DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	HS FOH MEDICARE	& MEDICAID SERVICES		20 2017 13	FORM APPROVE
SIATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION CDPH 18C	B NO. 0938-039 (3) DATE SURVEY
		2	A. BUILDIN	G Santa Rosa D.C.	COMPLETED
NAME OF	PROVIDER OR SUPPLIER	055331	B. WING _		С
				STREET ADDRESS, CITY, STATE, ZIP CODE	12/28/2016
SAN RA	FAEL HEALTHCARE 8	WELLNESS CENTER, LP		1601 5TH AVENUE	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1	SAN RAFAEL, CA 94901	
PREFIX TAG	(CACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	COMPLETION TE DATE
F 000	INITIAL COMMENT	'S	F 000		
F 254 SS=E	ABBREVIATED SUF COMPLAINT: CA 00 Inspection was limite COMPLAINT and do of a full inspection of Representing the Ca Health: Health Facilit One deficiency was i 00510540 483.15(h)(3) CLEAN GOOD CONDITION	ed to the specific pes not represent the findings if the facility.  Ilifornia Department of Public ties Evaluator Nurse 31572.  Ssued for COMPLAINT: CA  BED/BATH LINENS IN	F 254	F 000 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.  F 254 Corrective Action/s: Housekeeping Supervisor counted the linen supply on 11/23/16.	1/4/17
f F F	Based on observation failed to provide enough and wash cloths for entailure had the potention be delayed or done with could potentially lead to Findings:	is not met as evidenced  n and interview, the facility gh supplies of clean towels ach resident's use. This al for residents' hygiene to ith other materials which to lack of residents' dignity.  I census dated 11/22/16 dents were identified as and bowel.		Housekeeping Supervisor ordered additional linen on 12/1/16.  How to Identify Other Residents: Housekeeping Supervisor/laundry staff will count monthly linen inventory.  Certified Nursing Assistant will report to Licensed Nurses (LN) if there are issues with linen supply.	
	ouring a concurrent ob	oservation and interview on		I.	1 1011

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

administration

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that Any deliciency statement enough with an asterior ( ) denotes a deliciency 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 other sareguards provide sufficient protection to the patients. (See instructions.) Except for nursing notines, the amongs stated above are disclosable so 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

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: LG8711

Administrator able man
D: CA220000054 If continuation sheet Page 1 of 3 Facility ID: CA220000054 on 1/23/17 at 10:52 a.m. By Samon, HFE/

## DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 01/03/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A BUILDING\_ COMPLETED C 055331 B. WING NAME OF PROVIDER OR SUPPLIER 12/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE SAN RAFAEL HEALTHCARE & WELLNESS CENTER, LP 1601 5TH AVENUE SAN RAFAEL, CA 94901 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION PREFIX PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 254 Continued From page 1 F 254 11/22/16 at 11:0 2 p.m., Licensed Staff A counted linen in the cart outside room 18 which revealed LN will report to Director of Nursing the following: on the bottom shelf, 2 blankets and (DON). Any issues with linen supply 1 bedspread; on the second shelf, 3 pillow cases; will be discussed during morning on the third shelf, 3 gowns, 3 shower covers and stand up meeting. on the fourth shelf, 2 shower covers and 3 underpads. Systemic Changes: During a concurrent observation and Interview on Laundry staff/Housekeeping 11/22/16 at 11:10 p.m., Unlicensed Nurse 8 Supervisor will stock the linen closet counted 14 bath towels and 20 wash cloths in the daily to meet daily par level linen storage of station 1's hallway. requirement. During a concurrent observation and interview on 11/22/16 at 11:20 p.m., Licensed Nurse C Housekeeping Supervisor will counted 8 wash cloths and no bath towels in the monitor linen supply weekly. Central Supply room. During a concurrent observation and interview on Housekeeping Supervisor/laundry 11/22/16 at 12:00 p.m., Unlicensed Staff D stated, staff will check monthly linen that they use paper towel and tissue when they inventory. Any shortage or run out of bath towel and wash cloth for the depletion of linen supply will be residents' use. reported to the Administrator. During an interview on 11/22/16 at 12:02 a.m., Unlicensed Staff E stated to have supplies for Linen supply will be ordered resident care, she goes down to the laundry and monthly and as needed based on par dries the washed bath towels and wash cloths in level of linen inventory by order to have supplies. Housekeeping Supervisor. During an interview on 11/22/16 at 12:08 a.m., Licensed Staff F stated she often encounters the Monitoring: problem of a shortage of supplies of bath towels Housekeeping Area and wash cloths, sometimes also bed linens. Supervisor/Housekeeping Supervisor Licensed Staff F also stated that laundry staff

goes home at 1 p.m.

During an interview on 11/23/16 at 12:24 a.m.,

will review linen inventory monthly.

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES		F	PRINTED: 01/03/2017
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	•		FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
055331		8. WING		c	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	12/28/2016
SAN RA	FAEL HEALTHCARE 8	WELLNESS CENTER, LP		1601 5TH AVENUE SAN RAFAEL, CA 94901	
(X4) ID PREFIX TAG	I LEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	. n. (/w/
	licensed nurse wher wash cloths and the have to use like bed cases.  Review of facility dor Nursing Assistant" jo reports to: Charge N And Responsibilities rounds at the beginn two hours thereafter care.  During telephone into a.m. and on 12/19/16 Housekeeping Supermonthly actual count orders for more wash Review of the "Linen 10/2016 and 11/2016 in circulation: bath toxicity 85, 69 and 104 The "Monthly Linen Indevels (fixed quantity on hand to support date; fitted sheets 162; pillow cases 162; preads 162; bath towarth blankets 108.  During an interview or Administrator stated the	they run out of towels and y say to use whatever they sheets, gowns, and pillow sheets, gowns, and pillow cument titled "Certified ob description indicated, urse. Under "General Duties "General: Make resident ing of each shift and every to administer quality nursing erviews on 11/30/16 at 11:01 at 8:40 a.m., the visor stated he does a of linen and had placed in cloths and bath towels.  Inventory" dated 9/2016, reflected that the facility had wels 78, 128, and 103; wash eventory" sheet indicated par of an item that must be kept tilly operations): flat sheets; draw sheets 162; pillows; thermal blankets 162; bed wels 162; wash cloths 270; in 12/14/16 at 1:24 p.m., the ney did an inventory of was anything they were	F 25-		s