

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/23/2013
FORM APPROVED
OMB NO. 0938-0391

roc accepted 9/5/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/22/2013
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NAME OF PROVIDER OR SUPPLIER COTTONWOOD HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 625 COTTONWOOD STREET WOODLAND, CA 95695
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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) COMPLETION DATE
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<p>F 000</p> <p>F 226 SS=D</p>	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during the investigation of entity reported incident number CA00351931.</p> <p>Representing the Department of Public Health: HFEN 2493/29583.</p> <p>Inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full investigation of the facility.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement an abuse policy when Resident 1's physician was not notified of alleged abuse and a care plan was not written or implemented until 5 days after the alleged event occurred.</p> <p>Findings: Resident 1 was admitted to the facility on 3/18/13 with a diagnoses including cerebral vascular disease (stroke), with paralysis of the left side.</p>	<p>F 000</p> <p>F 226</p>	<p>The following constitutes the facilities response to the findings of the California Department of Public Health and does not constitute an admission of guilt or agreement of the facts alleged or conclusion set forth on the summary statement of deficiencies.</p> <p>The plan of correction is prepared as required by the provision of the Health and Safety Code, 42 CFR and constitutes the facilities written credible allegation of compliance.</p> <p>483.13 (c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC. POLICIES</p> <p>(a) Resident 1's physician was notified of the alleged abuse and the care plan was completed.</p> <p>(b) A review of abuse allegations was conducted and no additional residents were affected.</p> <p>(c) Licensed Nurses received verbal in-service on April 22, 2013 reviewing facility policy in responding to allegations of abuse to include contacting the resident's physician and implement a care plan.</p> <p>(d) The director of nursing is responsible to ensure facility policy is followed by nursing staff following allegations of</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE ADMINISTRATOR	(X6) DATE 9/4/13
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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. (See instructions.) Except for nursing homes, the findings stated 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.

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F 226	<p>Continued From page 1</p> <p>Review of the Admission Minimum Data Set (MDS, an assessment tool) dated 3/28/13 indicated Resident 1 was capable of understanding others and being understood by others. The resident's Brief Interview for Mental Status (BIMS, an assessment tool to determine the resident's cognitive status), was a 15/15, which indicated the resident was cognitively intact.</p> <p>In an interview with Resident 1, via an interpreter, on 5/3/13 at 10:10 a.m., she stated she had been slapped on the back of her legs instead of being asked to roll over and that one of the Certified Nurses Aides (CNA) had called her a derogatory word.</p> <p>In an interview with CNA 1 on 5/3/13 at 10:30 a.m., she stated, "I came in that morning (4/18/13) and Resident 1 told me she had been beat up the night before...I then went and told the nurse."</p> <p>In a telephone interview with Licensed Nurse (LN) 1 on 5/3/13 at 1:10 p.m., she stated, "[The] administrator said there were allegations of abuse. There was nobody else to talk to. This is really new to me. I tried to follow orders I was given [by the administrator]...I did not contact the Medical Doctor [MD]. I was just told to do the head to toe assessment. I didn't know the [abuse] protocol. Followed the administrator's orders of the head to toe assessment. I did endorse it to the next shift nurse [LN 2]."</p> <p>In a telephone interview with LN 2 on 5/3/13 at 1:20 p.m., she stated, "[the administrator] called me into his office after I clocked in 4/18/13 and told me what happened. I didn't call the [MD] or</p>	F 226	<p>Continued from page 1</p> <p>abuse. Additional issues will be forwarded to the QA committee for review and recommendation.</p>	

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F 226	<p>Continued From page 2 write a care plan."</p> <p>Review of the Nurse's Notes dated 4/18/13 at 9:39 p.m., indicated an entry by LN 1 "Head to toe assessment done." There was no reference to the Resident 1's allegation of abuse in the Nurse's Note.</p> <p>Review of the care plan entitled, "Short term Care Plan- Res[ident] states she was slapped by a staff member," indicated a date of 4/23/13, 5 days after the alleged abuse occurred.</p> <p>In an interview with the Director of Nurses on 5/3/13 at 11:20 a.m. and 1 p.m., she confirmed Resident 1's physician had not been notified of Resident 1's abuse allegations, and no care plan was initiated at the time.</p>	F 226		