

SECTION 1424 NOTICE

CITATION NUMBER: 11-2389-0012256-F

Date: 06/13/2016 Time: 3:58 pm

Type of Visit :

Incident/Complaint No.(s) : CA00486369

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

Licensee Name:	Granada Rehabilitation & Wellness Center, LP		
Address:	2885 Harris Street	Eureka, CA	95503
License Number:	010000015	Type of Ownership:	Partnership

Facility Name:	Granada Rehab & Wellness Center, LP		
Address:	2885 Harris St	Eureka, CA	95503
Telephone:			
Facility Type:	Skilled Nursing Facility	Capacity:	87
Facility ID:	010000024		

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS	PENALTY ASSESSMENT	DEADLINE FOR COMPLIANCE
		\$20,000.00	6/27/16 6:00 a.m.

F281	<p>CLASS A CITATION -- PATIENT CARE</p> <p>F281 §483.20(k)(3)(i) Services Provided Meet Professional Standards The services provided or arranged by the facility must meet professional standards of quality.</p> <p>The facility failed to follow nursing professional standards of practice and facility policy when licensed nursing staff withheld the necessary care and services by failing to notify the physician in a timely manner of significant changes of condition on _____ for Resident 1.</p> <p>Resident 1 required transfer to the emergency room of the local hospital shortly after midnight, on _____ with agonal breathing (shallow breathing pattern that is often related to cardiac arrest and death), and severe dehydration. Her admission diagnoses included encephalopathy (disease of the brain that alters brain function or structure, may be caused by infectious agent bacteria, virus, or lack of oxygen or blood flow to the brain), and sepsis (life-threatening condition that arises when the body's response to infection injures its own tissues and organs). Resident 1 was intubated (a tube inserted into the windpipe), placed on mechanical ventilation, and admitted to the Intensive Care Unit (ICU).</p> <p>Resident 1's demographic facesheet, dated _____ indicated she was readmitted to the facility on _____ following a hospital stay with diagnoses that included: pressure</p>
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<p>Name of Evaluator: Karen Boggs HFEN</p> <p>Evaluator Signature: <u><i>Kristina A. Monroe</i></u></p>	<p>Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE</p> <p>Signature: <u><i>[Signature]</i></u></p> <p>Name: <u>Alice Brasser</u></p> <p>Title: <u>Administrator</u></p>
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NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

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	<p>ulcer of the sacral region (bone at the base of the spine), Stage 4 (Stage 4 Pressure Injury: Full-thickness skin and tissue loss with exposed or directly palpable fascia (band or sheet of connective tissue, primarily collagen, beneath the skin) muscle, tendon, ligament, cartilage or bone in the ulcer. The National Pressure Ulcer Advisory Panel), urinary tract infection, traumatic hemothorax (a collection of blood in the space between the chest wall and the lung, which required 3 chest tubes to drain), acute kidney failure, poorly controlled diabetes and a heart attack following a cardiac arrest. The Stage 4 pressure ulcer was infected with Vancomycin Resistant Enterococcus (VRE). "Enterococci, a bacteria, can resist and evade several forms of antibiotic therapy, including Vancomycin, the antibiotic of last resort for resistant infections...Enterococcal infections that result in human disease can be fatal, particularly those caused by strains of Vancomycin-resistant enterococci " (http://www.niaid.nih.gov/topics/antimicrobialResistance/Examples/vre/Pages/overview.aspx)</p> <p>Physician admission orders, dated _____ included Full code status and noted that Resident 1 was capable of making health care decisions and the code status had been discussed with Resident 1. (A full code means a person will allow all interventions needed to get their heart started. This may include chest compressions and defibrillation to shock the heart out of a life-threatening heart rhythm. Placing a breathing tube in the airway to assist with ventilation and medications to treat the heart are all resuscitation interventions. Not all patients require each step. But if a patient is a full code, it means they are willing to allow any of the above measures. Source: Medical Students Guide to Understanding Code Status,</p> <p>A fax, dated _____ with no time or date stamp indicating it was sent, from the Registered Dietician to the attending physician, noted that Resident 1 lost 8.6 pounds in one week and the current average intake by mouth was 15% of meals and 95 milliliters (ml) of fluid (per meal) over the last 21 meals (7 days). Long-term care residents, for example, eat far from 100% of their meals, whereas almost 80% of the total daily fluid comes from fluid intake associated with meals. Patients consuming less than 50% of their meals are at high risk for dehydration. (http://www.medscape.com/viewarticle/567678_6)</p> <p>Nurses notes, dated _____ indicated that at _____, while working with physical therapy, Resident 1's body became rigid and her eyes rolled back into her head and then Resident 1 vomited approximately 2 cups of brownish-yellow fluid. The</p>

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	<p>vomit was suctioned from the mouth and the oxygen was turned up to 3 liters (L) due to a blood oxygen level of 87% (normal is 97 to 100%), this was reported to the Director of Nurses (DON).</p> <p>Nurses notes, dated _____ indicated: "R [Resident 1] unable to speak, seemed lethargic and not responding at first. Continued to talk to R [Resident 1], she would open her eyes, but not talk. Eventually she started moving her tongue and mouth as if trying to say something. O2 [oxygen saturation level] at 88 to 89% via NC [nasal cannula] at 3 LPM [liters per minute] at 8:30 p.m...low grade fever of 99.6 [degrees Fahrenheit]. Checked on at 10 p.m., sleeping without shortness of breath, O2 went up to 93% on 3L [liters]. Repositioned every 2 hours as needed. Foley [catheter into the bladder] draining amber color urine." Severe dehydration can produce urine the color of amber. (http://www.mayoclinic.org/diseases-conditions/urine-color/basics/symptoms).</p> <p>Intake and urine output was not recorded for _____ on the Intake and Output record.</p> <p>Nurses notes, dated _____, indicated "upon beginning of the shift," _____ Certified Nursing Assistant (CNA) reported to the nurse that Resident 1 was not responsive. Vital signs noted were: temperature of 101.8 degrees Fahrenheit (normal 97.8 - 99.1 degrees Fahrenheit), Pulse 118 (normal 60 - 80), Respirations 26 (normal 12 - 18), blood pressure of 88/50 and oxygen level 85% on 3 L of oxygen with minimal response to painful stimulus (used to check level of consciousness). The Physician was notified and received orders to transfer to the hospital as an emergency for possible sepsis.</p> <p>The City Ambulance of Eureka Prehospital Care Report, dated _____ noted arrival at the facility at 00:07 a.m., and noted the primary impression as unconscious and secondary impression as respiratory distress. The vital signs recorded were: blood pressure 80/42, pulse 118, respirations 28 per minute with oxygen saturation of 85% on low oxygen. The ambulance left the facility at _____ with lights and sirens to transport Resident 1 to the emergency room.</p> <p>Often, older people are unable to create a higher temperature with infection so very low temperatures and checking the other vital signs plays an important role in following these people for signs of infection. (http://nursinglink.monster.com/training/articles/944-vital-signs-overview-and-effect-of-aging-changes) Sepsis is a potentially life-threatening complication of an infection. If sepsis progresses</p>

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Date: 06/13/2016 Time: 9:58pm

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	<p>to septic shock, blood pressure drops dramatically, this may lead to death. To be diagnosed with sepsis, you must exhibit at least two of the following symptoms, plus a probable or confirmed infection: body temperature above 101 F (38.3 C) or below 96.8 F (36 C); heart rate higher than 90 beats a minute; and/or respiratory rate higher than 20 breaths a minute. Diagnosis will be upgraded to severe sepsis if you also exhibit at least one of the following signs and symptoms, which indicate an organ may be failing: significantly decreased urine output; abrupt change in mental status; decrease in platelet count; difficulty breathing; abnormal heart pumping function; or abdominal pain. (http://www.mayoclinic.org/diseases-conditions/sepsis/home/ovc-20169784)</p> <p>During an interview, on _____ Physical Therapy Assistant (PTA) A stated that on _____ at around _____ Resident 1 had agreed to try to sit on the edge of the bed. When PTA A rolled Resident 1 to one side, Resident 1 stated in a garbled voice, "I don't feel so good," and then became rigid and stiff all over and her eyes rolled up in her head. PTA A stated Resident 1 began to vomit, so PTA A called for help and a CNA and Licensed Nurse (LN) B came into the room and took over.</p> <p>During an interview, on _____ Licensed Nurse B (LN B) who was assigned to Resident 1 from _____ to _____ on _____ stated a CNA reported that Resident 1 went rigid and her eyes rolled back in her head and then started to vomit. LN B stated she suctioned Resident 1's mouth and checked oxygen levels frequently. LN B stated she was concerned that Resident 1 might have aspiration pneumonia (occurs when food, drink, vomit or saliva is inhaled into the lungs) after the vomiting episode. When asked if the physician had been notified of this change in condition, LN B stated "No, I did not notify the physician, but in hindsight I guess I should have. I kept checking her oxygen levels and I told the DON."</p> <p>During an interview, on _____ DON stated when LN B notified her of the change on _____ after the rigid posture and vomiting, LN B was instructed to call the physician and report the change in Resident 1's condition. Additionally, DON stated LN B was told not to send a Fax, but to actually call the physician and report the changes.</p> <p>During an interview, on _____ LN C, who was assigned to Resident 1 from _____ or _____ stated LN B had reported that Resident 1 had vomited, but did not relay the information about Resident 1's episode of being rigid and with eyes</p>

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	<p>rolled back, prior to the vomiting. Resident 1 was twitching so LN C stated she checked the blood sugar levels which were "okay." LN C stated Resident 1 was lethargic and mumbling and the oxygen level was "low" so the head of the bed was raised and the oxygen was turned up to 3L and the oxygen levels came up to 93% around 9 p.m.. LN C stated Resident 1 had a low grade fever, but it was not retaken. Resident 1's blood pressure and pulse were not taken, and Resident 1 had dark urine in the Foley with about 300 ml of urine output. LN C agreed, the output was not documented in the record. LN C stated she did not report the lethargic episode with the inability to speak, the dark urine, twitching or the low grade temperature to the physician. Normal urine output is 70 to 80 ml per hour [80 ml per hour times 8 hours equals 640 ml] during waking hours and 30 to 40 ml per hour while sleeping. http://www.asn-online.org/education/distancelearning/curricula/geriatrics/Chapter17.pdf</p> <p>During an interview, on _____ LN D stated that at the beginning of the night shift on _____ the nursing staff for the evening shift _____ were busy, so did not immediately give report to the oncoming shift. LN D stated a CNA, who was checking vital signs at the beginning of the night shift ran to her and reported that Resident 1 was not responsive. LN D stated she immediately evaluated Resident 1 and the vital signs were "not good," so the physician was immediately contacted by telephone and the physician told LN D to send Resident 1 immediately to the hospital for probable sepsis. LN D stated the ambulance arrived quickly and Resident 1 was transferred to the hospital. Soon after the emergency room called and asked what Resident 1's code status was as they wanted to intubate and send Resident 1 to ICU. LN D stated that the evening shift had only reported that Resident 1 had vomited earlier that evening.</p> <p>During an interview, on _____ Resident 1's attending physician stated that due to Resident 1's complex clinical condition, which included the Stage 4 pressure ulcer with VRE, poor nutritional status, poor lungs and heart, that Resident 1 was at high risk for severe sepsis and repeated hospitalizations and she was not sure that the hospital would be able to remove the mechanical ventilator.</p> <p>Facility policy, titled "Change of Condition Notification", dated _____ indicated: "Policy: ...The facility will promptly inform the resident, consult with the resident's Attending physician...when the resident endures a significant change of condition...II. "Significant Change of Condition" related to Attending Physician notification is defined as when the Attending physician must be notified when any sudden and marked adverse change in the resident's condition, which is manifested by signs and symptoms different</p>

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	<p>than the usual, denote a new problem, complication, or permanent change in status and require a medical assessment, coordination and consultation with the Attending Physician and a change in the treatment plan...III. A Licensed Nurse will notify the resident's Attending Physician...when there is...C. A significant change in the resident's physical, mental or psychosocial status, e.g., deterioration in health, mental or psychosocial status, life-threatening conditions or clinical complications..."</p> <p>Saunders Manual of Nursing Care: "Communicating with Physicians: 1 d.(1) Make sure the nurse shares with the physician any information about patient needs and response to treatment...When telephoning physicians about change of condition, do the following:...3. Identify the patient and the diagnosis, 4. State the problem and include: vital signs and level of consciousness; appearance of the patient, response to interventions and any other pertinent data..."</p> <p>Therefore, the facility failed to follow nursing professional standards of practice and facility policy when licensed nursing staff withheld the necessary care and services by failing to notify the physician in a timely manner of significant changes of condition on for Resident 1.</p> <p>Resident 1 required transfer to the emergency room of the local hospital shortly after midnight, on with agonal breathing (shallow breathing pattern that is often related to cardiac arrest and death), and severe dehydration. Her admission diagnoses included encephalopathy (disease of the brain that alters brain function or structure, may be caused by infectious agent bacteria, virus, or lack of oxygen or blood flow to the brain), and sepsis (life-threatening condition that arises when the body's response to infection injures its own tissues and organs). Resident 1 was intubated (a tube inserted into the windpipe), placed on mechanical ventilation, and admitted to the Intensive Care Unit (ICU), which presented either imminent danger that death or serious harm would result or a substantial probability that death or serious harm would result.</p>

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CIVIL MONEY PENALTY ASSESSMENT

Facility : Granada Rehab & Wellness Center, LP

DATE	CITATION #	CLASS	PENALTY ASSESSED	TOTAL DUE
06/13/2016	11-2389-0012256-F	A	\$20,000.00	\$20,000.00
SECTION(S) VIOLATED:				
F281				

This citation has been issued as a Class A.

Full Payment Due By : 08/12/2016

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 Safety 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

6 / 13 / 16
Date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
NAME OF PROVIDER OR SUPPLIER Granada Rehab & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2885 Harris St, Eureka, CA 95503-4808 HUMBOLDT COUNTY		
(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) COMPLETE DATE
	<p>The following reflects the findings of the Department of Public Health during a Complaint Investigation visit:</p> <p>CLASS A CITATION -- PATIENT CARE 11-2389-0012256-F Complaint(s): CA00486369</p> <p>Representing the Department of Public Health: Surveyor ID # 28522, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>F281 §483.20(k)(3)(i) Services Provided Meet Professional Standards The services provided or arranged by the facility must meet professional standards of quality.</p> <p>The facility failed to follow nursing professional standards of practice and facility policy when licensed nursing staff withheld the necessary care and services by failing to notify the physician in a timely manner of significant changes of condition on _____ for Resident 1.</p> <p>Resident 1 required transfer to the emergency room of the local hospital shortly after midnight, on _____ with agonal breathing (shallow breathing pattern that is often related to cardiac arrest and death), and severe dehydration. Her admission diagnoses included encephalopathy (disease of the brain that alters brain function or structure, may be caused by infectious agent bacteria, virus, or lack of oxygen or blood flow to the brain), and sepsis</p>		<p>Preparation, submission and/or execution of this plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.</p> <p>F281 483.20(k) (3) (i) Services Provided Meet Professional Standards</p> <p>The facility will ensure that the services provided or arranged meet professional standards of quality.</p> <p>How corrective action(s) will be accomplished for those residents found to have been affected. Resident #1 is no longer in the facility.</p> <p>How the facility will identify other residents having the potential to be affected. Residents identified with significant change of condition such as cardiac, respiratory, sepsis changes in vital signs have the potential to be affected.</p>	

Event ID:P6CJ11

6/7/2016

9:24:41AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrative 6-13-16

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 10

Administrative 6-13-16

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. Except for nursing homes, the findings 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.

POC accepted K-Monroe on 6/13/16 @ 4:30 pm

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
NAME OF PROVIDER OR SUPPLIER Granada Rehab & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2885 Harris St, Eureka, CA 95503-4808 HUMBOLDT COUNTY		
(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) COMPLETE DATE
	<p>(life-threatening condition that arises when the body's response to infection injures its own tissues and organs). Resident 1 was intubated (a tube inserted into the windpipe), placed on mechanical ventilation, and admitted to the Intensive Care Unit (ICU).</p> <p>Resident 1's demographic facesheet, dated _____ indicated she was readmitted to the facility on _____ following a hospital stay with diagnoses that included: pressure ulcer of the sacral region (bone at the base of the spine), Stage 4 (Stage 4 Pressure Injury: Full-thickness skin and tissue loss with exposed or directly palpable fascia (band or sheet of connective tissue, primarily collagen, beneath the skin) muscle, tendon, ligament, cartilage or bone in the ulcer. The National Pressure Ulcer Advisory Panel), urinary tract infection, traumatic hemothorax (a collection of blood in the space between the chest wall and the lung, which required 3 chest tubes to drain), acute kidney failure, poorly controlled diabetes and a heart attack following a cardiac arrest. The Stage 4 pressure ulcer was infected with Vancomycin Resistant Enterococcus (VRE). "Enterococci, a bacteria, can resist and evade several forms of antibiotic therapy, including Vancomycin, the antibiotic of last resort for resistant infections...Enterococcal infections that result in human disease can be fatal, particularly those caused by strains of Vancomycin-resistant enterococci " (http://www.niaid.nih.gov/topics/antimicrobialResistance/Examples/vre/Pages/overview.aspx)</p>		<p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not reoccur.</p> <p>Residents identified with change of condition will be provided observation /monitoring /nursing interventions and documentation of this activity will be made by the licensed nurse assigned to resident. When indicated, intake and output will be documented with the vital signs. The licensed nurse who identifies a significant change have the following available resources to assist with identification of a significant change of condition - nursing assessments, resources of peer support nurses, and condition of change binder will notify the physician promptly at the time of the significant change of condition to provide necessary care and services.</p> <p>Nurses have the following available resources to assist with identification of a significant change of condition. The Director of Nurses (DON) and Assistant Director of Nurses (ADNS) will reinforce and educate on:</p> <ul style="list-style-type: none"> • Change of Condition Binder, containing care paths, such as; but not limited to: Urinary Tract, Respiratory Infections and Sepsis, located at each nurse's stations. • SBAR communication tool guide. 	

Event ID:P6CJ11

6/7/2016

9:24:41AM

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administrate -

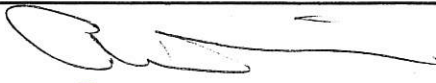
6-13-16
6-15-16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
NAME OF PROVIDER OR SUPPLIER Granada Rehab & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2885 Harris St, Eureka, CA 95503-4808 HUMBOLDT COUNTY		
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	<p>vomited approximately 2 cups of brownish-yellow fluid. The vomit was suctioned from the mouth and the oxygen was turned up to 3 liters (L) due a blood oxygen level of 87% (normal is 97 to 100%), this was reported to the Director of Nurses (DON).</p> <p>Nurses notes, dated indicated: "R [Resident 1] unable to speak, seemed lethargic and not responding at first. Continued to talk to R [Resident 1], she would open her eyes, but not talk. Eventually she started moving her tongue and mouth as if trying to say something. O2 [oxygen saturation level] at 88 to 89% via NC [nasal cannula] at 3 LPM [liters per minute] at 8:30 p.m...low grade fever of 99.6 [degrees Fahrenheit]. Checked on at 10 p.m., sleeping without shortness of breath, O2 went up to 93% on 3L [liters]. Repositioned every 2 hours as needed. Foley [catheter into the bladder] draining amber color urine." Severe dehydration can produce urine the color of amber. (http://www.mayoclinic.org/diseases-conditions/urine-color/basics/symptoms).</p> <p>Intake and urine output was not recorded for 4/27/16 on the Intake and Output record.</p> <p>Nurses notes, dated indicated "upon beginning of the shift," a Certified Nursing Assistant (CNA) reported to the nurse that Resident 1 was not responsive. Vital signs noted were: temperature of 101.8 degrees Fahrenheit (normal 97.8 - 99.1 degrees Fahrenheit), Pulse 118 (normal 60 - 80),</p>		<p>on: Importance of notifying the physician timely of a significant change of condition for services and care direction via phone. Notifying the DON/ADNS/supervisor for support with significant changes of condition. Providing feedback of physician notification and response timely on the shift of occurrence. Licensed nurses on leave or vacation will be inservice upon return to work.</p> <ul style="list-style-type: none"> Utilizing peer licensed nurses for consultation/support. Change of Condition Binder and Care Paths for Sepsis, Urinary Tract and Upper Respiratory Infections. Providing referral to Respiratory, Occupation, Physical or Speech Therapy in a timely manner for consultation/support. Use of the 24 hour report book to document observations /concerns for charge nurse of the oncoming shift. Assuring documentation of status of resident, pertinent vital signs, intake and output, appetite, hydration variances if indicated is provided by the nurse. Follow up by the Interdisciplinary Team (IDT) clinical review team will occur at the morning Monday- 	

Event ID:P6CJ11

6/7/2016

9:24:41AM



Administrator

6-10-16



Administrator

6-13-16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
--------------------------------------------------	------------------------------------------------------------------	------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER Granada Rehab & Wellness Center, LP	STREET ADDRESS, CITY, STATE, ZIP CODE 2885 Harris St, Eureka, CA 95503-4808 HUMBOLDT COUNTY
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	<p>Respirations 26 (normal 12 - 18), blood pressure of 88/50 and oxygen level 85% on 3 L of oxygen with minimal response to painful stimulus (used to check level of consciousness). The Physician was notified and received orders to transfer to the hospital as an emergency for possible sepsis.</p> <p>The City Ambulance of Eureka Prehospital Care Report, dated _____ noted arrival at the facility at 00:07 a.m., and noted the primary impression as unconscious and secondary impression as respiratory distress. The vital signs recorded were: blood pressure 80/42, pulse 118, respirations 28 per minute with oxygen saturation of 85% on low oxygen. The ambulance left the facility at 00:16 a.m. with lights and sirens to transport Resident 1 to the emergency room.</p> <p>Often, older people are unable to create a higher temperature with infection so very low temperatures and checking the other vital signs plays an important role in following these people for signs of infection.</p> <p>(http://nursinglink.monster.com/training/articles/944-vital-signs-overview-and-effect-of-aging-changes) Sepsis is a potentially life-threatening complication of an infection. If sepsis progresses to septic shock, blood pressure drops dramatically, this may lead to death. To be diagnosed with sepsis, you must exhibit at least two of the following symptoms, plus a probable or confirmed infection: body temperature above 101 F (38.3 C) or below 96.8 F (36 C); heart rate higher than 90 beats a minute; and/or respiratory rate higher than 20 breaths a minute. Diagnosis will be upgraded to severe sepsis if you also exhibit at least one of the</p>		<p>Friday Stand up Meeting. On the week end the supervisor nurse will be available for support and follow up. DON and or Administrator will be notified of the situation as needed for support and follow up.</p> <ul style="list-style-type: none"> RD and Weight Committee and nurses were in-serviced on calling versus faxing the MD for significant weight variances Additional in-services will be scheduled as indicated by the DON and provided during the monthly nurse staff meeting for the next 3 months to cover the same information. <p>How the facility plans to monitor its performance to make sure that solutions are sustained and integrated into the quality assurance system:</p> <p>The Monday through Friday Standup Meeting will be utilized by the IDT to review the 24 hour resident report for significant changes of condition. The DON/ ADNS will follow up accordingly through clinical rounds and communication with the nurses. At the IDT meeting, residents with acute care transfers for change of condition will be reviewed for timeliness of notification The DON will make Resident room</p>	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2016
NAME OF PROVIDER OR SUPPLIER Granada Rehab & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 2885 Harris St, Eureka, CA 95503-4808 HUMBOLDT COUNTY		
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	<p>following signs and symptoms, which indicate an organ may be failing: significantly decreased urine output; abrupt change in mental status; decrease in platelet count; difficulty breathing; abnormal heart pumping function; or abdominal pain. (http://www.mayoclinic.org/diseases-conditions/sepsis/home/ovc-20169784)</p> <p>During an interview, on Physical Therapy Assistant (PTA) A stated that on Resident 1 had agreed to try to sit on the edge of the bed. When PTA A rolled Resident 1 to one side, Resident 1 stated in a garbled voice, "I don't feel so good," and then became rigid and stiff all over and her eyes rolled up in her head. PTA A stated Resident 1 began to vomit, so PTA A called for help and a CNA and Licensed Nurse (LN) B came into the room and took over.</p> <p>During an interview, on Licensed Nurse B (LN B) who was assigned to Resident 1 from stated a CNA reported that Resident 1 went rigid and her eyes rolled back in her head and then started to vomit. LN B stated she suctioned Resident 1's mouth and checked oxygen levels frequently. LN B stated she was concerned that Resident 1 might have aspiration pneumonia (occurs when food, drink, vomit or saliva is inhaled into the lungs) after the vomiting episode. When asked if the physician had been notified of this</p>		<p>rounds through out the week to observe and monitor for supervision and assistance for change of condition. A change of condition audit tool will be used by the IDT to review significant changes and need for notification of physician and or hospital transfers for care and services. The results of the findings will be addressed by the DON to the appropriate identified staff. In addition, a Quiz review will be given to random licensed nursing staff of 4 nurses for the next 6 weeks and on various shifts by the nurse manager. This quizzing will be documented on a Quiz form and housed with the Administrator.</p> <p>The Administrator and DON reported to the Medical Director on May 19, 2016 of this 2567 and plan of correction. The effectiveness of the trainings, monitors, rounds, quizzes, audits, and compliance will be discussed by the Administrator and the DON at the monthly QA & A Meeting until substantial compliance is met and sustained. A QAPI tool will also be used and new recommendations if indicated will be made and acted on by the Administrator x 3 months.</p> <p>Corrective Action Date: On or before:</p>	

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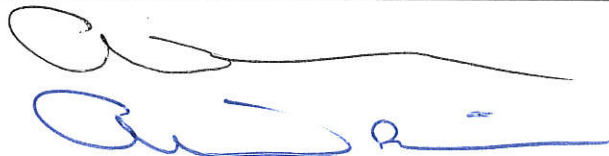
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	<p>change in condition, LN B stated "No, I did not notify the physician, but in hindsight I guess I should have. I kept checking her oxygen levels and I told the DON."</p> <p>During an interview, on _____ DON stated when LN B notified her of the change on _____ after the rigid posture and vomiting, LN B was instructed to call the physician and report the change in Resident 1's condition. Additionally, DON stated LN B was told not to send a Fax, but to actually call the physician and report the changes.</p> <p>During an interview, on _____ LN C, who was assigned to Resident 1 from _____ to _____ stated LN B had reported that Resident 1 had vomited, but did not relay the information about Resident 1's episode of being rigid and with eyes rolled back, prior to the vomiting. Resident 1 was twitching so LN C stated she checked the blood sugar levels which were "okay." LN C stated Resident 1 was lethargic and mumbling and the oxygen level was "low" so the head of the bed was raised and the oxygen was turned up to 3L and the oxygen levels came up to 93% around 9 p.m.. LN C stated Resident 1 had a low grade fever, but it was not retaken. Resident 1's blood pressure and pulse were not taken, and Resident 1 had dark urine in the Foley with about 300 ml of urine output. LN C agreed, the output was not documented in the record. LN C stated she did not report the lethargic episode with the inability to speak, the dark urine, twitching or the low grade temperature to the physician.</p>			

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	<p>Normal urine output is 70 to 80 ml per hour [80 ml per hour times 8 hours equals 640 ml] during waking hours and 30 to 40 ml per hour while sleeping. http://www.asn-online.org/education/distancelearning/curricula/geriatrics/Chapter17.pdf</p> <p>During an interview, on _____, LN D stated that at the beginning of the night shift on _____ the nursing staff for the evening shift _____ were busy, so did not immediately give report to the oncoming shift. LN D stated a CNA, who was checking vital signs at the beginning of the night shift ran to her and reported that Resident 1 was not responsive. LN D stated she immediately evaluated Resident 1 and the vital signs were "not good," so the physician was immediately contacted by telephone and the physician told LN D to send Resident 1 immediately to the hospital for probable sepsis. LN D stated the ambulance arrived quickly and Resident 1 was transferred to the hospital. Soon after the emergency room called and asked what Resident 1's code status was as they wanted to intubate and send Resident 1 to ICU. LN D stated that the evening shift had only reported that Resident 1 had vomited earlier that evening.</p> <p>During an interview, on _____ Resident 1's attending physician stated that due to Resident 1's complex clinical condition, which included the Stage 4 pressure ulcer with VRE, poor nutritional status, poor lungs and heart, that Resident 1 was at high risk for severe sepsis and repeated hospitalizations and she was not sure that</p>			

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	<p>the hospital would be able to remove the mechanical ventilator.</p> <p>Facility policy, titled "Change of Condition Notification", dated _____ indicated: "Policy: ...The facility will promptly inform the resident, consult with the resident's Attending physician...when the resident endures a significant change of condition...II. "Significant Change of Condition" related to Attending Physician notification is defined as when the Attending physician must be notified when any sudden and marked adverse change in the resident's condition, which is manifested by signs and symptoms different than the usual, denote a new problem, complication, or permanent change in status and require a medical assessment, coordination and consultation with the Attending Physician and a change in the treatment plan...III. A Licensed Nurse will notify the resident's Attending Physician...when there is...C. A significant change in the resident's physical, mental or psychosocial status, e.g., deterioration in health, mental or psychosocial status, life-threatening conditions or clinical complications..."</p> <p>Saunders Manual of Nursing Care: "Communicating with Physicians: 1 d.(1) Make sure the nurse shares with the physician any information about patient needs and response to treatment...When telephoning physicians about change of condition, do the following:...3. Identify the patient and the diagnosis, 4. State the problem and include: vital signs and level of consciousness; appearance of the patient, response to interventions and any other</p>			

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