

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

PRINTED: 02/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2015
NAME OF PROVIDER OR SUPPLIER ALAMEDA HEALTHCARE & WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 430 WILLOW STREET ALAMEDA, CA 94501		
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F 000	INITIAL COMMENTS The following represents the findings of the California Department of Public Health during the investigation of entity reported incidents. Entity reported incident numbers: CA00424065 and CA00425221 Representing the Department: Health Facilities Evaluator Nurse - 31693 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. There was no deficiency for the entity reported incident: CA00424065. Two deficiencies were issued for the entity reported incident: CA00425221 (F157 and F441).	F 000	<i>Alameda Healthcare and Wellness Center submits this response and 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 admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employee, agents, officers, directors, or shareholders.</i>		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of	F 157	<i>The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceedings on that basis.</i>		

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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 157	<p>Continued From page 1 treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review for one (Resident 1) of five sampled residents, the facility failed to notify the Resident or the Responsible Party (RP) of a medication treatment order for Permethrin (medication used to treat scabies, a contagious, parasitic disease of the skin caused by tiny insects called the itch mite). This failure resulted in the delayed treatment for Resident 1 and the potential exposure of scabies to the resident's family and the community.</p> <p>Findings: Review of the clinical record, on 12/31/14, showed the physician's progress note for Resident 1, dated 12/25/14 and untimed, indicated "Severe pruritus all over back, chest and extremities. See orders (Permethrin 5%)". Review of the physician's telephone order, dated 12/25/14 at 3 p.m., showed a telephone order had been given by PCP3 for Permethrin 5%.</p>	F 157	<p>F157 Corrective action for residents found to have been affected by this deficiency: Resident # 1 and Responsible Party was notified of a medication treatment order for Permethrin (medication used to treat scabies) on 12/26/15. In-service provided for License Nurses on Notification of Changes on 1/22, 1/28, 2/4/15 by the D.S.D.</p> <p>Corrective action for residents that may be affected by this deficiency: Facility performed skin checks on all residents on 1/6/15 with appropriate referral to Dermatologist as needed.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur: Assistant Director of Nurses and Supervisor will review telephone orders to make sure notification of changes is communicated with residents and responsible party.</p> <p>Medical records will audit telephone orders to make sure notification of changes to resident and responsible party is documented in the medical records and will report findings to the D.O.N.</p>	2/15/15

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F 157	<p>Continued From page 2</p> <p>During an interview, on 12/31/14 at 12:30 p.m., Resident 1 stated PCP3 visited her early on the morning of 12/25/14. Resident 1's daughter (RP1) stated, the nurses told her PCP3 saw Resident 1 at 6:30 a.m., before Resident 1 left the facility to visit with family. The nurse's notes did not indicate what time Resident 1 left the facility. Resident 1 stated while she was out on an overnight pass to visit with her family for the holiday, no one from the facility contacted her about getting treatment for her rash. Resident 1 stated, "If they notified me that I could be contagious, I wouldn't have left." RP1 stated Resident 1 stayed at her house overnight on 12/25/14 and no one from the facility contacted them. She stated there were family members, including children, visiting and hugging Resident 1.</p> <p>In a telephone interview, on 1/6/15 at 11:50 a.m., RN1 stated whoever takes the order and whoever gives the Premethrin was responsible for notifying the resident or the RP to explain why the medication was being given. RN1 stated she had applied Permethrin cream to Resident 1. RN1 first stated she did not recall notifying the RP for Resident 1 then retracted her statement and stated she called but could not recall who she spoke to on the phone. There was no documentation in the resident's record that showed when and to whom a call was placed by RN1.</p> <p>During an interview, on 12/31/14 at 8:20 a.m., the ADON (Assistant Director of Nursing) stated she followed the guidelines set forth by the Alameda County Health Care Services and used those guidelines for the facility's infection control policy and procedure.</p> <p>Review of the facility's Infection Control Manual policy titled, "Scabies" dated 01/01/14, showed,</p>	F 157	<p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>D.O.N. will report trends and analysis to the QA committee meeting for the next 6 months.</p>		

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F 157	Continued From page 3 "The facility works to prevent the spread of Scabies in the Facility by strictly adhering to the standards set out by the Centers for Disease Control and Prevention and State of California Department of Public Health". The policy showed the infection control practitioner should be responsible for identification of contacts of symptomatic case(s) and prevention of transmission. Identification of contacts included, "Notify visitors (spouse, family members or friends) who may have visited the case with the past month." The Parasite Division for the CDC (Center for Disease Control) cited, "Early detection, treatment, and implementation of appropriate isolation and infection control practices are essential in preventing scabies outbreaks. Institutions should maintain a high index of suspicion that undiagnosed skin rashes and conditions may be scabies, even if characteristic signs or symptoms of scabies are absent". [<Reference:parasiste@cdc.gov>]	F 157			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and	F 441			

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F 441	<p>Continued From page 4</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review for two (Resident 1 and Resident 2) of five sampled residents, the facility failed to follow its infection control policy and procedure to prevent, control and monitor for scabies (a contagious, parasitic disease of the skin caused by tiny insects called the itch mite) infection. 1. There was no diagnostic procedures performed to identify scabies 2. The Medical Director (MD) was not made aware Residents did not have diagnostic procedure to identify scabies. These failures had the potential to expose other</p>	F 441	<p>F441 Corrective action for residents found to have been affected by this deficiency: Resident # 1 was seen by the Dermatologist on 1/29/15 with diagnosis of Dermatitis, Urticarial. Resident #2 was seen by the Dermatologist on 1/5/15 with diagnosis of Interstitial Dermatitis. Medical Director was informed on 1/23/15 of the Permethrin treatment received by Residents 1 and 2 without diagnostic procedure to identify scabies. Quality Assurance Committee discussed Management of Scabies Program during the quarterly QA meeting on 1/23/15.</p> <p>D.S.D. provided in-service to LNs on 2/4/15 regarding diagnostic procedure for scabies i.e. skin scraping.</p> <p>Corrective action for residents that may be affected by this deficiency: Facility performed skin checks on all residents on 1/5/15 with appropriate referral to Dermatologist as needed.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur: Infection Control Nurse and/or D.O.N. will notify Medical Director/physician if resident receive treatment order for Permethrin without skin scraping ordered by attending physician.</p>	2/15/15
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F 441	<p>Continued From page 5</p> <p>residents, residents' family members, staff and visitors to scabies.</p> <p>Findings:</p> <p>During record review and concurrent interview, on 12/12/31/14 at 8:20 a.m., the Assistant Director of Nursing (ADON) confirmed that Resident 1 and Resident 2 had been treated with Permethrin but had not received skin scrapings (diagnostic procedure to test for scabies.) The ADON stated the PCP (Personal Care Provider) 1 for Resident 1 did not order skin scrapings. The ADON stated the Residents who are seen by the Acute Care Facility (ACF) 1 provider would not do skin scrapings. She stated PCP2, also from ACF1, said it was not necessary.</p> <p>Review of the clinical record showed PCP3 for Resident 2 was affiliated with another facility (ACF2). The ADON was unable to provide an explanation for the diagnostic procedure not being performed by PCP3.</p> <p>The ADON stated she followed the guidelines set forth by the Alameda County Health Care Services and used those guidelines for the facility's infection control policy and procedure. Review of the facility's Infection Control Manual policy titled, "Scabies" dated 01/01/14, showed, "The facility works to prevent the spread of Scabies in the Facility by strictly adhering to the standards set out by the Centers for Disease Control and Prevention and State of California Department of Public Health". The policy section titled, "Confirmation of Symptomatic Case(s)" indicated, "It is recommended that skin scrapings be performed on at least one symptomatic case (resident or health care worker.) A positive skin scraping should assist physicians in the development of appropriate therapeutic and prophylactic treatment plans."</p> <p>During an interview and concurrent record review,</p>	F 441	<p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</p> <p>Infection Control Nurse and/or D.O.N. will report trends and analysis monthly at the QA Committee meeting for next 6 months.</p>		

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F 441	Continued From page 6 on 12/31/14 at 8:20 a.m., the ADON stated the Medical Director (MD) was not aware that orders had been given for residents to receive treatment with Permethrin without confirmation of scabies diagnosis. The facility's Infection Control Manual policy titled, "Scabies" dated 01/01/14, indicated "The Infection Control Coordinator will follow the guidance provided in the following publications to prevent and minimize the outbreak of scabies". Included in the list was a publication titled, "Management of Scabies Outbreaks in California Healthcare Facilities". The publication indicated a scabies control program would be developed and approved by the infection control committee. "The program should designate a physician such as the medical director who will act as the program coordinator. This physician should be given the authority to notify attending physicians, perform diagnostic procedures such as skin scrapings and to order prophylactic and therapeutic scabicide treatments on exposed residents".	F 441			