

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2016
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NAME OF PROVIDER OR SUPPLIER ALAMEDA HEALTHCARE & WELLNESS CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 430 WILLOW STREET ALAMEDA, CA 94501
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<p>F 000</p> <p>F 441 SS=D</p>	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of a complaint.</p> <p>Complaint number: 485021.</p> <p>Representing the Department: HFEN 33812.</p> <p>The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was written as a result of complaint: 485021.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must</p>	<p>F 000</p> <p>F441</p> <p>F 441</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>Corrective action:</p> <p>Resident was discharged on 8/21/2016.</p> <p>Other patients having the potential to be affected:</p> <p>Checked entire facility for sip and blow call system devices in use by residents. No current residents utilizing sip and blow call system.</p> <p>Systematic changes:</p> <p>In-service sub-acute staff regarding cleaning procedure on sip and blow calls system.</p> <p>Monitoring process:</p> <p>Sub-Acute Nursing Supervisor and RT Lead to monitor when applicable. They will notify Administrator and QA Committee for negative findings.</p>	<p>NOV 16 2016</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1</p> <p>isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review for one of four sampled residents (Resident 1) the facility failed to maintain a sanitary environment.</p> <p>Resident 1's sip and blow tip call light (blow tip - a nurse call system activated by the resident blowing into a straw) had a build-up of brownish colored debris on the plastic mouthpiece (blow tip).</p> <p>This failure had the potential to result in infections.</p> <p>Findings:</p> <p>In a review of the medical record Resident 1's "Face Sheet" (resident information) showed diagnoses that included Acute Respiratory Failure (a condition in which fluid collects in the lungs' air</p>	F 441		
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F 441	<p>Continued From page 2</p> <p>sacs and deprives organs of oxygen), Ventilator Dependence (dependence on a breathing machine that functions in place of the lungs), Complete Quadriplegia (paralysis that causes a total loss of use of the limbs and torso).</p> <p>According to the National Institutes of Health, one of the most a serious and common risk of being on a ventilator is pneumonia (an infection of one or both sides of the lungs that causes the air sacs of the lungs to fill up with fluid or pus) [Reference: www.nhlbi.nih.gov].</p> <p>During an observation on 6/9/16 at 11:40 a.m., Resident 1 had a blow tip call light. The blow tip had a build-up of brownish colored debris.</p> <p>In an interview on 6/9/16 at 11:40 a.m., the Head of Maintenance (HM) said he installed the special call light for Resident 1 who could not use his arms/hands due to paralysis. The HM said he was not responsible for cleaning the blow tip of the call light device, but thought that either Respiratory or Nursing Services cleaned it.</p> <p>During an interview on 6/9/16 at 12:10 p.m. Licensed Vocational Nurse (LVN) 1 said she had not noticed the reddish-brown build-up on the blow tip of Resident 1's call light. LVN1 also said she thought the Respiratory (therapist) or the HM was responsible for keeping the blow tip clean, but said she wasn't certain.</p> <p>In an interview on 6/9/16 at 12:30 p.m., the Lead Respiratory Therapist (LRT) said she routinely gave Resident 1 respiratory care, but the care did not include cleaning the blow tip on Resident 1's call light.</p>	F 441		
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F 441	<p>Continued From page 3</p> <p>During an interview on 6/9/16 at 12:45 p.m., Respiratory Supervisor (RS), said she noticed a buildup of debris on Resident 1's blow tip, but did not clean it or discuss care of it with Nursing or Maintenance Services.</p> <p>During an interview and concurrent record review on 6/9/16 at 1:15 p.m., the Director of Nursing (DON) said the build-up in the blow tip was a high risk for infection and should be cleaned. The DON said there was no care plan to guide staff in the care and cleaning of Resident 1's blow tip device. DON also said the manufacturer's instructions for use (IFU) were not available to any of the staff as a reference in the proper cleaning care of Resident 1's blow tip.</p> <p>In a telephone interview on 6/13/16 at 3:30 p.m., the DON said the facility did not have a copy of the manufacturer's IFU.</p>	F 441			