

SECTION 1424 NOTICE

CITATION NUMBER: 11-2707-0012904-F

Date: 02/28/2017 Time: 11:15 AM

Type of Visit :

Incident/Complaint No.(s) : No complaints found

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

Licensee Name: Eureka Rehabilitation & Wellness Center, LP
 Address: 2353 23rd Street Eureka, CA 95501
 License Number: 010000054 Type of Ownership: Partnership

Facility Name: Eureka Rehab & Wellness Center, LP
 Address: 2353 23rd St Eureka, CA 95501
 Telephone:
 Facility Type: Skilled Nursing Facility Capacity: 99
 Facility ID: 010000078

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS	PENALTY ASSESSMENT \$20,000.00	DEADLINE FOR COMPLIANCE 3/9/17 12:00 a.m.
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F323

CLASS A CITATION -- PATIENT CARE
 F-323 §483.25(d)(1)(2) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES



(d) Accidents.
 The facility must ensure that -

(1) The resident environment remains as free from accident hazards as is possible; and

(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

The facility failed to maintain an accident hazard free environment, provide adequate supervision and assistance and implement Resident 6's care plan when: Resident 6 had multiple falls in a six-month period from 5/22/16 to 11/25/16. Resident 6 sustained bleeding in the head from the fall on 8/1/16; a laceration (cut) on the left side of the head which required eight staples from the fall on 10/13/16. Resident 6 sustained a laceration on the right side of the head from the fall on 11/25/16.

Resident 6's admission record indicated Resident 6 was admitted to the facility on 3/25/16, with diagnoses including Alzheimer's disease (a brain disease causing a memory loss and disorientation), epilepsy (seizure) and depressive disorder.

Name of Evaluator: Clara Wu HFEN Evaluator Signature : <u></u>	Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE Signature : <u></u> Name : <u>Dana A Webb</u> Title : <u>Administrator</u>
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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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Date: 02/28/2017 Time: _____

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	<p>The Admission Minimum Data Set, dated 4/1/16, and the most recent quarterly MDS, dated 9/29/16, indicated Resident 6 had a short-term and long-term memory loss and had severely impaired cognition.</p> <p>The CAA (CAA, a tool used to identify concerns and develop an individualized care plan), dated 4/1/16, indicated Resident 6 was a risk for falls, Alzheimer's type dementia, and was on Psychotropic drugs.</p> <p>During a record review on 12/7/16, a Nurse's Note, dated 11/25/16 at 2:45 a.m., while ambulating on B Hallway, Resident 6 tripped on a pedal of another resident's wheelchair; thus causing a fall. Resident 6 had a laceration on the right side of her head. Resident 6 had a hipster on. The Nurse's Note also indicated, "prior to the fall, Resident 6 per report from the Night shift nurse, was agitated, combative and in constant motion. Resident 6's behavior escalated to screaming, hitting staff and kicking other residents. PRN (as needed medication) was given, but no avail." Staff was planning to notify Resident 6's husband to help calm her prior to the fall.</p> <p>During observation and interview on 12/7/16 at 8:45 a.m., Resident 6 was walking down the hallway back and forth multiple times without being accompanied by anyone. When asked why Resident 6 was walking alone, Licensed Staff NN stated she did not know why the Hall Monitors were not walking with her. Licensed Staff NN also stated Resident 6 did not like Hall Monitors getting closer to her, and if they did, Resident 6 started pushing and yelling at them and got agitated and combative, so they had to walk behind Resident 6. When asked how was that going to prevent Resident 6 from falling, Licensed Staff NN stated she did not know what to do.</p> <p>During record review on 12/7/16, a care plan dated 11/25/16, documented an intervention for Resident 6 to have 1:1 supervision upon return from the ED.</p> <p>During an interview on 12/9/16 at 8:20 a.m., Licensed Staff D stated she witnessed the fall on 11/25/16 at 8:45 a.m. Resident 6 was walking the hallway and tripped on the pedal of another resident's wheelchair and fell. Licensed Staff D stated she assessed Resident 6 and noted Resident 6 had a laceration to her right forehead. Licensed Staff D stated she called the treatment nurse who came, cleaned and put pressure on the wound. Licensed Staff D then called an ambulance that came and took Resident 6 to the hospital for evaluation and treatment.</p> <p>During record review, on 12/7/16, IDT (interdisciplinary team) Notes indicated Resident</p>

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	<p>6 had multiple falls from the date of admission (3/25/16) to date of the survey (12/5/16). Three of these falls caused injuries to Resident 6's head, which required her to be sent to an acute care hospital for evaluation and treatments.</p> <p>During a record review on 12/7/16, an IDT Note, dated 8/2/16, indicated on 8/1/16, Resident 6 was ambulating all morning as Resident 6 usually was, unable to sit still. Resident 6 was noted to be irritable and poking staff as they walked by. At one point Resident 6 grabbed the neck of one staff who was attempting to pick up Resident 6's Teddy Bear. Resident 6's gait was shuffling as was usual, she was leaning back as Resident 6 stood. Suddenly, Resident 6 witnessed to be standing and fell backward bumping her right elbow and back of her head. Resident 6 had some bleeding in her head, pressure was applied and 911 called for transport to the ED for evaluation and treatment. The physician was faxed regarding reducing meds.</p> <p>During a record review on 12/7/16, an IDT note, dated 10/26/16, indicated on 10/13/16, Resident 6 had a fall and sustained a laceration to the left side of her head, requiring eight staples. The physician ordered increased Depakote (anti-seizure medication) for seizures, and Resident 6 continued to be risk for falls. Resident 6's gait was steady and Hall Monitors were available in B wing, according to IDT notes.</p> <p>Therefore, the facility failed to maintain an accident hazard free environment, provide adequate supervision and assistance and implement Resident 6's care plans when:</p> <p>Resident 6 had multiple falls in a six-month period from 5/22/16 to 11/25/16. Resident 6 sustained bleeding in the head from the fall on 8/1/16; a laceration (cut) on the left side of the head, which required eight staples from the fall on 10/13/16. Resident 6 sustained a laceration on the right side of the head from the fall on 11/25/16.</p> <p>The violation of the regulation had presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result.</p>

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CIVIL MONEY PENALTY ASSESSMENT

Facility : Eureka Rehab & Wellness Center, LP

DATE	CITATION #	CLASS	PENALTY ASSESSED	TOTAL DUE
02/28/2017	11-2707-0012904-F	A	\$20,000.00	\$20,000.00
SECTION(S) VIOLATED				
F323				

This citation has been issued as a Class A.

Full Payment Due By : 04/29/2017

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
Fiscal Services and Revenue Collections
Unit
P.O. Box 997434, MS 3202
Sacramento, CA 95899-7434

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

2 28 17.
Date