/11/13 at 11:50 a.m., Staff D stated "Yesterday, I couldn't find enough blankets to keep my residents warm." Staff D stated that there were no blankets in the linen closet so she went to the laundry where she found only soiled blankets. Staff D stated, "I couldn't give my residents complete bed baths because it was so cold."</p> <p>Review of local weather reports reflected the following mean (average) and low temperatures: Sunday 12/8/13 Mean temp 34 degrees F; low temp 23 degrees F Monday 12/9/13 Mean temp 34 degrees F; low temp 19 degrees F Tuesday 12/10/13 Mean temp 36 degrees F; low temp 23 degrees F Wednesday 12/11/13 Mean temp 40 degrees F; low temp 26 degrees F</p> <p>During an interview on 12/11/13 at 12:15 p.m., Administrative Staff A stated that he learned of problems with the facility's heating system on 12/9/13. Administrative Staff A stated he contacted five different repair companies for assistance, all of whom were very busy due to the sudden cold weather. Administrative Staff A was able to arrange for furnace repair to be done on 12/10/13, and stated that the furnace was working by the afternoon of Tuesday, 12/10/13. Administrative Staff A stated that the facility has two furnaces and only the furnace on the east</p>	F 465	<p>C. Nurse consultant/designee will provide in-service education to License Nursing and CNA on policy and procedures of extreme weather and the signs and symptoms of hypothermia by May 23rd 2014. Director of Nursing or designee will Monitor for compliance any trends will be reviewed monthly during the CQI/QA meetings.</p> <p>Administrator will provide in-service education to the Maintenance director on furnace maintenance protocol, which include TELS (internal computerized maintenance task tracking system.) by May 23rd 2014.</p> <p>D. Results of the trending will be presented to the CQI/QA committee monthly for the next three months for further evaluations and recommendations.</p>	7/4/2014	

