STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER CA030000008		BER: A. E B. V	MULTIPLE CONSTRUCTION	COMPL	(X3) DATE SURVEY COMPLETED C 11/23/2011	
	PROVIDER OR SUPPLIER	DE	STREET ADDRESS, 625 COTTONW WOODLAND, C.	CITY, STATE, ZIP CODE DOD STREET A 95695		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL PRE ION) TA	FIX (EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments The following reflects the finding of the California Department of Public Health during the investigation of complaint number CA00289873. Representing the Department of Public Health: HFEN, 1672					
	The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.			response to the Department of P and does not co	ublic Health Services nstitute an admission of	
	Service-General (a) Nursing service limited to, the follow		e	or conclusions se statement of def This plan of corr	ection is prepared as	
	<ul> <li>(1) Planning of patient care, which shall include at least the following:</li> <li>(A) Identification of care needs based upon an initial written and continuing assessment of the patient's needs with input, as necessary, from health professionals involved in the care of the patient. Initial assessments shall commence at the time of admission of the patient and be completed within seven days after admission.</li> <li>This Statute is not met as evidenced by: Based on interviews and clinical record review, the facility failed to ensure Patient 1 was assessed appropriately to determine the need for the Heimlich maneuver (an emergency technique to prevent dying [by not having access to air] when a person's windpipe becomes blocked by a piece of food).</li> <li>Findings:</li> </ul>			and Safety Code	acilities written credible npliance. AKT3-72311(a)(1)(A)	
				facility on 6/20/2		
				nursing assessm Heimlich maneuv		
				at the time of th additionally on 1	2/31/11 by the Director	
	On 11/22/11 at 8:57 vas conducted at the	a.m., an unannounced a facility to investigate	visit		ces (DNS) regarding the ent of the need for the	

LABORATORY DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATURE		10 million (1997)	
STATE FORM			AMENISTRATOR	
	6889	721N11		

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AND PLAN OF CORRECTION IDENTIFICATION NUMB		TION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPL	(X3) DATE SURVEY COMPLETED C	
		STREET AD	STREET ADDRESS, CITY, STATE, ZIP CODE			11/23/2011		
соттом	WOOD HEALTH CA	RE	625 COT	ND, CA 95	STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		YFULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLET DATE	
(X4) ID PREFIX TAG A 163	The clinical record Patient 1's significa Minimum Data Set tool) described Pat understand others Patient 1's nursing a.m., indicated the Wake patient up fo Patient took med. / patient complaint o Gave couple of sip verbalize needs. Do (shortness of breat sandwich. Patient r Aide stay to help as Patient 1's nursing a.m., indicated the 128/79 (blood press Fahrenheit), 113 (h rate), 10/10 (descri Aide inform nurse a Found patient pale, breathing in short s any chest pain or tig (saturation - amoun 97% on O2 liter @ 2 (blood sugar) check was severe pain. Al firm, distended with sounds. Told patien Heimlich maneuver, with no med (medic Rechecked O2 Sat 91%) MD (medical of	o quality of care/trea for Patient 1 was ex- ant change of condition dated 6/7/11 (an assi- tient 1 with the ability as well as being und notes dated 6/20/11 following: "2445 (12: r scheduled med (med After couple sips of w f med being stuck in s of water. Patient at enies choking. No SC h) noted. Gave bites requested aide to sta- ssist patient eat. notes dated 6/20/11 following: "0115 (1:11 sure), 97.4 (temperate eart rate), 28 (respira- bed the pain 10 out of bout patient (Patient clammy, sweaty, an hallow breaths. Patien ghtness. O2 (oxygen) t of oxygen in the blo 2 LPM (liters per min ced of 169. Only com od (abdomen - stoma hypo (low) active bo t that nurse was goin . Heimlich maneuver ation) visible in mout of 77% (normal great doctor) called."	amined. on sessment to lerstood. at 9:24 45 p.m.) edication). vater throat. ole to DB of y with her. at 9:24 5 a.m.) ture in atory of 10). 1). d mt denies ) Sat pool) @ ute). BS plaint ach area) wel og to do r done h. ter than was	A 163	Continued from page 1 4. Licensed staff are respor know the proper assessmen technique for the use of the maneuver. The Director of Services is responsible to en proper nursing assessment continuous nursing education monitoring. Anomalies will forwarded to the QA common review and recommendation	nsible to nt and e Heimlich Nursing nsure through on and be ittee for		

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## PRINTED: 12/21/2011 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLI IDENTIFICATION NO CA030000008	UMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 11/23/2011		
NAME OF PROVIDER OR SUPPLIER STREET AL COTTONINGOOD HEALTH CARE 625 COT		ADDRESS, CITY, STATE, ZIP CODE TTONWOOD STREET AND, CA 95695						
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCI CY MUST BE PRECEDED B LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
A 163	Patient 1 on the d hospital (6/20/11). Patient 1's conditi talking an complai hand on her belly. also "sweating." ( 1 about Patient 1's already gave her f what pills were giv stated "I can't swa stood behind Patie (Heimlich maneuv not remember how and stated the pos below the sternum Patient 1 "seemed On 11/23/11 at 9:2 conducted with the (DON). When the the Heimlich mane the DON stated RI maneuver appropri Review of the door Maneuver" copyrig heimlichinstitute.com	stated she was caring ay she was transferred. When questioned al on, CNA 1 stated Patie CNA 1 stated Patie CNA 1 stated Patie CNA 1 stated she con- spain and RN 1 stated the pills." CNA 1 was ven. CNA 1 stated Pa- allow."	ed to the bout ient 1 was ng "her nt 1 was tacted RN ed "she not sure atient 1 RN 1 thrusts A 1 could s done, were just 1 stated was Services d about Patient 1, eimlich e Heimlich wing: "A	A 163				

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