

SECTION 1424 NOTICE

CITATION NUMBER: 11-2584-0012472-F

Date: 08/16/2016 Time: 4:30 P.M.

Type of Visit : Complaint Investig.

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

Incident/Complaint No.(s) : CA00468724

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: Skilled Nursing Facility Capacity: 99
 Facility ID: 010000060

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS	PENALTY ASSESSMENT \$20,000.00	DEADLINE FOR COMPLIANCE 8/31/16 6:00 a.m.
F157	<p>CLASS A CITATION -- PATIENT CARE</p> <p>F157 §483.10(b)(11) Notify of Change (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 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>Name of Evaluator: Lourdes Sameon HFEN</p> <p>Evaluator Signature : <u><i>Lourdes Sameon HFEN</i></u></p>	<p>Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE</p> <p>Signature : <u><i>Lorena A. Smith, DSWA</i></u></p> <p>Name : <u>Lorena A. Smith, DSWA</u></p> <p>Title : <u>Administratore</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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SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	<p>The facility failed to immediately notify the physician and the responsible party of Resident 1's change in condition when: 1) Resident 1's open area on the buttock was discovered and reported to a licensed nurse; and 2) Resident 1 developed a pressure ulcer and fever for three days before the physician was notified. These failures resulted in harm to Resident 1, when he did not receive the necessary care and services to alleviate a worsening condition of a pressure ulcer which led to sepsis (Sepsis is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs. Common signs and symptoms include fever, increased heart rate, increased breathing rate, and confusion). Resident 1 was subjected to unnecessary pain, required hospitalization, prolonged intravenous antibiotic therapy and surgical interventions to treat the sepsis and the infected pressure ulcer.</p> <p>Findings:</p> <p>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 (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 (is narrowing of the aortic valve). 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).</p> <p>Review of the Resident 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.</p> <p>During a telephone interview on 12/23/15 at 10:55 a.m., Family Member F stated she visited every day and that is how she knew Resident 1 was running a fever on 12/5/15, 12/6/15, 12/7/15 and 12/8/15. Family Member F also stated she was not aware Resident 1 developed a pressure sore on his buttock.</p> <p>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 Licensed Nurse E, and the wound was dressed.</p>

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	<p>During a telephone interview on 2/16/16 at 4:50 p.m., Licensed Staff C 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.</p> <p>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 warm to touch. Resident 1's axillary (underarm) temperature was 99.1 degrees F. (Normal body temperature is considered to be 98.6 degrees F. An armpit (axillary) temperature is usually 0.5°F (0.3°C) to 1°F (0.6°C) lower than an oral temperature).</p> <p>Review of Nurse's Note, dated 12/6/15, a.m., indicated a temperature of 101 degrees F. On 12/7/15 at 11:50 a.m., increased tremors were noted, and Resident 1's temperature was 102 degrees F. Physician D was notified three days (Nurse's Notes 12/5, 12/6 and 12/7) after Resident 1 developed his fever, with order for Tylenol, to continue monitoring and call the physician for increased tremors.</p> <p>During a telephone interview on 2/16/16 at 3:14 p.m., Licensed Staff E stated she initiated the SBAR (situation, background, assessment and request) notification to Physician D on 12/7/15, but addressed only the elevated temperature and Resident 1's hand tremors and not the open area on the right buttock.</p> <p>During an interview on 12/30/15 at 9:38 a.m., when asked when change of condition documentation for Resident 1 should have started, Licensed Staff H stated, "It should have been on the 12/5/15 a.m./p.m. shift."</p> <p>Review of telephone order, dated 12/8/15, by Physician E indicated, "Send to ER (emergency room) for evaluation/treatment r/t (related to) possible Septic."</p>

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	<p>Review of the acute hospital Discharge Summary, dated 1/21/16, indicated Resident 1 had 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.).</p> <p>Review of facility document titled, "Change of Condition Notification," indicated under Procedure II: "The Licensed Nurse will assess the change of condition and determine what nursing interventions are appropriate.</p> <p>A. Before notifying the Attending Physician, the Licensed Nurse must observe and assess the overall condition utilizing a physical assessment and chart review.</p> <p>i. Notification to the Attending Physician will include a summary of the condition change and an assessment of the resident's vital signs and system review focusing on the condition and/or signs and symptoms for which the notification is required."</p> <p>Therefore, the facility withheld the necessary care and services when Resident 1 experienced changes in condition and the physician was not notified in a timely manner of the open wound and fever resulting in sepsis with life-threatening organisms 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.</p>

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CIVIL MONEY PENALTY ASSESSMENT

Facility : Seaview Rehabilitation & Wellness Center, LP

DATE	CITATION #	CLASS	PENALTY ASSESSED	TOTAL DUE
08/16/2016	11-2584-0012472-F	A	\$20,000.00	\$20,000.00
SECTION(S) VIOLATED				
F157				

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 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.

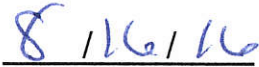
The citation review conference process is no longer available to a licensee for citations issued on or after January 1, 2012.

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



Date

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

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 07/14/2016
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NAME OF PROVIDER OR SUPPLIER Seaview Rehabilitation & Wellness Center, LP	STREET ADDRESS, CITY, STATE, ZIP CODE 6400 Purdue Dr, Eureka, CA 95503-7095 HUMBOLDT COUNTY
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(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
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	<p>The following reflects the findings of the Department of Public Health during a Complaint Investigation visit:</p> <p>CLASS A CITATION -- PATIENT CARE 11-2584-0012472-F Complaint(s): CA00468724</p> <p>Representing the Department of Public Health: Surveyor ID # 31572, 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>F157 §483.10(b)(11) Notify of Change (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 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</p>		<p>"Preparation and submission/or execution of the 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>F157 483.10 (b), (11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>Corrective action for the identified resident(s)</p> <p>Resident 1 has been discharged from the facility. However, the DON (Director of Nursing) and DSD (Director of Staff Development) discussed on 7/21/16 and 7/29/16 with licensed nurses and C N A (Certified Nurses Aide) the importance of notifying the responsible party of the affected</p>	8/16/16
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Event ID:95ZV11

8/15/2016

1:15:27PM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rena A. Smith, RTHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8/16/16</i>
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By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 6

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.

State-2567 *POC accepted by HFEN Conde someone on 8/3/16 and on 8/16/16 by Lisa Trindle* *HFEN* Page 1 of 6

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
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	<p>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>The facility failed to immediately notify the physician and the responsible party of Resident 1's change in condition when: 1) Resident 1's open area on the buttock was discovered and reported to a licensed nurse; and 2) Resident 1 developed a pressure ulcer and fever for three days before the physician was notified. These failures resulted in harm to Resident 1, when he did not receive the necessary care and services to alleviate a worsening condition of a pressure ulcer which led to sepsis (Sepsis is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs. Common signs and symptoms include fever, increased heart rate, increased breathing rate, and confusion). Resident 1 was subjected to unnecessary pain, required hospitalization, prolonged intravenous antibiotic therapy and surgical interventions to treat the sepsis and the infected pressure ulcer.</p> <p>Findings:</p> <p>Resident 1 was admitted from an acute hospital for aortic valve replacement (aortic valve replacement is</p>		<p>resident if applicable and physician for reported changes in condition.</p> <p>How the facility will identify residents with the potential to be affected:</p> <p>Licensed nurses will be in- serviced on 7/29/16 by the DSD (Director of Staff Development), and or the DON (Director of Nursing) the importance of notifying the resident's physician and the resident family timely of any change of condition but not limited to the following:</p> <ul style="list-style-type: none"> • Abnormal temperature; • Signs and symptoms of possible sepsis, • Open and or worsening skin/pressure injuries. <p>The licensed nurse will also be trained on the importance of documenting the time and notification of the physician and the responsible party in the resident's nurses notes.</p> <p>Systemic changes:</p> <p>A new change of condition tool will be implemented and used to validate</p>	8/16/16

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a procedure in which a patient's failing aortic valve is replaced with an artificial heart valve) to the facility, a full code (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 (is narrowing of the aortic valve). 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 the Resident 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.

During a telephone interview on 12/23/15 at 10:55 a.m., Family Member F stated she visited every day and that is how she knew Resident 1 was running a fever on 12/5/15, 12/6/15, 12/7/15 and 12/8/15. Family Member F also stated she was not aware Resident 1 developed a pressure sore on his buttock.

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.

follow up and performed by the Medical Records Manager in collaboration with the DON (Director of Nursing) to show that the notification and consult has occurred. The Medical Records Manager and DON (Director of Nursing) were in serviced on this process by the QA RN (Quality Assurance RN) and Medical Records Consultant on 7/28/16.

On the weekends and holidays the licensed nurses will also be trained to continue to notify the DON (Director of Nursing) and the Administrator via phone and during random facility visits of any concerns regarding change of condition and notification of resident, physician and or responsible party for assistance and guidance.

Additional in-services will be scheduled as indicated by the DON (Director of Nursing) and provided during the monthly nurse staff meeting for the next 3 months to cover the same information.

Monitoring Process:

8/16/16

Event ID:95ZV11

8/15/2016

1:15:27PM

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	<p>II: "The Licensed Nurse will assess the change of condition and determine what nursing interventions are appropriate.</p> <p>A. Before notifying the Attending Physician, the Licensed Nurse must observe and assess the overall condition utilizing a physical assessment and chart review.</p> <p>i. Notification to the Attending Physician will include a summary of the condition change and an assessment of the resident's vital signs and system review focusing on the condition and/or signs and symptoms for which the notification is required."</p> <p>Therefore, the facility withheld the necessary care and services when Resident 1 experienced changes in condition and the physician was not notified in a timely manner of the open wound and fever resulting in sepsis with life-threatening organisms 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.</p>			8/16/16

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