State of California - Health and Human Servins Agency

SECTION 1424 NOTICE

CITATION NUMBER:

11-2389-0012256-F

Department of Public Health

Page 1 of 6

Date: 06/13/2016 Time: 3558 pm

Type of Visit:

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

Incident/Complaint No.(s): CA00486369

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: Facility ID: Skilled Nursing Facility

010000024

Capacity: 87

SECTIONS

VIOLATED

CLASS AND NATURE OF VIOLATIONS

PENALTY ASSESSMENT

DEADLINE FOR COMPLIANCE

\$20,000.00

6/27/16 6:00 a.m.

F281

CLASS A CITATION -- PATIENT CARE

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.

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.

Resident 1 required transfer to the emergency room of the local hospital shortly after midnight, on vith 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).

Resident 1's demographic facesheet, dated indicated she was readmitted to the facility on ollowing a hospital stay with diagnoses that included: pressure

Name of Evaluator:

Karen Boggs **HFEN**

Evaluator Signature:

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature:

Name:

Title:

State of California - Health and Human Services Agency

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

VIOLATED

CLASS AND NATURE OF VIOLATIONS

ulcer of the sacral region (bone at the Injury: Full-thickness skin and tissue lo

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 Vancomyocin 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)

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,

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)

Nurses notes, dated indicated that at , while working with physical therapy, Resident is pody pecame rigid and her eyes rolled back into her head and then Resident 1 vomited approximately 2 cups of brownish-yellow fluid. The

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFTEY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

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Date: 06/13/2016 Time: 5:57 pm

SECTIONS CLASS AND NATURE OF VIOLATIONS **VIOLATED** 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). Nurses notes, dated indicated: "R [Resident 1] unable to speak, seemed lethargic and not responding at tirst. 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). Intake and urine output was not recorded for on the Intake and Output record. 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. 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. 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-ag ing-changes)

Sepsis is a potentially life-threatening complication of an infection. If sepsis progresses

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SECTIONS CLASS AND NATURE OF VIOLATIONS **VIOLATED**

> 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)

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.

During an interview, on Licensed Nurse B (LN B) who was assigned to Resident 1 from on stated a CNA reported that Resident O 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."

During an interview, on DON stated when LN B notified her of the change on fter 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.

During an interview, on LN C, who was assigned to Resident 1 from 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

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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

During an interview, on shift on

LN D stated that at the beginning of the night 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.

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.

Facility policy, titled "Change of Condition Notification", dated ndicated: "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

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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..."

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..."

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.

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.

CIVIL MONEY PENALTY ASSESSMENT

acility: Granada Rehab & Wellness Center, LP

DATE	CITATION#	CLASS	PENALTY ASSESSED	TOTAL DUE
06/13/2016	11-2389-0012256-F	Α	\$20,000.00	\$20,000.00
	and consultation of the second second	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 Safecty 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

6 113/16

Date

ANAME OF PROVIDER OR SUPPLIER Granda Rehab & Wellness Center, LP STREET ADDRESS, CITY, STATE. 2P CODE 2885 Harris St, Eureka, CA 95503-4808 HUMBOLDT COUNTY The following reflects the findings of the Department of Public Health during a Complaint Investigation visit: CLASS A CITATION — PATIENT CARE 11-2389-0012250-F Complaint(s): CAOU466369 Representing the Department of Public Health: Surveyor ID # 28522, HFEN The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. 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. 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. Resident 1 required transfer to the emergency room of the local hospital shortly after midnight, on with agonal preathing (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, vivus, or lack of oxygen or blood flow to the brain), and sepsis		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLI, IDENTIFICATION NUMBER 056300			(X3) DATE SURVEY COMPLETED	
The following reflects the findings of the Department of Public Health during a Complaint Investigation visit: CLASS A CITATION — PATIENT CARE 11-2389-0012256-F Complaint(s): CA00486369 Representing the Department of Public Health: Surveyor ID # 28522, HFEN The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. F281 §483.20(k)(3)() Services Provided Meet Professional Standards The services provided or arranged by the facility must meet professional standards of practice and facility policy when licensed nursing staff withheld the necessary care and services by falling to notify the physician in a timely manner of significant changes of condition on for Resident 1. 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			STRE	EET ADDRESS, CITY, STAT	TE, ZIP CODE	05/05/2016	
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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. 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. 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 Public Health during visit: CLASS A CITATION 11-2389-0012256-F Complaint(s): CA00486 Representing the Depa Surveyor ID # 28522, F The inspection was lime event investigated and findings of a full inspection.	a Complaint Investigation PATIENT CARE 3369 artment of Public Health: HFEN ited to the specific facility does not represent the tion of the facility.		execution of this plan does not constitute ad agreement by the Protruth of the facts alleg conclusions set forth istatement of deficienc of Correction is prepared of correction is prepared of the proving and state law.	of Correction Imission or vider of the ged or in this ries. The Plan ared, submitted y because it is	
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Event ID:P6CJ11 6/7/2016 9:24:41AM		caused by infectious ag	gent bacteria, virus, or lac	k			

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

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

R.VMMS D. STREET ADDRESS, CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS AND STATE ADDRESS, CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS AND STATE ADDRESS, CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS ADDRESS AND STATE ADDRESS, CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS ADDRESS AND STATE ADDRESS, CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS ADDRESS AND STATE ADDRESS, CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS ADDRESS AND STATE ADDRESS. CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS ADDRESS ADDRESS AND STATE ADDRESS. CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AND STATE ADDRESS. CITY, STATE, ZIP COBE PROVIDER'S IL-AN O'C CORRECTIVE ADDRESS	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
CAN D SUMMARY STATEMENT OF DEPICIENCIES			056300		B. WING		05/05/2016	
### REGULATORY OR LSC IDENTIFYING INFORMATION) Computer Name of the provided of the provided of the provided of the provided of the facility on following a nospital 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 working a cardiac arrest. The Stage 4 pressure ulcer working a cardiac arrest. The Stage 4 pressure ulcer working a cardiac arrest. The Stage 4 pressure ulcer working a cardiac arrest. The Stage 4 pressure ulcer working a cardiac arrest. The Stage 4 pressure ulcer working a cardiac arrest. The Stage 4 pressure ulcer working a cardiac arrest. The Stage 4 pressure ulcer working a cardiac arrest. The Stage 4 pressure ulcer was infected with Vancomyocin Resistant Enterococcus (VRE). "Enterococcia is bacteria, can resist and evade several forms of antibiotic therapy, including Vancomycin, the antibiotic of last resort for resistant infectionsEnterococcia infections that result in human disease can be fatal, particularly those caused by strains of Vancomycin-resistant enterococcia (VRE). "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.			LP					
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SBAR communication tool guide.		body's response to infer and organs). Resident inserted into the windpin ventilation, and admitter (ICU). Resident 1's demograp indicated shere on following a lithat included: pressure (bone at the base of the Pressure Injury: Full-thin with exposed or directly sheet of connective tiss beneath the skin) must cartilage or bone in the Pressure Ulcer Advisor infection, traumatic here blood in the space betword in the space betw	ction injures its own 1 was intubated (a to pe), placed on mechad to the Intensive Cathic facesheet, dated was readmitted to the nospital stay with diaulcer of the sacral respine), Stage 4 (Stockness skin and tisse palpable fascia (barsue, primarily collage ele, tendon, ligament, ulcer. The National y Panel), urinary tracenthorax (a collection yeen the chest wall a chest tubes to drain), ontrolled diabetes an cardiac arrest. The cted with Vancomyons (VRE). The can resist and evaluation of last resort for terococcal infections in the can be fatal, particular of Vancomycin-resist of Vancomyc	tissues ube nanical are Unit e facility gnoses region age 4 ue loss and or en, ct n of and the acute d a Stage 4 cin de g s that ularly stant		place or what systemic chan the facility make to ensure t deficient practice does not r Residents identified with char condition will be provided ob /monitoring /nursing intervent documentation of this activity made by the licensed nurse as resident. When indicated, into output will be documented wi vital signs. The licensed nurse identifies a significant change following available resources with identification of a signific change of condition - nursing assessments, resources of peer nurses, and condition of chang will notify the physician prom the time of the significant cha condition to provide necessary and services. Nurses have the following ava resources to assist with identifi of a significant change of condition of Nurses (DON Assistant Director of Nurses (DON Assistant Director of Nurses (will reinforce and educate on: Change of Condition Bind containing care paths, suc not limited to: Urinary Tr Respiratory Infections and located at each nurse's sta	ges will hat the eoccur. nge of servation tions and will be signed to ake and th the e who have the to assist cant r support ge binder nptly at nge of y care milable fication dition.) and ADNS) der, h as; but ract, d Sepsis, ations.	

6/7/2016

9:24:41AM

administrato- 6-13-16 administrato- 6-15-16

DEPARTMENT OF PUBLIC HEALTH					A		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPIDENTIFICATION N		(X2) MULT A. BUILDIN B. WING	PLE CONSTRUCTION	(X3) DATE SUR' COMPLETE	D
		056300		B. WING	Market Control of the	_ 05/05	/2016
	ovider or supplier Rehab & Wellness Center,	LP	STREET ADDRESS 2885 Harris St,		ZIP CODE 5503-4808 HUMBOLDT COUN	TY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION S REFERENCED TO THE APPROP	SHOULD BE CROSS-	(X5) COMPLETE DATE
	Physician admission of included Full code star was capable of making the code status had be 1. (A full code means a printerventions needed to may include chest conto shock the heart out rhythm. Placing a breat assist with ventilation heart are all resuscitat patients require each stoode, it means they are above measures. Sour to Understanding Code A fax, dated indicating it was sent, to the attending physic lost 8.6 pounds in one average intake by more milliliters (ml) of fluid (preals (7 days). Long-term care resided 100% of their meals, we total daily fluid comes with meals. Patients contained their meals are at high (http://www.medscape). Nurses notes, dated that at 4:40 p.m., while therapy, Resident 1's be eyes rolled back into he	tus and noted that Reg health care decision are discussed with Function will allow all or get their heart standard pressions and defibration of a life-threatening athing tube in the aimand medications to the ion interventions. Note the medication of allow any many many many many many many many	ons and Resident red. This orillation heart way to reat the ot all is a full y of the ots Guide 014.) stamp Dietician dent 1 nt ls and 95 ast 21 t far from of the ociated 50% of 7678_6) ndicated cal nd her		 When DON/ADNS directs care, such a physician to a nurs will provide a return to the outcome of the MD. The Director of the MD. The Director of Staff D When DON/ADNS are that the nurs with the physician by checking back of the feedback. The were in serviced by this process on licensed nurses we on this process on DON/ADNS. Nurses, B, C, and I serviced by the DO Director of Staff D 	4 hour report cal and written using the 24 all three shifts Director of on and the Director of resident clinical dition status. been in-serviced during the week N and ADNS: S/supervisor as to notify the se, that nurse rn follow up as the notification DON/ADNS will se's follow up is made timely with the nurse DON, ADNS by the QA RN on The ore in serviced by the D, were in- DN/ADNS or	

6/7/2016

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(DSD) on

and the week of

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		056300		B. WING		05/05	/2016	
	ROVIDER OR SUPPLIER Rehab & Wellness Center,	LP	STREET ADDRESS, (2885 Harris St, Eu		IP CODE 503-4808 HUMBOLDT COUN	гү		
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	vomited approximately fluid. The vomit was suthe oxygen was turned oxygen level of 87% (n was reported to the Dir Nurses notes, dated indicated: "R [Resident lethargic and not respot talk to R [Resident 1], sout not talk. Eventually tongue and mouth as if O2 [oxygen saturation [nasal cannula] at 3 LP p.mlow grade fever of Checked on at 10 p.m. of breath, O2 went up to Repositioned every 2 h [catheter into the bladd urine." Severe dehydration call amber. (http://www.mayoclinic.e-color/basics/sympton lintake and urine output 4/27/16 on the Intake and lindicated "upon beginn a Certified reported to the nurse the responsive. Vital signs 101.8 degrees Fahrenheit.), Filter oxygen lines are reported to the nurse the responsive. Vital signs 101.8 degrees Fahrenheit.), Filter oxygen lines are reported to the nurse the responsive. Vital signs 101.8 degrees Fahrenheit.), Filter oxygen lines are reported to the nurse the responsive. Vital signs 101.8 degrees Fahrenheit.), Filter oxygen lines are reported to the nurse the responsive. Vital signs 101.8 degrees Fahrenheit.), Filter oxygen lines are reported to the nurse the responsive. Vital signs 101.8 degrees Fahrenheit.), Filter oxygen lines are reported to the nurse the responsive. Vital signs 101.8 degrees Fahrenheit.), Filter oxygen lines are reported to the nurse the responsive.	ctioned from the mount of the mount of a liters (L) due ormal is 97 to 100%) ector of Nurses (DON 1] unable to speak, anding at first. Continus he would open her expressed to say somether the started moving frying to say somether expressed for the say of the say o	ath and a blood , this N). seemed ued to yes, her ing. a NC at 8:30 enheit]. ortness ey blor olor of ons/urin CNA) ot atture of		on: Import notifying the physic significant change of services and care diphone. Notifying the DON/ADNS/supers support with signific condition. Providing physician notification response timely or occurrence. License leave or vacation we upon return to work. • Utilizing peer licent consultation/support. Change of Condition Care Paths for Sepstant Tract and Upper Resultations. • Providing referral to Occupation, Physical Therapy in a timely consultation/support. Use of the 24 hours document observation for charge nurse of shift. Assuring document observation for charge nurse of shift. Assuring document observation variances provided by the nurse of shift occur at the more will occur at the more desired.	cian timely of a of condition for rection via selevisor for cant changes of g feedback of on and a the shift of ed nurses on ill be inservice to seed nurses for the one of the manner for the one of		

A STATE OF THE STA		(X1) PROVIDER/SUPPI IDENTIFICATION N		A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	ED
		050500		B. WING		05/05	5/2016
	ROVIDER OR SUPPLIER	- Sandadon	Processors and an arrangement of the second	ESS, CITY, STATE,			
Granada	Rehab & Wellness Center	r, LP	2885 Harris S	it, Eureka, CA S	95503-4808 HUMBOLDT COUNTY		
(X4) ID PREFIX TAG	(EACH DEFICIENC	STATEMENT OF DEFICIENCE CY MUST BE PRECEEDED B R LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	D BE CROSS-	(X5) COMPLETE DATE
					Friday Stand up Meeting	g. On the	
1. 142	Respirations 26 (norm 88/50 and oxygen lev minimal response to p check level of conscio notified and received hospital as an emerge	vel 85% on 3 L of oxy painful stimulus (used ousness). The Physi orders to transfer to	gen with d to ician was the		week end the supervisor be available for support a up. DON and or Admin will be notified of the sit needed for support and for RD and Weight Commit	nurse will and follow distrator tuation as follow up.	
	hospital as an emergency for possible sepsis. 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				nurses were in-serviced versus faxing the MD for significant weight varian Additional in-services w scheduled as indicated by DON and provided durin monthly nurse staff meet the next 3 months to cov same information.		
ž.	to the emergency room Often, older people are temperature with infect and checking the other important role in follow infection. (http://nursinglink.mon-vital-signs-overview-assepsis is a potentially of an infection. If sepsis shock, blood pressure lead to death. To be downward to death. To be	re unable to create a ction so very low tem er vital signs plays an wing these people for enster.com/training/art and-effect-of-aging-cy life-threatening com sis progresses to sepe drops dramatically, diagnosed with sepsis wo of the following abable or confirmed in ove 101 F (38.3 C) or ate higher than 90 be atory rate higher than gnosis will be upgrade	nperatures n r signs of ticles/944 changes) nplication otic this may s, you nfection: r below eats a n 20 ded to		How the facility plans to me performance to make sure solutions are sustained and integrated into the quality system: The Monday through Friday Meeting will be utilized by the review the 24 hour resident resignificant changes of condit DON/ ADNS will follow up accordingly through clinical and communication with the At the IDT meeting, resident acute care transfers for change condition will be reviewed for timeliness of notification. The DON will make Resident.	standup the IDT to report for tion. The rounds enurses. ts with ge of or	

6/7/2016

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administrator

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		5	A. BUILDII	NG	and deviated and investment and an extension
		056300	B. WING		05/05/2016
					03/03/2010
F 10 S 535.8	OVIDER OR SUPPLIER	STREET ADDRE			
Granada F	Rehab & Wellness Center,	LP 2885 Harris St	, Eureka, CA	95503-4808 HUMBOLDT COUNTY	
		1			
	y				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	10N (X5)
PREFIX		MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD E	
TAG	REGULATURY OR L	SC IDENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROPRIATE DI	EFICIENCY) DATE
				rounds through out the week	
	following signs and syn	nptoms, which indicate an		observe and monitor for supe	
		ignificantly decreased urine		and assistance for change of	
		in mental status; decrease in		A change of condition audit t	
		breathing; abnormal heart		be used by the IDT to review	
	pumping function; or al			significant changes and need	for
		org/diseases-conditions/sep		notification of physician and	or
	sis/home/ovc-2016978			hospital transfers for care and	services.
		,		The results of the findings wi	ll be
				addressed by the DON to the	
	120 ×			appropriate identified staff. I	n
	During an interview, on			addition, a Quiz review will b	
	Physical Therapy Assis	stant (PTA) A stated that on		to random licensed nursing st	aff of 4
		Resident 1 had agreed		nurses for the next 6 weeks ar	nd on
	to try to sit on the edge	of the bed. When PTA A		various shifts by the nurse ma	
	rolled Resident 1 to one	e side, Resident 1 stated in		This quizzing will be docume	nted on a
	a garbled voice, "I don't	t feel so good," and then		Quiz form and housed with the	nicu on a
	became rigid and stiff a	Il over and her eyes rolled		Administrator.	.0
	up in her head. PTA A	stated Resident 1 began to		rammstrator.	
	vomit, so PTA A called	for help and a CNA and	*	The Administrator and DON	
	Licensed Nurse (LN) B	came into the room and		The Administrator and DON to the Medical Director and DON 1	reported
	took over.			to the Medical Director on Ma	ly 19,
		35 3		2016 of this 2567 and plan of	
	M			correction. The effectiveness	
	During an interview, on			trainings, monitors, rounds, qu	lizzes,
		B) who was assigned to		audits, and compliance will be	
	Resident 1 from			discussed by the Administrato	
		that Resident 1 went rigid		DON at the monthly QA & A	Meeting
	and her eyes rolled bac			until substantial compliance is	
	started to vomit. LN B			sustained. A QAPI tool will al	
		d checked oxygen levels		used and new recommendation	
		she was concerned that		indicated will be made and act	ted on by
	Resident 1 might have			the Administrator x 3 months.	•
	I 48	k, vomit or saliva is inhaled		- SC-1808-8600-	
		vomiting episode. When		Corrective Action Date:	
	asked if the physician h	ad been notified of this		On or before:	2

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Administrator

CALIFORNIA HEALTH AND HUMAN SERVICES GENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NU	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		056300		B. WING			05/0	5/2016	
NAME OF PRO	OVIDER OR SUPPLIER		STREET ADDRESS,	CITY, STATE, Z	ZIP CODE				
Granada R	ehab & Wellness Center,	LP	2885 Harris St, E	ureka, CA 9	5503-4808 HUMBO	OLDT COUNTY			
	*								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATION		FULL	ID PREFIX TAG	(EACH CORREC	ER'S PLAN OF CORRE TIVE ACTION SHOUL O THE APPROPRIATE	D BE CROSS-	(X5) COMPLETE DATE	
	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."								
	During an interview, on DON stated when LN B notified ner 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. 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 low grade fever, but it was 1's blood pressure and Resident 1 had dark uri 300 ml of urine output, was not documented in she did not report the lesinability to speak, the dalow grade temperature in the lesinability to speak.	vas not retaken. Res pulse were not taken ne in the Foley with a LN C agreed, the ou the record. LN C stathargic episode with ark urine, twitching or	ident a, and about tput ated the						
Event ID:P6	C 111		6/7/2016	9:24	:41AM				

6-13-16

CALIFORNIA HEALTH AND HUMAN SERVICE ENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300		(X2) MULT A. BUILDIN B. WING	IPLE CONSTRUCTION	(X3) DATE SUI COMPLET	The state of the s
NAME OF PR	OVIDER OR SUPPLIER	***************************************	STREET ADDRES	S CITY STATE	ZIP CODE		
	Rehab & Wellness Center,	LP	Management of the second		5503-4808 HUMBOLDT COL	INTY	
	torras a trominoso contor,		2000 Harris Ot,	Luicka, OA 5	3000-4000 HOMBOLDI COC	21411	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIC REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE
	Normal urine output is per hour times 8 hours waking hours and 30 to sleeping. http://www.asn-online.org/curricula/geriatrics/Ch During an interview, on stated that at the begin for the evening shift busy, so did not immed oncoming shift. LN D schecking vital signs at the shift ran to her and reponot responsive. LN D sevaluated Resident 1 are good," so the physician by telephone and the picked to intubate and send Resident 1's code to intubate and send Resident 1 had vomited.	equals 640 ml] during 40 ml per hour while org/education/distance apter 17.pdf ning of the night shift he nursing itately give report to the tated a CNA, who was he beginning of the rorted that Resident 1 stated she immediate and the vital signs were was immediately control to the hospital for pree ambulance arrived insterred to the hospital status was as they was ident 1 to ICU. LN shift had only reported that the control of the contro	g elearnin LN D on g staff were he as hight was ly re "not ntacted send robable quickly tal. asked vanted D ed that				
	During an interview, on Resident 1's attending p Resident 1's complex of included the Stage 4 pr nutritional status, poor I Resident 1 was at high repeated hospitalization	ohysician stated that linical condition, whic essure ulcer with VR ungs and heart, that risk for severe sepsis	due to ch E, poor				

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6-13-16.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
	:	056300		B. WING				05/0	5/2016
	OVIDER OR SUPPLIER Sehab & Wellness Center,	5 March 1997	REET ADDRESS, 5 Harris St, E		ZIP CODE 15503-4808 HUI	MBOLDT C	OUNTY	n	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PREFIX TAG	(EACH COR	RECTIVE ACT	N OF CORRECT FION SHOULD E PPROPRIATE DE	BE CROSS-	(X5) COMPLETE DATE
	change of conditionII. Condition" related to At notification is defined as physician must be notifimarked adverse change which is manifested by different than the usual complication, or permanate a medical assess consultation with the At change in the treatment will notify the resident's there isC. A significant physical, mental or psycheterioration in health, a status, life-threatening complications" Saunders Manual of Nu with Physicians: 1 d.(1) shares with the physicians do the following:3. Ideal diagnosis, 4. State the psigns and level of consolidations and response the signs and level of consolidations are signs and level of consolidations	nange of Condition ndicated: "Policy: tly inform the resident, at's Attending sident endures a signific "Significant Change of tending Physician s when the Attending ed when any sudden an e in the resident's conditi signs and symptoms denote a new problem, nent change in status an esment, coordination and tending Physician and a tending Physician and a tending Physician and a to planIII. A Licensed No Attending Physicianwh t change in the resident' chosocial status, e.g., mental or psychosocial conditions or clinical	d ion, d d iurse hen is						

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		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 056300		(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE SU COMPLET	TED
Annual Company	ROVIDER OR SUPPLIER Rehab & Wellness Center,	E STATE OF THE STA	STREET ADDRESS 2885 Harris St, E	S, CITY, STATE, Z	ZIP CODE 5503-4808 HUMBOLDT COUNT		05/2016
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	Therefore, the facility far professional standards when licensed nursing care and services by far in a timely manner of sit condition on for Resident 1 required transfer the local hospital should be pattern that is often related that alters brain further that alters b	s of practice and facility staff withheld the new ailing to notify the physignificant changes of president 1. Inster to the emergent ortly after midnight, or reathing (shallow breathing (shallow breathing (shallow breathing) (disease unction or structure, regent bacteria, virus, out to the brain), and set ion that arises when the ection injures its own that a single the placed on mechal air of the literature of the litera	ity policy ecessary sysician f				

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6/7/2016

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