SECTION 1424 NOTICE

CITATION NUMBER:

11-2584-0012467-F

Department of Public Health

Page 1 of 5

Date: 08/16/2016 Time: 3:00 PM

Type of Visit: Complaint Investig.

Incident/Complaint No.(s): CA00468724

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE

FEDERAL STATUTES AND REGULATIONS

Licensee Name: Seaview Rehabilitation & Wellness Center, LP

Address:

6400 Purdue Drive

Eureka, CA 95503

License Number:

010000066

Type of Ownership:

Partnership

Facility Name:

Seaview Rehabilitation & Wellness Center, LP

Address:

6400 Purdue Dr

Eureka, CA 95503

Telephone:

Facility Type: Facility ID:

Skilled Nursing Facility

010000060

Capacity: 99

SECTIONS VIOLATED

CLASS AND NATURE OF VIOLATIONS

PENALTY ASSESSMENT

DEADLINE FOR

\$20,000.00

COMPLIANCE 9/1/16 6:00 a.m.

F314

CLASS A CITATION -- PATIENT CARE

F314 §483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES

Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.

The facility failed to provide Resident 1 the necessary care and services for the prevention of an avoidable pressure ulcer when the facility failed to implement strategies that minimize the risk for pressure ulcer development and not identifying the use of pressure-redistributing equipment in the care planning of Resident 1's identified risk for developing pressure ulcers. These failures resulted in harm to Resident 1 when he developed a stage 4 pressure ulcer (full thickness skin loss with extensive destruction, tissue necrosis (the death of tissue or damage to muscle, bone or supporting structures due to disease, injury, or failure of the blood supply). The pressure ulcer became infected and the infection spread to Resident 1's blood stream (sepsis). The results of the facility's failures caused Resident 1 pain, presented the potential for death, and required hospitalization, prolonged intravenous antibiotic therapy and surgical interventions to treat the infected pressure ulcer.

Name of Evaluator: Lourdes Sameon **HFEN**

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature:

Name:

Evaluator Signature

Title:

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CLASS AND NATURE OF VIOLATIONS

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Findings:

Resident 1 was admitted from an acute hospital for aortic valve replacement (aortic valve replacement is a procedure in which a patient's failing aortic valve is replaced with an artificial heart valve) to the facility, a full code (it is a hospital designation referring to the level of medical interventions a patient wishes to have started if the heart or breathing stops) on 11/18/15, with diagnoses that included abnormalities of gait and mobility, aortic stenosis, (Blood from the heart is pumped through the aortic valve. A narrow aortic valve limits the circulation of oxygenated blood to the rest of your body), diabetes mellitus (a medical condition in which sugar levels can build up in your bloodstream), delirium (a severe disturbed state of mind that occurs in fever, intoxication, and characterized by restlessness, delusions, and incoherence of thought and speech).

Review of Resident 1's acute hospital Transfer Summary, dated 11/18/15, under "Skin Condition," indicated no pressure areas/ulcers.

Review of Resident 1's Admission Assessment, dated 11/18/15, indicated Resident 1's skin was pink, dry/flaking, fair in turgor (the degree of elasticity of skin) and warm. No pressure ulcer was identified.

Review of the Braden Scale for predicting Pressure Sore Risk dated 11/19/15, indicated Resident 1 scored 13 indicating moderate risk (total score less than 9 indicate severe risk).

With regard to long term care (LTC) residents, calculating a Braden Scale score on admission, every week for 4 weeks, and then again either monthly or quarterly is suggested. (References: National Pressure Ulcer Advisory Panel (NPUAP) pressure ulcer stages/categories).

Review of the MDS (Minimum Data Set, a Resident assessment tool), dated 11/25/15. indicated Resident 1 had a cognitive score of 0 indicating severe impairment (0-7 severe impairment; 13-15 cognitively intact; 8-12 moderately impaired), had short and long-term memory problems, needed extensive assistance of one person physical assist for bed mobility, transfers, dressing, and toileting. Additionally, the MDS indicated Resident 1 was always incontinent of bladder and bowel, had a nutritional risk and was at risk of developing pressure ulcers.

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFTEY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

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Review of Resident 1's "Care Plan Incontinence," dated 11/19/15, indicated interventions, among others, to provide incontinence care after each incontinent episode and to observe skin for any abnormalities during toileting and/or changing.

During an interview on 12/30/15 at 9 a.m., Unlicensed Staff A, working a morning shift on 12/2/15, stated he observed an open area without a dressing on Resident 1's right buttock. Unlicensed Staff A reported to License Nurse E.

During an interview on 12/30/15 at 10:55 a.m., the DON stated Resident 1 was at a high risk for developing skin breakdown due to Resident 1's diagnoses of diabetes mellitus, Wernicke's encepalopathy (a serious neurologic disorder from Thiamine (vitamin B-1) deficiency), and delirium (Delirium is a serious disturbance in mental abilities that results in confused thinking starting in hours or a few days).

During an interview on 12/30/15 at 12:02 p.m., when asked how Resident 1 spent his day Licensed Staff B stated, "He spends most of his day in the wheelchair and is taken back to bed after lunch. The evening staff would get him up and take him back to bed after dinner."

Residents may experience more rapid skin breakdown while sitting for prolonged periods in a chair, as the ability to distribute pressure over the pelvis is more limited than when they are lying in a bed. (References: National Pressure Ulcer Advisory Panel (NPUAP) pressure ulcer stages/categories).

Review of Resident 1's " Care Plan Skin" dated 11/18/15, did not include pressure redistributing devices for chair and bed (provides alternating pressure and is designed to be used in the prevention, treatment and management of pressure ulcers), indicated to turn and reposition, monitor for signs and symptoms of infection."

During a telephone interview on 2/16/16 at 4:50 p.m., Licensed Staff C, working on an evening shift, stated he first knew of Resident 1's open area on the buttock on 12/5/15. When asked what he saw, Licensed Staff C stated, "I saw a sore on Resident 1's bottom. It looked like a popped blister; it was without skin (looking raw without the protective skin covering)." Licensed Staff C also stated he did not measure and document the open area but passed on the information to the night nurse.

Review of Nurse's Notes, dated 12/5/15 at 12:30 p.m., indicated Resident 1 did not get out of bed for lunch, still feeling drowsy, increased jerking in hands and arms and felt

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SECTIONS CLASS AND NATURE OF VIOLATIONS **VIOLATED**

> warm to touch. Resident 1's axillary (underarm) temperature was 99.1 (Normal body temperature is considered to be 98.6 F).

Nurse's Note entry 12/6/15, a.m., indicated temperature 101. On 12/7/15 at 11:50 a.m., increased tremors were noted, and Resident 1's temperature was 102.

Resident 1 required hospitalization on 12/08/16, for evaluation and treatment.

Review of the acute hospital's Admission Report dated 12/9/15 indicated Resident 1 being febrile (temperature of 101.8) and increasingly altered level of consciousness and a right buttock decubitus (a pressure ulcer, pressure sore, or bed sore, is an open wound on the skin) into the fascia (a thin sheath of fibrous tissue enclosing a muscle or organ).

Review of the acute hospital's Progress Note, dated 12/10/15, indicated a right coccyx (tailbone)/sacrum (a large, triangular bone at the base of the spine)/ischial (as a pair the sitting bones) ulcer with periulcer erythema (surrounding redness of the wound) measuring 6.52 cm (centimeter is a unit of length in the metric system, 1 inch =2.54 cm) in diameter (width) and 6.14 cm in length, 100% non-viable (dead tissue) wound bed. requiring excisional debridement (the surgical removal or cutting away of necrotic or devitalized tissue. Healing time: Anywhere from three months to two years.) of necrotic tissue (dead tissue, which usually results from an inadequate local blood supply).

Review of the acute hospital Discharge Summary, dated 1/21/16, indicated discharge diagnoses: Sacral decubitus stage 4 (the wound extends into the muscle and can extend as far down as the bone) and Sepsis with MRSA. Blood culture and wound culture were both positive for MRSA, on admission, as indicated on the Hospitalist Progress Note, dated 1/13/16 at 1315 (1:15 p.m.).

Review of facility document titled, "Skin and Wound Management," indicated under Policy: "Facility Staff will take appropriate measures to prevent and reduce the likelihood that residents will develop pressure ulcers and other skin conditions. All Nursing Staff is responsible for the prompt reporting of any sin related conditions to the Licensed Nurse. The License Nurse will notify the Attending Physician promptly at the first occurrence of a pressure ulcer or other skin related problems." Under Procedure 11. Skin and Wound Management: A. A Licensed Nurse will complete the Weekly Skin Evaluation (SK-04 -Form C- Weekly Skin Evaluation) for each resident...B. CNAs (certified nurse assistants) will complete body checks on resident's shower days and

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SECTIONS CLASS AND NATURE OF VIOLATIONS VIOLATED report unusual findings to the Licensed Nurse. Therefore, the facility failed to provide the necessary care and services to prevent an avoidable Stage 4 pressure ulcer, by withholding interventions that could have prevented the formation of the pressure ulcer which became infected with multiple bacterial and fungal, life-threatening organisms which resulted in pain and sepsis which required hospitalization, surgery and prolonged antibiotic treatments. This presented either imminent danger that death or serious harm would result or a substantial probability that death or serious harm would result.

CIVIL MONEY PENALTY ASSESSMENT

acility : Seavie

Seaview Rehabilitation & Wellness Center, LP

, DATE	CITATION#	CLASS	PENALTY ASSESSED	TOTAL DUE
08/16/2016	11-2584-0012467-F	Α	\$20,000.00	\$20,000.00
	1. 发表的人类的现在分词表现	SECTION(S)	VIOLATED	PERSONAL PROPERTY OF THE SECOND
F314				
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This citation has been issued as a Class A.

Full Payment Due By: 10/15/2016

PAYMENT OPTIONS

Per Health and Safety Code, Section 1428.1, licensee may pay 65% of the amount shown above in the "Total Due" within 30 business days after issuance of this citation, or the minimum amount defined by law, whichever is greater in lieu of contesting the citation (Class A Citation penalty minimum amount defined by law is \$2000). If licensee chooses not to exercise the 65% / 30 business day option, the full amount is due.

Make Check Payable To:

Department of Public Health Include Citation Number

Mailing Address:

Licensing and Certification Program Grant & Fiscal Assessment Unit P.O. Box 997434, MS 3202 Sacramento, CA 95899-7434 (916) 322-2118

COLLECTION OF DELINQUENT PAYMENTS

CDPH will pursue collection of delinquent payments, including, but not limited to Medi-Cal offset (per Health & Safety Code, Section 1428). This will result in withholding of the licensee's Medi-Cal payments until the full amount of the citation is collected. In order to present a valid objection to the use of Medi-Cal offset, please contact the Grant and Fiscal Assessment Unit at the address listed above.

CONTESTING A CLASS A CITATION

A licensee may contest a class "A" citation or penalty assessment by directly filing an action in Superior Court. (Health and Safety Code Section 1428.)

To contest a class "A" citation or penalty assessment, a licensee must send written notification to the Department advising of its Intent to adjudicate the validity of the citation in court. (Health and Safecty Code Section 1428.)

Please note, effective January 1, 2012, Assembly Bill No. 641 (Chapter 729, Statutes of 2011) amended Health and Safety Code Section 1428 to repeal the citation review conference process for "A" citations issued on or after January 1, 2012. Therefore, if a licensee exercised its right to a citation review conference prior to January 1, 2012, the citation review conference and all notices, reviews, and appeals thereof shall be conducted pursuant to Section 1428 as it read on December 31, 2011.

The citation review conference process is no longer available to a licensee for citations issued on or after January 1, 2012.

Any written notification must be sent to the district office that issued the citation and must be postmarked within fifteen (15) business days after the service of the citation. Please submit written notification to:

Department of Public Health Licensing & Certification Program Santa Rosa/Redwood Coast District Office 2170 Northpoint Parkway Santa Rosa, CA 95407

Signature of District Manager/Designee

Date

GALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUF		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
IAME OF F	PROVIDER OR SUPPLIER	L				07/1	4/2016
	Rehabilitation & Wellness	Center I P		ESS, CITY, STAT			
		, Li	0400 Puraue	Dr, Eureka, (CA 95503-7095 HUMBOLDT COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEEDED LSC IDENTIFYING INFOR	BYFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEF	CROSS	(X5) COMPL
	The following reflects to	ha Earling Cu				ICIENCT)	DATE
	The following reflects to f Public Health during	ne findings of the l	Department		"Preparation and submi	ssion/or	
	visit:	a Complaint inves	stigation		execution of the Plan of Con	rrection	
					does not constitute admiss	sion or	
	CLASS A CITATION	PATIENT CARE			agreement by the Provider	of the	
	11-2584-0012467-F				truth of the facts alleg		
	Complaint(s): CA00468	3724			conclusions set forth in		
	D 1' 1' 5				statement of deficiencies. The		
	Representing the Depa	rtment of Public H	ealth:		of Correction is prepared, sul	bmitted	
Surveyor ID # 31572, HFEN					and/or executed solely becau	se it is	
	The inspection was limi	ted to the specific	fo cility		required by the provision of	federal	
	event investigated and	does not represent	the		and state law."	reactar	
findings of a full inspection of the facility.			tric		F314 483.25(c)		
				TREATMENT/SVCS TO			
	F314 §483.25(c) TREATMENT/SVCS TO				PREVENT/HEAL PRESSUR	Г	
	PREVENT/HEAL PRES	IMENI/SVCS TO			SORES	E	
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	Based on the comprehe	ensive assessment	of a			i	
	resident, the facility mus	st ensure that a res	ident		Corrective action for the ide	ntified	
	who enters the facility w	rithout pressure so	es does		resident(s)	ntiffed	
	not develop pressure so	res unless the indi	vidual's				
	clinical condition demon unavoidable; and a resid	strates that they w	ere		Resident 1 has been discharge	from	
	receives necessary treat	tment and services	re sores		the facility. However, the DO	NI IIOIII	
	promote healing, preven	it infection and nre	vent new		(Director of Nursing) /DSD (D	lirosts	
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	TI				on 7/21/16 and 7/29/16 with lie	cuss	
	The facility failed to prov	ide Resident 1 the			nurse's the importance of provi	idina	
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	an avoidable pressure ul to implement strategies t	cer wnen the facili	ty failed		timely manner.	a	
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	use of pressure-redistrib	uting equipment in	the care		How the facility will identify		
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State-2567

the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program

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

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBER		1	TIPLE CONSTRUCTION	(X3) DATE S COMPLE		
		055208		A. BUILD		·]		
NAME OF P	ROVIDER OR SUPPLIER	STR	REET ADDRESS	DRESS, CITY, STATE, ZIP CODE			14/2016	
Seaview	Rehabilitation & Wellness				ELZIP CODE A 95503-7095 HUMBOLDT COUN			
			2001,	Luicka, C	A 99903-1099 HOWROTH COM	ITY		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	1	ID	000//0500			
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	CY MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	I	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION SI REFERENCED TO THE APPROP	HOULD BE CROSS.	(X5) COMPLI DATE	
			!		Residents identified wi	th significant	!	
	in harm to Resident 1	when he developed a stag	ae 4		changes of status on ad	mission and	:	
	i pressure ulcer (full thi	ckness skin loss with			throughout stay who ha	ve risk		
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	structures due to dise	ase, injury, or failure of the			infection/goneic ===			
	\mid blood supply). The pre	essure ulcer became infect	ted		infection/sepsis recent	surgeries,		
	and the infection spread to Resident 1's blood stream (sepsis). The results of the facility's failures				circulatory/vascular con	nditions risk		
	stream (sepsis). The r	esults of the facility's failur	es		of weight loss, incontin	ence, history		
	caused Resident 1 pain, presented the potential for death, and required hospitalization, prolonged intravenous antibiotic therapy and surgical interventions to treat the infected pressure ulcer.				of skin variances, non o	compliant		
					behaviors, cognitive im	pairment and		
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;	Findings:				potential to be affected.			
	Resident 1 was admitte	ed from an acute hospital f	for		Systemic changes:			
į	aortic valve replaceme	nt (aortic valve replacemer	nt is		3			
	a procedure in which a	patient's failing aortic valv	re l		During admission, resid	lent's will be		
Ì	is replaced with an arti-	ficial heart valve) to the			assessed by the license	d numer		
ì	facility, a full code (it is	a hospital designation	j		assisted by the needlest	u nurse		
Ì	referring to the level of	medical interventions a			assigned to the resident	with the	:	
	patient wishes to have	started if the heart or			Braden Assessment too	to predict		
	preathing stops) on 11/	18/15, with diagnoses that	t		pressure injury risk to in	nclude		
	included abnormalities	of gait and mobility, aortic			sensory perception, mo	isture, degree		
1	stenosis,(Blood from th	e heart is pumped through	1		of activity and mobility	, nutrition,		
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İ					plan will be implemente	ed and/or		
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r	Review of Resident 1's	acute hospital Transfer			cognitive impairment, c	ırculatory	!	
!		risalotot	j		and vascular problems,	with history	0/1 54	
	V11				and current skin varianc	00 vvi11 h =	8/16/16	

Seaview Rehabilitation & Wellness Center, LP (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Summary, dated 11/18/15, under "Skin Condition," indicated no pressure areas/ulcers. Review of Resident 1's Admission Assessment, dated 11/18/15, indicated Resident 1's skin was pink, dry/flaking, fair in turgor (the degree of elasticity of skin) and warm. No pressure ulcer was identified. Review of the Braden Scale for predicting Pressure Sore Risk dated 11/19/15, indicated Resident 1 scored 13 indicating moderate risk (total score less than 9 indicate severe risk). With regard to long term care (LTC) residents, calculating a Braden Scale score on admission, every week for 4 weeks, and then again either monthly or quarterly is suggested. (References: National Pressure Ulcer Advisory Panel (NPUAP) pressure ulcer stages/categories). Review of the MDS (Minimum Data Set, a Resident assessment tool), dated 11/25/15, indicated Resident 1 had a cognitive score of 0 indicating severe impairment; 13-15		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) provided observation, monitoring, nursing intervention and documentation of such will be made by the licensed nurse assigned to the resident. This review will be made timely with MD, responsible party and resident notifying of any significant changes. Licensed nurses/DSD will observe and monitor the C N A's to assure the provision of preventive skin care measures are in place and provide guidance and teaching for special	(X5) COMPLETE DATE
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National Pressure Ulcer Advisory Panel (NPUAP) pressure ulcer stages/categories). Review of the MDS (Minimum Data Set, a Resident assessment tool), dated 11/25/15, indicated Resident 1 had a cognitive score of 0 indicating		charge nurse will make random	
Review of the MDS (Minimum Data Set, a Resident assessment tool), dated 11/25/15, indicated Resident 1 had a cognitive score of 0 indicating		rounds through out their shift for	i
Review of the MDS (Minimum Data Set, a Resident assessment tool), dated 11/25/15, indicated Resident 1 had a cognitive score of 0 indicating		proper positioning and turning and	
assessment tool), dated 11/25/15, indicated Resident 1 had a cognitive score of 0 indicating		preventative skin and incontinence	
assessment tool), dated 11/25/15, indicated Resident 1 had a cognitive score of 0 indicating		care. Bath day skin reviews will be	i
Resident 1 had a cognitive score of 0 indicating		made though out the week by the	
Severe impairment /0.7 severe impairment 42.45		C N A's and will be reviewed by the	
1 20 voto impanincia (0-7 severe impaninent 13-15		nurse on assigned shift. Interventions	
cognitively intact; 8-12 moderately impaired), had		and following will be asset 1.14	
short and long-term memory problems, needed		and follow up will be provided to	
extensive assistance of one person physical assist		include notification of MD and	
for bed mobility, transfers, dressing, and toileting,		responsible party/resident of new	
Additionally, the MDS indicated Resident 1 was		and/ or changed skin variances. The	
always incontinent of bladder and bowel, had a		resident nurse's notes will reflect the	
nutritional risk and was at risk of developing		actions taken for those residents who	
pressure ulcers.		have a change of condition with skin	
Review of Pooldant 41- 110 Dr		status. The licensed nurse will be	
Review of Resident 1's "Care Plan Incontinence,"		expected to seek timely additional	0/1/11
vent ID:95ZV11 8/15/2016		support and direction will be asked	8/16/16

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM 055208		(X2) MU A. BUILD B. WING		(X3) DATE SU COMPLE	TED
IAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS			07/1	4/2016
	Rehabilitation & Wellness (A 95503-7095 HUMBOLDT COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FU SC IDENTIFYING INFORMATIO	ULL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SHOUL REFERENCED TO THE APPROPRIATI	-D BE CROSS-	(X5) COMPLE
	dated 11/19/15, indicate others, to provide inconfinent episode and abnormalities during toil During an interview on 12/2/15, stated he obse dressing on Resident 1's Staff A reported to Licer During an interview on 1 DON stated Resident 1 developing skin breakdd diagnoses of diabetes mencepalopathy (a serious Thiamine (vitamin B-1) of (Delirium is a serious distinat results in confused to a few days). During an interview on 1 when asked how Reside Licensed Staff B stated, day in the wheelchair and lunch. The evening staff him back to bed after dimensed to be a state of the confused to the c	tinence care after each to observe skin for an letting and/or changing 12/30/15 at 9 a.m., king a morning shift or rived an open area with sing the foliation of the letting and letting and l	th my grant of the my grant of		for by the licensed nurse fit DON and or DSD to support appropriate care and service into the 24 change of condition will be made by the assure follow up by the cli occurs on each shift. The Watch tool will be encourare inforced to the C. N. A's validate their observations potential changes in reside and skin during their shift. and Watch form will be retite charge nurse and follow accordingly. The Stop and form will be added to the 2 report book for follow up to clinical IDT review team. and Watch forms are availate each nurse's station for use. Observation and mer C N A's. Random cline. Guidelines for follow skin variances, pressure reduction design of Condition Management. Prompt notification of family and responsib	rom the ort ces. Entry ition nurse to nical IDT Stop and aged and to use and of nts ADL. The Stop viewed by wed up Watch 4 hour by the The Stop able at the control of ical rounds up with ure injuries sures and evices.	8/16/16

AND PLAN C	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE. IDENTIFICATION NUM 055208		A. BUILE B. WING	DING	(X3) DATE SURVEY COMPLETED	
	ROVIDER OR SUPPLIER		STREET ADORE	SS, CITY, STAT	07/14/2016	6 ———	
Seaview F	Rehabilitation & Wellness C				A 95503-7095 HUMBOLDT COUNTY		
				- I zaroku, c	W 99902-1099 HOWBOLD! COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMATI	ULL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIEI	SS- COM	(X5) MPLETI DATE
 	Review of Resident 1's 11/18/15, did not include devices for chair and be pressure and is designe prevention, treatment ar ulcers), indicated to turn signs and symptoms of it. During a telephone interp.m., Licensed Staff C, v stated he first knew of Rithe buttock on 12/5/15. V Licensed Staff C stated, 1's bottom. It looked like without skin (looking raw covering)." Licensed Staff measure and document to on the information to the Review of Nurse's Notes, p.m., indicated Resident funch, still feeling drowsy, hands and arms and felt of saxillary (underarm) ter (Normal body temperature). Nurse's Note entry 12/6/1. emperature 101. On 12/5	e pressure redistribution of (provides alternation of (provides alternation of the used in the and management of present and reposition, monition of the provided of the control of the provided of the open area but passing the control of the open area but passing the open area but passing the open area but passing the open area but passing the open area but passing the open area but passing the open area but passing the open area but passing the open area but passing the open area but of between the open area of the open area open area of the open area of the open area of the open area of the open area of the open area of the open area of the open area of the open area of the open area of the open area of the open area open area of the open area open area of the open area of the open area of the open area of the	ng g essure tor for 50 g shift, on saw, dent as e skin not essed		 Braden score Risks for pressure injuries Use of Stop and Watch, 24 report and purpose of skin meetings and referrals. Certified nurse's aides will be inserviced by DSD (Director of Stades Development) on steps to follow regarding the prevention of pressinjuries, timely reporting to the assigned license nurse for the resident of any noted concerns, so variances, changes in the vital significant of the forms and how to proceed during their assigned shith Nurses will be offered as addition resources to assist with identification of a pressure injury and significant change of condition, such as increased temperature and sepsis the steps to take. The DON (Director of Nursing) will reinfor 	haff sure kin gns, l ft. hal tion ht	
l to	ncreased tremors were no emperature was 102. Resident 1 required hospit valuation and treatment.				and educate on the following resources and provide instruction the steps for nurses to follow char of condition management and the role.	on nge ir	
ent ID:95ZV	/11		8/15/2016			8/16/	16

IAME OF PRO		IDENTIFICATION NUM 055208	IBER;	A. BUILDING	LE CONSTRUCTION	(X3) DATE S COMPLE	
NAME OF PROVIDER OR SUPPLIER Seaview Rehabilitation & Wellness Center, LP Street address, City, State, Zip Code 6400 Purdue Dr, Eureka, CA 95503-7095 Ht							14/2016
(X4) ID				r, Eureka, CA 9	5503-7095 HUMBOLDT COUN	ΓΥ	
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FU SC IDENTIFYING INFORMATION	JLL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPR	OULD BE CROSS.	(X5) COMPLET DATE
() () () () () () () () () () () () ()	Review of the acute host dated 12/9/15 indicated temperature of 101.8) and consciousness and a pressure ulcer, pressure upon wound on the skin heath of fibrous tissue organ). Review of the acute host 2/10/15, indicated a riguial callbone and consciousness of the wound on the skin ones) ulcer with periulcity assets of the wound of the centimeter is a unit of laystem, 1 inch = 2.54 cm), 14 cm in length, 100% ound bed, requiring exargical removal or cuttir	Resident 1 being febrand increasingly altered right buttock decubitude sore, or bed sore, is a) into the fascia (a third enclosing a muscle or spital's Progress Note, which the coccyxinge, triangular bone at the coccyxing and the sitting per erythema (surround encasuring 6.52 cm ength in the metric in diameter (width) a non-viable (dead tissuctisional debridement (rile ed level us (a an dated he ding nd ue) the		 Change of shift report process MD consultant management Sbar Tools for communication/documentation a guide Importance of not the resident, famoresponsible party timely of changes condition timely and recommendation 	for wound assessment atification of ally or a, physician as of for consult	
de th tis lo Re da Sa	evitalized tissue. Healing ree months to two years usue, which usually respond to blood supply). Eview of the acute hosputed 1/21/16, indicated acral decubitus stage 4 muscle and can external recommendation.	ng time: Anywhere fron rs.) of necrotic tissue (ults from an inadequat pital Discharge Summa discharge diagnoses: (the wound extends in	n dead te		care and or new interventions as i Observation and of the effectivene current treatmen residents respons	monitoring ess of t and the	
bo we ad No	e muscle and can exter one) and Sepsis with Mil- ound culture were both mission, as indicated on the, dated 1/13/16 at 13 eview of facility docume	RSA. Blood culture an positive for MRSA, on in the Hospitalist Prografs (1:15 p.m.).	ress		 Consult with the tonurse and or the logical (Director of Staff Development) and 	DSD	

Solview Rehabilitation & Wellness Centor, LP Solview Rehabilitation & Wellness Centor, LP Summary STATEMENT or DEFCIENCISS (EAD DEFCIENCY MIST BE PRECEDED BY FILL REPORT (EAD DEFCIENCY MIST BE PRECED BY FILL REPORT (EAD DEFCIENCY MIST BE PRECED BY FILL REPORT (EAD DEFCIENCY MIST BE PRECED BY FILL REPORT (EAD DEFCIENCY MIST BE PRECEDED BY FILL REPORT (EAD DEFCIENCY MIST BE PRECED BY FILL REPORT (EAD DEFCI	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055208	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
PREFIX TAG REGULATORY OR LIGHTHAM RECOUNT MUST BE PRECEDED BY FULL REGULATORY OR LIGHTHAM RECOUNT MEDITAL RECOUNT MEDITAL REGULATORY OR LIGHTHAM RECOUNT MEDITAL RECOUNT MEDIT	AME OF PROVIDER OR SUPPLIER Seaview Rehabilitation & Wellness	Center, LP STREET AD 6400 Purd	DRESS. CITY, STATE, ZIP CODE ue Dr, Eureka, CA 95503-7095 HUMBOLD	07/14/2016
	Management," indicate Staff will take appropri reduce the likelihood to pressure ulcers and of Nursing Staff is responded from the License Nurse will Physician promptly at the pressure ulcer or other Under Procedure 11. Staff will Evaluation CNAs (certified nurse a body checks on resider unusual findings to the Therefore, the facility fath necessary care and ser avoidable Stage 4 pressinterventions that could formation of the pressure infected with multiple bath life-threatening organism and sepsis which require and prolonged antibiotic either imminent danger the would result or a substantian substantial indicate in the could result or a substantial would result or a substantial indicate in the could re	ratement of deficiencies Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) ed under Policy: "Facility ate measures to prevent and hat residents will develop her skin conditions. All habible for the prompt reporting litions to the Licensed Nurse. Inotify the Attending he first occurrence of a skin related problems." skin and Wound ensed Nurse will complete ation (SK-04 -Form C- n) for each residentB. ssistants) will complete atis shower days and report Licensed Nurse. illed to provide the vices to prevent an sure ulcer, by withholding have prevented the e ulcer which became cterial and fungal, his which resulted in pain ed hospitalization, surgery treatments. This presented hat death or serious harm hitial probability that death	ID PROVIDER'S PL (EACH CORRECTIVE A REFERENCED TO THE A Support Referral provided training one whired nurses of on the above listed emphasis on: Pressure relabed mattres redistribute pressure recalternative in prevention of when indicated a shift rounds care provided providing teans guidance.	AN OF CORRECTION CTION SHOULD BE CROSS- APPROPRIATE DEFICIENCY) Tocess to other IDT and appropriate and referrals to skin ed nurses will be which will include luring orientation areas with ief devices including is to minimize and pressure, specialty ducing devices, interventions for of skin breakdown ted. of observing and making random of residents and doy C N A's and arching and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER SUPPLIER CU IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3: DATE SURVEY
	055208	A BUILDING	COMPLETED
NAME OF PROVIDER OR SUPPLIER		B WING	07/14/2016
Seaview Rehabilitation & Wellness C	STRE	T ADDRESS, CITY, STATE, ZIP CODE	0777472018
	1000	Purdue Dr, Eureka, CA 95503-7095 HUMBOLDT COUNTY	
(X4) ID SUMMARY STAT	TEMENT OF DEFICIENCIES		
FUCU DELICIENCY	MUST BE PRECEEDED BY FULL IC IDENTIFYING INFORMATION,	ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REFERENCED TO THE APPROPRIATE DEF	(73)
		Regular business days stand t	ıp
		clinical review will occur wit	h the
		DON, Administrator and IDT	i i
		utilizing the 24 hour resident	shift
		report as a guideline. Identificant	ed
1		entries of concern, stop and w	atch
		form and incident reports will	be
		used/Evidence of effectivenes	s of the
į		use of Stop and Watch will be reviewed by the team.	
		roviewed by the team.	
		The charge nurse assigned to t	
		resident on each shift will prov	he
		random clinical rounds on resi	/ide
		identified as high risk such as t	dent
		who are cognitively impaired,	nose
		incontinent, new and previous	alcin i
		variances, change in weight sta	SKIII tuo
i		changes in vitals signs, signs ar	ius,
		symptoms of infection/sensis as	nd
		change of condition.	
		The DON, DSD will make dail	
		supervisory skin & care rounds	and
i -		random rounds through out the	wool-
:		10 10110W up on change of condi	tion
		status and provide support and	:
		guidance as indicated to the cha	rge
		nurse to observe for compliance	to
		care standards of the nurses and C N A.	
ID:95ZV11			8/16/16

STATEMENT OF DE AND PLAN OF COR	FICIENCIES RECTION	(X1) PROVIDER SU IDENTIFICATIO 055208	IPPLIER CLIA IN NUMBER	A. But	MULTIPLE CONSTRUCTION	(X3- DATE COMP	SURVEY LETED	
NAME OF PROVIDER	OD SUSSILES	1		B With	JG	0	714 4155	
		_	STREET ADDRE	7 ADDRESS, CITY, STATE, ZIP CODE				
Courtett Kellabi	litation & Wellness	Center, LP	6400 Purdue	Dr. Eureka.	CA 95503-7095 HUMBOLDT COUNTY		 _	
				,,	THE STATE OF THE S	,		
(X4; ID	0111111							
PREFIX	SUMMARY ST (EACH DEFICIENC)	ATEMENT OF DEFICIEN Y MUST BE PRECEEDED	CIES	ID	PROVIDED COLUMN			
TAG	REGULATORY OR	LSC IDENTIFYING INFO	RMATION;	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SHOU REFERENCED TO THE APPROPRIAT	II D DE COOOS	(X5) COMPL: DATE	
				į	A weekly skin meeting we with the DON participating RD and discussion of resishigh risk factors, change of condition, new admits, the new and history of skin verwill be reviewed. The 24 clinical report will support admissions and those requireview. Referrals and follow up sure be made to the wound MD support, by recommendation assessment under the direct DON/treatment nurse. Referrals will be made to the registered dietitian, therapy department for support and with nutritional and therapy when indicated. The change of condition revitool will be utilized during of rounds for residents prevent risk for skin variances and the new or existing wounds.	ag and the dents with of ose with ariances hour t new iring port will for ons and tion of the direction was support wiew audit clinical ing at hose with		
! !					by the DON as indicated.	inauc ;		
ID:95ZV11			<u> </u>			:	8/16/16	

State-2567

STATEMENT OF DEI AND PLAN OF CORE	FICIENCIES RECTION	(X1) PROVIDER SUPPL IDENTIFICATION N	ER.CLIA JMBER	1	HULTIPLE CONSTRUCTION	(X3) DATE S		
		055208		A. BUII		COMPLE	:TED	
NAME OF PROVIDER	OR SUPPLIED	1	T	B WIN	<u> </u>	2=-	4 (10 -	
	itation & Wellness	Comton LD	STREET ADDRE	40DRESS, CITY, STATE, ZIP CODE 07/14/2016				
	The state of the s	Center, LP	6400 Purdue [Or, Eureka,	CA 95503-7095 HUMBOLDT COUNT	Υ		
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ŢĀĠ	REGULATORY OR	Y MUST BE PRECEEDED BY LSC IDENTIFYING INFORMAT	FULL TON:	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	LIDEE	(X5) COMPLE DATE	
			:		Licensed nurses will be of the DON/DSD on their re	ole of	:	
:					understanding and role of condition binder, Sbar	tools for	:	
			:		support of communication	n and		
i İ			f		follow up with change of	condition.	İ	
			i		In addition, nurses respor	nsibility to	!	
;			:		follow up with the resident	nt,	; i	
!					responsible party and phy timely regarding change of	sician		
			į		condition/skin manageme	OI 4		
!					documentation in the 24 h	ent,		
i			į		and the nurse's notes. On	the		
			!		importance of nurse making	ng random		
j			!		clinical rounds on residen	ts assigned		
					to their care and assure the	at the C N		
į				<u>ب</u>	A s demonstrate appropria	ate and		
			#	·	preventive skin care and/or	r follow up	•	
					with teaching and guidance	e report		
İ					along with the Stop and W	atch		
				į	Program through out their	assigned		
			j		shifts will be monitored an	d		
					expected of the license nur	se. The		
i :				1	DON will supervise throug	thout the		
			Ì	İ	week for compliance.			
!			ł i	į	Trends and or concerns ide	ntified		
<u>[</u>		•			during Skin Committee Me	numed		
			!	Ì	be shared with the QAA Co	oung will		
				i F	for further suggestions and	or		
į				İ	recommendation. The Adn	ninistrator		
				į.	/DON will be responsible for	musualor		

AND PLAN OF CO	PEFICIENCIES RRECTION	(X1) PROVIDER SUI IDENTIFICATIO	PPLIER:CLIA NINUMBER	(X2) MU	ILTIPLE CONSTRUCTION	(X3) DATE SU	JRVEY	
		055208		A. BUILD			07/14/2016	
NAME OF PROVIDE	ER OR SUPPLIER	1		B WING		07/		
	pilitation & Wellnes:	s Center I ¤	STREET ADDRE	STREET ADDRESS, CITY, STATE, ZIP GODE				
		e-mody 64	0400 Purdue [Or, Eureka, C	A 95503-7095 HUMBOLDT COUN	TY		
(X4; ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENC CY MUST BE PRECEEDED	CIES	ID	PROVIDED OF A LABOR.			
TAG	REGULATORY OF	R LSC IDENTIFYING INFOR	MATION:	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION SH REFERENCED TO THE APPROPE	OUT DIRECTORS	(X5) COMPLET DATE	
					process.		·	
:					Integrating into qualit program:	y assurance	•	
					The effectiveness of the change of condition, clisskin meeting and the obmonitoring of the C N A to the resident and the S Watch Program, and the Quality Assurance and F Improvement (QAPI) pl discussed by the Adminithe DON at the monthly Assurance Meeting for months and will be extendeemed necessary by the Committee. Corrective Action Date	nical review, servation as attention top and facility Performance an, will be istrator and Quality the next 3 aded as e QAA		
				-				
ID:95ZV11			8/15/2016				3/16/16	