

California Department of Public Health

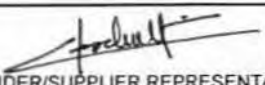
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA030000008</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COTTONWOOD HEALTH CARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 COTTONWOOD STREET WOODLAND, CA 95695</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p><b>Initial Comments</b></p> <p>The following reflects the findings of the California Department of Public Health during the investigation of complaint number CA00279187.</p> <p>Representing the Department of Public Health: HFEN, 1946/29821</p> <p>The inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility.</p>	A 000	<p>The following constitutes the facilities response to the findings of the Department of Public Health Services and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies.</p>	
A 880	<p><b>T22 DIV5 CH3 ART5-72527(a)(9) Patients' Rights</b></p> <p>(a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right:</p> <p>(9) To be free from mental and physical abuse.</p> <p>This Statute is not met as evidenced by: Based on interview and document review, the facility failed to effectively communicate significant information to staff to aid in the prevention of sexual abuse of Patient 1.</p> <p>Findings:</p>	A 880	<p>This plan of correction is prepared as required by the provisions of the Health and Safety Code, 42 CFR and constitutes the facilities written credible allegation of compliance.</p> <p>T22 DIV 5 ART5-72527(a)(9) Patients' Rights</p> <ol style="list-style-type: none"> <li>1. Patient 1 has been discharged from the facility. Patient 2's care plan was updated to include active monitoring and positioning of resident in public areas away from female residents.</li> <li>2. A review of current facility residents was conducted and no additional residents were affected.</li> <li>3. Licensed staff received in-service at the time of the incident and additionally on by the Director of Nursing Services (DNS) regarding proper documentation and interventions to prevent resident abuse.</li> </ol>	

Licensing and Certification Division

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



TITLE  
ADMINISTRATOR

(X6) DATE  
4/19/12

California Department of Public Health

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A 880	<p>Continued From page 1</p> <p>On 7/11/11, Patient 3 reported he had observed Patient 2 looking down Patient 1's blouse in the hallway. While the date of the occurrence could not be established and the victim did not report the event, Patient 1 stated Patient 2 placed his hand down her blouse at the time. The witness was unable to corroborate this aspect of the occurrence.</p> <p>In a 2:10 p.m., 10/3/11 interview, Patient 1 stated, "Someone put his hand down my blouse." She was unable to name the responsible person but added that she had seen the individual since the occurrence "around" the facility. While she denied the individual had been near her since the event, she could not recall seeing staff try to divert him from coming close to her.</p> <p>Patient 2 was a 70 year-old admitted 2/24/11 with diagnoses including stroke, chronic pain and depression. Patient 2's last Minimum Data Set (an assessment tool) of 6/9/11 indicated he had the capacity to make decisions, had no issues with making himself understood or understanding others but 1 - 3 days/week displayed physical/behavioral symptoms directed toward others. He was on Depakote for bipolar disorder "manifested by inappropriate sexual behaviors." Staff were monitoring Patient 2 for "the number of times ...inappropriate sexual behaviors ... [occurred] each shift." Per the facility's "Psychopharmacologic Drug Summary Sheet," he did not demonstrate such behaviors in the months of 4/11 or 6/11 but had twice in 5/11 and twice in 7/11. On 7/25/11, he was seen by a psychiatrist who noted Patient 2 had "poor insight and judgement" and ordered a dosage increase in his Depakote. The psychiatrist also ordered staff to "continue current redirection and monitoring of behavioral symptoms."</p>	A 880	<p>Continued from page 1</p> <p>4. The resident's licensed nurse is responsible to update the resident care plan with the appropriate interventions to prevent further abuse. The Director of Nursing Services will monitor to ensure interventions are properly implemented. Any anomalies will be forwarded to the QA committee for review and recommendation.</p>	

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A 880	Continued From page 2  In a 2:25 p.m., 10/3/11 interview with Patient 2, he denied placing his hand down a female resident's blouse. He also denied that staff had directed him to stay away from any particular female patients.  Review of Patient 2's 4/7/11 "Impaired Mood" Care Plan reflected interventions for "inappropriate sexual behavior." The care plan had been updated on 6/14/11. An 8/11/11 "Resident-to-Resident Altercation" Care Plan specifically addressed the abuse event but included no intervention directing staff to keep Patient 2 away from Patient 1.  When asked how staff would know to keep Patients 1 and 2 apart, the Director of Nursing stated, "I told the Certified Nurse Assistants and licensed staff verbally" but indicated, "It should have been on the care plan" as well.  Review of the facility's "Elder/Dependent Abuse Policy, revised 7/05, revealed, "This facility will fully protect the rights of each resident for whom we provide care and treatment against any and all forms of physical, verbal, sexual...abuse....After thorough investigation, if the alleged violation is verified, appropriate corrective action will be taken....Document in the resident's clinical/medical record all interventions and their effectiveness...Determine actions needed to prevent a reoccurrence....Update the resident's care plan to reflect findings/needs....The facility will ensure that...staff assigned have knowledge in individual resident needs....Residents with needs and behaviors that may lead to conflict...are assessed, needs care planned and actively monitored...."	A 880		