

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER VALLEY CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 1205 8TH STREET BAKERSFIELD, CA 93304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to follow its own Policy and Procedure (P&P) on pressure injury (PI - is localized damage to the skin and/or underlying soft tissue, usually over a bony prominence) prevention and treatment for [REDACTED]. Care plan (CP) interventions were not consistently carried out. This had the potential for development of new PI and worsening of an existing PI. 2. Treatment (TX) to heal and prevent PI were not provided. This failure had the potential to cause infection and further tissue damage for Resident 1, Resident 2, and Resident 3. Findings: 1. During a concurrent interview and review of the clinical record for Resident 3, on 7/8/20, at 1:46 PM, with Director of Nursing (DON), the CP for the wound on the right heel initiated on 9/13/19, was reviewed. One of the interventions was to turn Resident 3 every two hours. The Resident Turning Schedules (RTS) for 5/20, and 6/20, were reviewed. There was no RTS for the month of 5/20 (31 days). No RTS from 6/1/20 to 6/18/20, no RTS for 6/20/20, and no RTS from 6/21/20 to 6/27/20. The DON stated if it is not documented it was not done, she stated her expectation is that all CP interventions be carried out and documented. 2a. During an interview on 7/1/20, at 1:31 PM, with Resident 1, she stated the treatment nurse has been out sick and no other nurse know how to or are willing to change her wound dressing. During a concurrent interview and review of the clinical record for Resident 1, on 7/8/20, at 1:46 PM, with the DON, the physician orders [REDACTED]. The PO dated 6/12/20 indicated, Cleanse left plantar foot metatarsal head (bone in foot) ulcer with normal saline. Apply [MEDICATION NAME] 2% ointment (medication used to treat skin infections) cover with [MEDICATION NAME]</p> <p>Ag cover (a sterile dressing with silver used to cover acute and chronic wounds that are excreting pus or other fluids) with dry dressing every Mon (Monday), Wed (Wednesday), Fri (Friday). The DON reviewed the TAR for 6/20, and stated the treatment was not provided on 6/15/20, 6/25/20, and 6/29/20. 2b) During a concurrent interview and review of the clinical record for Resident 2, on 7/8/20, at 1:48 PM, with the DON, the PO dated 6/5/20, indicated Cleanse excoriations to buttocks and back of legs with normal saline, pat dry, apply petroleum jelly to areas and cover with dry dressing every day and as needed one time a day for wounds. There was no treatment documented on 6/15/20, 6/20/20, 6/26/20, 6/28/20, 6/29/20, and 6/30/20. Another PO dated 6/2/20, indicated Zinc Oxide Ointment 40% (use to treat skin irritation) Apply to buttocks topically every day and every evening shift for wound healing. There was no treatment documented on 6/11/20 (PM), 6/15/20 (AM), 6/20/20 (AM), 6/24/20 (PM), 6/25/20 (PM), 6/28/20 (AM), 6/29/20 (AM), and 6/30/20 (AM). The DON confirmed the findings. 2c) During a concurrent interview and review of the clinical record for Resident 3, on 7/8/20, at 1:49 PM, with the DON, the PO was reviewed and noted the following: 1) PO dated 5/8/20, indicated LEFT FLANK CLEANSE WITH NORMAL SALINE, PAT DRY, APPLY DRY DRESSING one time a day for wound 2) PO dated 5/8/20, indicated LEFT HEEL CLEANSE AREA WITH NORMAL SALINE, PAT DRY, COVER WITH DRY DRESSING one time a day wound 3) PO dated 5/8/20, indicated LEFT LATERAL FOOT CLEANSE AREA WITH NORMAL SALINE, PAT DRY, COVER WITH DRY DRESSING one time a day wound 4) PO dated 5/8/20, indicated RIGHT HEEL - CLEANSE AREA WITH NORMAL SALINE, PAT DRY, APPLY DRY DRESSING one time a day wound 5) PO dated 5/8/20, indicated RIGHT KNEE - CLEANSE AREA WITH NORMAL SALINE, PAT DRY, APPLY ABT UNG (SIC), COVER WITH DRY DRESSING one time a day wound 6) PO dated 5/8/20, indicated RIGHT LATERAL FOOT - CLEANSE AREA WITH NORMAL SALINE, PAT DRY, APPLY DRY DRESSING one time a day wound 7) PO dated 5/8/20, indicated RIGHT OUTER BUTTOCKS - CLEANSE AREA WITH NORMAL SALINE, PAT DRY, APPLY DRY DRESSING one time a day wound 8) PO dated 5/8/20, indicated RIGHT UPPER BACK - CLEANSE AREA WITH NORMAL SALINE, PAT DRY, APPLY DRY DRESSING one time a day wound 9) PO dated 5/8/20, indicated RIGHT UPPER LEG NEAR BUTTOCKS - CLEANSE AREA WITH NORMAL SALINE, PAT DRY, APPLY DRY DRESSING one time a day wound The DON reviewed Resident 3's TAR for 5/20, and stated there were no treatment documented on 5/8/20, 5/14/20, 5/16/20, 5/17/20, 5/18/20, 5/19/20, 5/20/20, 5/21/20, 5/24/20, 5/26/20, 5/27/20, and 5/31/20. The DON stated if it is not documented it was not done. She stated if the TX is refused, it should be documented in the TAR and nurses' notes. The DON stated her expectation is that treatments were administered as the physician ordered and documented in the residents' TAR. During a review of the facility's Policy and Procedure (P&P) titled Pressure Ulcer Treatment undated, indicated The purpose if this procedure is to provide guidelines for the care of existing pressure ulcers and the prevention of additional pressure ulcers. Documentation the following information should be recorded in the resident's medical record: 1. The type of treatment and resident response. 2. The date and time the wound care was given .4. The name and title of the individual performing the care .9. Resident refusal of treatment .10. The signature and title of the person recording the data.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	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. (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.