STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056238	A. BUILDING _____ B. WING _____	**05/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WINDSOR VALLEJO NURSING & REHABILITATION CENTER	**2200 TUOLUMNE STREET VALLEJO, CA 94589**

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 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to adhere to standards of practice for one of two sampled residents (Resident 1) when: 1. 31 RNA (Restorative Nursing Assistant) therapy services, ordered by the Medical Doctor (MD), were not provided; and, 2. The MD was not notified of the sustained failure to provide Resident 1 with the prescribed RNA services. These deficient practices had the potential for Resident 1 to have a change of condition which could not be met or evaluated, in a timely manner. Findings: On 1/24/20, the Department received a letter from a Family Member (FM) regarding an allegation of Resident 1 not getting therapy as ordered. During an interview on 2/4/20 at 2:04 p.m., FM stated Resident 1 was supposed to be receiving therapy at least twice a week. FM stated, I'm in the facility every day but I've never seen anybody do it. A review of Resident 1's Admission Record indicated [DIAGNOSES REDACTED]. Resident 1's, Order Summary Report, indicated, RNA (Restorative Nursing Assistant) THERAPY PROGRAM: RNA to assist Resident with PROM (Passive Range of Motion) to bilateral upper extremity exercises to raise arms at 45- to 55-degree angle in front of him and to his side for 5 minutes each side, 3x (times) weekly for 90 days. Every day shift every Mon, Wed, Fri, with a start date of, 10/25/2019. A review of Resident 1's, Restorative Nursing, document, indicated blank entries for dates: 1. October 25, 2019 2. October 28, 2019 3. October 30, 2019 4. November 1, 2019 5. November 4, 2019 6. November 6, 2019 7. November 8, 2019 8. November 11, 2019 9. November 13, 2019 10. November 15, 2019 11. November 18, 2019 12. November 20, 2019 13. November 22, 2019 14. November 25, 2019 15. November 27, 2019 16. November 29, 2019 17. December 21, 2019 18. December 24, 2019 19. December 26, 2019 20. January 2, 2020 21. January 7, 2020 22. January 14, 2020 23. January 23, 2020 24. January 25, 2020 25. January 28, 2020 A review of Resident 1's, Restorative Nursing, document, indicated, NA (Not Applicable), on dates: 1. December 19, 2019 2. December 31, 2019 3. January 4, 2020 4. January 11, 2020 5. January 18, 2020 6. January 21, 2020 During an interview on 3/5/20 at 1:15 p.m., RNA B stated, (Resident 1) was on the list of residents that were ordered RNA services, but never started it. When queried why, RNA B stated, The previous DON (Director of Nursing) was already told during an IDT (Interdisciplinary Team) Meeting that the RNA therapy program would not be beneficial for him. That's when it was suggested he (Resident 1) be taken off the program. RNA B could not recall the date of said IDT meeting. During a concurrent interview and record reviews of Resident 1's Restorative Nursing, document and, Order Summary Report, RNA B stated, Yes, the RNA order was active, but we just marked the dates, 'NA' because it was not appropriate for him. (sic) When requested, the facility was unable to provide documentation of physician notification regarding the IDT recommendation, nor of the sustained withholding of the therapy. During a concurrent interview and record review on 3/5/20 at 1:27 p.m., Administrator A stated, It does appear as a physician order that was not followed. Administrator A stated it was her expectation for all staff to follow the physician orders and for the DON to notify the physician of any issues with orders. Administrator A indicated, The physician should have been notified that the therapy was not being provided. During an interview on 3/17/20 at 3:40 p.m., MD C stated it was his expectation for his prescribed orders to be followed. MD C stated, I would expect to be notified if the orders were not being implemented. If the staff had concerns or need clarifications with orders, I should have been notified so I could review, change, or discontinue the order if necessary. A review of the facility policy titled, Physician Orders, Accepting, Transcribing and Implementing (Noting), with a revision date, 11/2012, indicated, Licensed nursing personnel will ensure that telephone and verbal orders will be recorded and implemented. A review of the facility policy titled, Physician Orders, Clarification of, with a revision date, 11/2012, indicated, When a physician's order is unclear, confusing or inappropriate, the order will be clarified to ensure that the medical needs of the residents are met. In the steps that a nurse should question any aspect of the content of a physician order, the following steps should be followed: 1. The licensed nurse will contact the physician for clarification. 2. When the Director of Nursing Services (DNS) is in the building, the nurse will report concerns to the DNS regarding the physician order, when MD clarification not obtained or further questioned. 3. The DNS will either contact the primary physician or the facility's Medical Director with the concern and obtains a clarification of the order. 4. If the DNS is not available, then the Nursing Supervisor or designee will handle any clinical issue regarding the order clarification in the same manner as the DNS.

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.