SECTION 1424 NOTICE

CITATION NUMBER:

11-2584-0012472-F

Department of Public Health

Page 1 of 4

Date: 08/16/2016 Time: 4.30PM

Type of Visit: Complaint Investig.

Incident/Complaint No.(s): CA00468724

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

FEDERAL STATUTES AND REGULATIONS

Seaview Rehabilitation & Wellness Center, LP

Address:

6400 Purdue Drive

Eureka, CA 95503

License Number:

Licensee Name:

010000066

Type of Ownership:

Partnership

Facility Name:

Seaview Rehabilitation & Wellness Center, LP

Address:

6400 Purdue Dr

Eureka, CA 95503

Telephone:

Facility Type: Facility ID: Skilled Nursing Facility

010000060

Capacity: 99

SECTIONS VIOLATED

CLASS AND NATURE OF VIOLATIONS

PENALTY ASSESSMENT \$20,000.00

DEADLINE FOR

COMPLIANCE 8/31/16 6:00 a.m.

F157

CLASS A CITATION -- PATIENT CARE

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).

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.

The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.

Name of Evaluator: Lourdes Sameon **HFEN**

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

Signature:

Name:

Evaluator Signature:

Title:

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

SECTION 1424 NOTICE

CITATION NUMBER:

11-2584-0012472-F

Department of Public Health

Page 2 of 4

Date: 08/16/2016 Time: 4.30 P.M

SECTIONS VIOLATED

CLASS AND NATURE OF VIOLATIONS

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.

Findings:

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).

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. Unlicensed Staff A reported to Licensed Nurse E, and the wound was dressed.

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Department of Public Health

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Date: 08/16/2016 Time: 4:30 PM

VIOLATED

CLASS AND NATURE OF VIOLATIONS

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.

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).

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.

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.

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."

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."

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CLASS AND NATURE OF VIOLATIONS

Department of Public Health

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Date: 08/16/2016 Time: 4:30 PM

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.).

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.

A. Before notifying the Attending Physician, the Licensed Nurse must observe and assess the overall condition utilizing a physical assessment and chart review.

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."

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.

CIVIL MONEY PENALTY ASSESSMENT

Facility:

Seaview Rehabilitation & Wellness Center, LP

DATE "	CITATION#	CLASS:	PENALTY ASSESSED	TOTAL DUE
08/16/2016	11-2584-0012472-F	Α	\$20,000.00	\$20,000.00
	。	SECTION(S) VIC	LATED	
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 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

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		11 November 1985	(X3) DATE SURVEY COMPLETED		
IAME OF P	ROVIDER OR SUPPLIER		T		-	07/	/14/2016	
	Rehabilitation & Wellness	Center, LP		ESS. CITY, STAT Dr, Eureka, C	E, ZIP CODE CA 95503-7095 HUMBOLDT CO	UNTY		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPR(SHOULD BE CROSS.	(X5) COMPLI DATE	
	The following reflects the findings of the Department of Public Health during a Complaint Investigation visit: CLASS A CITATION PATIENT CARE 11-2584-0012472-F Complaint(s): CA00468724 Representing the Department of Public Health: Surveyor ID # 31572, HFEN The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.			"Preparation and execution of the Plan does not constitute agreement by the P truth of the facts conclusions set for statement of deficient of Correction is prepared and/or executed solel required by the proving and state law."	admission or rovider of the s alleged or orth in this cies. The Plan ared, submitted y because it is			
	F157 §483.10(b)(11) N (injury/decline/room, Et A facility must immedia consult with the resider notify the resident's leg interested family membinvolving the resident with potential for requiring significant change in the	c.) tely inform the resident's physician; and it all representative or er when there is any inchich results in injuring physician intervese resident's physical	f known, an accident y and has ntion; a		F157 483.10 (b), (11) CHANGES (INJURY/DECLINE/I	ROOM, ETC)		
	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). The facility must also promptly notify the resident			Resident 1has been disthe facility. However, (Director of Nursing) a (Director of Staff Devediscussed on 7/21/16 a with licensed nurses ar (Certified Nurses Aide	the DON and DSD elopment) and 7/29/16 and C N A			
-	and, if known, the reside	ent's legal represent	ative or		importance of notifying responsible party of the	g the e affected	8/16/16	
nt ID:952			8/15/2016		5:27PM			
grator <i>Ulma</i>	Y DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESI	ENTATIVE'S SIGNA	ATURE	TITLE	(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 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

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	D PLAN OF CORRECTION IDENTIFICATION NUMBER: 055208		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER	STREET ADDR	ESS, CITY, STATE	E 7ID CODE	07.	/14/2016	
Seaview Rehabilitation & Wellness	Center, LP 6400 Purdue	Dr, Eureka, C	ELZIP CODE A 95503-7095 HUMBOLDT COUNTY			
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(Exion Del ToleNo)	MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL REFERENCED TO THE APPROPRIAT	I D RE CDOSS	(X5) COMPLETI DATE	
			resident if applicable and	physician		
interested family memb	per when there is a change in		for reported changes in co	ondition.		
room or roommate ass §483.15(e)(2); or a cha	gnment as specified in nge in resident rights under		TT: 41 6 124 42 42 42 42 42 42 42 42 42 42 42 42 4			
Federal or State law or	regulations as specified in		How the facility will ide			
paragraph (b)(1) of this	s section.	İ	residents with the poten affected:	tial to be	- 1	
The facility must record	and periodically update the				İ	
address and phone nur	nber of the resident's legal		Licensed nurses will be in	ı- serviced		
representative or intere	sted family member.		on 7/29/16 by the DSD (I	Director of		
			Staff Development), and	or the DON		
The facility failed to imn	nediately notify the		(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:			
change in condition whe	nsible party of Resident 1's					
area on the buttock was	discovered and reported to					
a licensed nurse; and 2)	Resident 1 developed a					
pressure ulcer and feve	for three days before the		Abnormal temperate	ure:		
harm to Resident 1, whe	These failures resulted in		 Signs and symptom 			
necessary care and sen	rices to alleviate a		possible sepsis,	3 01		
worsening condition of a	pressure ulcer which led to		 Open and or worse 	ning		
sepsis (Sepsis is a life-the	reatening condition that esponse to infection injures	 - 	skin/pressure injurie			
its own tissues and orga	ns. Common signs and					
symptoms include fever,	increased heart rate.	•	The licensed nurse will als			
Increased breathing rate	and confusion). Resident		trained on the importance	of .		
1 was subjected to unne hospitalization, prolonge	d intravenous antibiotic		documenting the time and			
therapy and surgical inte	rventions to treat the		notification of the physicia	n and the		
sepsis and the infected p	ressure ulcer.		responsible party in the res nurses notes.	ndent's		
Findings:				:		
_		ļ	Systemic changes:			
Resident 1 was admitted	from an acute hospital for	į	_			
aoruc valve replacement	(aortic valve replacement is		A new change of condition	tool will		
nt ID:95ZV11	8/15/2016		be implemented and used t	o validate	8/16/16	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPL IDENTIFICATION NOT			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SU COMPLE		
IAME OF PRO	OVIDER OR SUPPLIER			<u> </u>			14/2016
	ehabilitation & Wellness	Cantor I.D	STREET ADDRE	SS CITY STAT			
	The state of the s	Center, LP	6400 Purdue	Dr, Eureka, (CA 95503-7095 HUMBOLDT COUNT	ry .	
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F cope ic C a d d ru 1: ax bu	a procedure in which a is replaced with an artiffacility, a full code (a hot to the level of medical i wishes to have started stops) on 11/18/15, with abnormalities of gait and (is narrowing of the aordical is pumped through aortic valve limits the circle of the test of your medical condition in which your bloodstream), destate of mind that occurs characterized by restles incoherence of thought and the state of the Resident Alated 11/18/15, indicated in the state of th	icial heart valve) to a patient of the heart or breath if the heart or breath in diagnoses that included mobility, aortic stetic valve). Blood from the aortic valve. A roulation of oxygena is body), diabetes me ich sugar levels can elirium (a severe dist in fever, intoxication sness, delusions, arrand speech). Admission Assessmand Resident 1's skin warrand speech). Admission Assessmand Resident 1's skin warrand speech. Admission Assessmand Resident 1's skin warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech. Admission Assessmand Resident 1 warrand speech.	the eferring of the eferring o		follow up and performed Medical Records Manage collaboration with the D (Director of Nursing) to the notification and consoccurred. The Medical Manager and DON (Director of Nursing) were in service process by the QA RN (CASSURANCE RN) and Med Consultant on 7/28/16. On the weekends and hold licensed nurses will also continue to notify the DC of Nursing) and the Admi via phone and during randisits of any concerns registed change of condition and responsible party for assist guidance. Additional in-services will scheduled as indicated by (Director of Nursing) and during the monthly nurse meeting for the next 3 mo cover the same information. Monitoring Process:	show that sult has Records ector of d on this Quality ical Records lidays the be trained to DN (Director inistrator dom facility garding notification for stance and libe the DON provided staff on this to in.	
ent ID:95ZV		o right battook.	8/15/2016		5:27PM		8/16/16

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU 055208		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055208	A	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
AME OF PI	ROVIDER OR SUPPLIER					07/	14/2016	
	Rehabilitation & Wellness	Contor LB	ET ADDRESS, C	ITY STATE	E, ZIP CODE			
	remainded a 146111622	6400	Purdue Dr, E	ureka, C.	A 95503-7095 HUMBOLDT COUNT	Υ		
								
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		THE THE DRIVING TON		TAG	REFERENCED TO THE APPROPRI	ATE DEFICIENCY)	COMPLE DATE	
					The regular business day	ic Standun	1	
Unlicensed Staff A reported to Licensed Nurse E,					Meeting will be utilized	s standup		
	and the wound was dre	ssed.			(Director of Nursing) an	by the DON		
			j		(Director of Nursing) an	a the IDI		
	During a telephone inte	uring a telephone interview on 2/16/16 at 4:50			(Interdisciplinary Team)	n) to review		
	p.m., Licensed Staff C stated he first knew of				the 24 hour resident repo	eport for		
Resident 1's open area on the buttock on 12/5/15. When asked what he saw, Licensed Staff C stated,				significant changes of co	endition.			
"I saw a	"I saw a sore on Recido	w, Licensed Staff C stated	i,		TI DOMESTIC		!	
	a popped blister it was	e on Resident 1's bottom. It looked like Ister, it was without skin" (looking raw The DON (Directo		The DON (Director of N	ursing) will			
	without the protective sk	kin covering). Licensed Sta	tt		follow up accordingly th	y through		
	C also stated he did not	measure and document			clinical rounds and comr	nunication		
	the open area but passe night nurse.	ed on the information to the)		with the nurses.			
	inght harse.			At the IDT (Interdiscipling	nary Team)			
					meeting, residents with a	cute care		
	Review of Nurse's Notes	s, dated 12/5/15 at 12:30			transfers for change of co	ondition will		
	p.m., indicated Resident	1 did not get out of bed for	r		be reviewed for timelines	re of		
	lunch, still feeling drowsy	/, increased jerking in			notification of resident ar			
	nands and arms and felt	warm to touch. Resident						
	1's axillary (underarm) te	emperature was 99.1			physician, responsible pa	rty/family.		
İ	to be 98.6 degrees E. A.	temperature is considered	d		The DOM (D)			
	to be 98.6 degrees F. Ar			The DON (Director of N	ursing) will			
	lower than an oral tempe	5°F (0.3°C) to 1°F (0.6°C)			make resident room roun	ds to		
	erartempe	rataroj,			observe and monitor for s	supervision		
				ľ	and assistance for change	of		
j					condition.	ľ		
	Review of Nurse's Note, o	dated 12/6/15, a.m.,						
1	ndicated a temperature c	of 101 degrees F. On			A Change of Condition R	ition Review Tool		
1.	12/7/15 at 11:50 a.m., inc	715 at 11:50 a.m., increased tremors were		1	will be used by the IDT	Į.		
noted, and Resident 1's temperature was 102		emperature was 102			(Interdisciplinary Team)	to review		
[,	degrees F. Physician D w	as notified three days			significant changes and n	eed for		
] 1	developed his force	and 12/7) after Resident			notification of physician	and resident		
i c	developed his fever, wit continue monitoring and c	in order for Tylenol, to			responsibility.	and resident		
		an the physician for			T. same vitely		0.14	
	/11					İ	8/16/16	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) ML A. BUILI	JLTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	055208	B. WING			
NAME OF PROVIDER OR SUPPLIER	STREET ADDA	RESS, CITY, STAT	E 710 CODE	07/	14/2016
Seaview Rehabilitation & Wellness C			CA 95503-7095 HUMBOLDT COUNT	Y	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SHO REFERENCED TO THE APPROPRIA	ULD BE CROSS.	(X5) COMPLETI DATE
increased tremors.			The results of the finding addressed by the DON (Nursing) to appropriate staff.	Director of	
p.m., Licensed Staff E s SBAR (situation, backgr request) notification to P addressed only the elev	ring an interview on 12/30/15 at 9:38 a.m., when sed when change of condition documentation for sident 1 should have started, Licensed Staff H ted,"It should have been on the 12/5/15		In addition, a quiz review will be given to random licensed nursing staff of 4 nurses through out the week and on various shifts by the nurse manager. This quizzing will		
asked when change of c Resident 1 should have			be documented on a quiz housed with the Adminis Integrating into quality program:	form and trator.	
a.m./p.m. shift." 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."			The effectiveness of the t monitors, daily rounds, quaudits, and the facility Qu Assurance and Performan Improvement (QAPI) pla	uizzes, uality ace un, will be	
dated 1/21/16, indicated I diagnoses: Sacral decubi extends into the muscle a down as the bone) and Siculture and wound culture MRSA on admission as in	discussed by the the DON (Direct at the monthly Queen muscle and can extend as far one) and Sepsis with MRSA. Blood bund culture were both positive for discipled at the monthly Canada and can extend as far one) and Sepsis with MRSA. Blood bund culture were both positive for discipled and the literature with the DON (Direct at the monthly Queen with the literature		discussed by the Administhe DON (Director of Nurat the monthly Quality As Meeting for the next 3 m will be extended as deemen necessary by the QAA (QAssurance Committee).	trator and rsing) at the surance onths and	
Review of facility docume Condition Notification," inc	nt titled, "Change of dicated under Procedure		Corrective Action Date:	8/16/16	8/16/16

1:15:27PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055208			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					07/1	4/2016	
	Rehabilitation & Wellness (Cantar I D					
	2 175111633	Jointel, Er	6400 Purdue I	Dr, Eureka, CA	95503-7095 HUMBOLDT COL	JNTY	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY I REGULATORY OR LSC IDENTIFYING INFORMAT		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS.	(X5) COMPLET DATE
	It: "The Licensed Nurse condition and determine are appropriate. A. Before notifying the A Licensed Nurse must of overall condition utilizing and chart review. i. Notification to the Atte include a summary of the assessment of the reside system review focusing signs and symptoms for required." Therefore, the facility with and services when Reside changes in condition and notified in a timely mannafever resulting in sepsite organisms which require and prolonged antibiotic presented either imminer serious harm would result probability that death or serious harm would result probabil	Attending Physician, been and assess the graphysician will be condition change a ent's vital signs and on the condition and, which the notification the physician was mer of the open wound with life-threatening dhospitalization, surtreatments. This at danger that death of the new substantial	entions the enert and an for n is care dand gery				0/1/4/
nt ID:95Z\	V11		8/15/2016	1:15:2			8/16/16