

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555747	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/27/2020
NAME OF PROVIDER OF SUPPLIER MURRIETA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 24100 MONROE AVENUE MURRIETA, CA 92562	
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 0659 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care by qualified persons according to each resident's written plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure that services were provided by an individual that had the proper qualifications to perform a treatment for one of three sampled residents (Resident A) in a universe of 144 residents. This failure occurred when a certified nursing assistant (CNA 1) administered an Epsom salt foot soak treatment for Resident A. This treatment resulted in a burn to the bottom of Resident A's left foot from the water being too hot. The burn subsequently required wound treatment and the administration of an antibiotic to prevent infection. Findings: On February 27, 2020, at 9:07 a.m., an unannounced visit was conducted at the facility for the investigation of two complaints. Resident A's medical record was reviewed and indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Additional review of Resident A's medical record found a progress note dated, February 11, 2020, at 3:15 p.m., that indicated, resident stating her husband brought her Epsom salt & (sic) if someone could soak her feet this evening, stated someone from the night shift has been soaking her feet in it & (sic) feels it is helping her swelling. Made (sic) her aware we would have to contact md (doctor) & (sic) get orders. Resident was very adamant on her being able to receive the soak. MD made aware. MD okay'd (sic) order for soak. n/o (new order) noted & (sic) carried out. A review of Resident A's physician orders [REDACTED]. A review of a progress note for Resident A dated, February 15, 2020, at 3:32 p.m., authored by a licensed vocational nurse (LVN 1) indicated, pt (patient) has new coc (change of condition) for left plantar (sole of the foot) foot burn. New order for [MEDICATION NAME] (per the manufacturer- topical antimicrobial drug used for the prevention and treatment of [MEDICAL CONDITION] (life-threatening condition caused by the body's response to an infection) in patients with second and third degree burns) abd (sic) pad then kerlix wrap (gauze bandage) to open area. Pt reported to am (morning) tx (treatment) nurse that PM (evening) CNA per pt request soaked (sic) her feet, water to (sic) hot. Review of a care plan for Resident A dated, February 15, 2020, indicated, left foot plantar burn from hot water foot soak. Review of a physician's orders [REDACTED]. Review of a physician's orders [REDACTED], ind. (indication) plantar wound. Review of a care plan for Resident A dated, February 17, 2020, indicated, 2/17/2020 Resident requested for Epsom Salt soak to BLE (bilateral lower extremities) as ordered @ (at) around 1500 (3:00 p.m.), noted with left plantar foot burn, after the soak bath; tx (treatment) Nurse stated skin peeled from soak. Resident stated, water was hot. Further review of Resident A's record found that she had been sent to the hospital on February 18, 2020, for an unrelated issue. Review of Resident A's hospital, History & Physical, (H&P) dated, February 18, 2020, indicated, .Patient states she requested foot bath, nursing aide provided water which was way too hot and this brought her feet (sic) .Patient is being admitted secondary to significant burn. Given cefteazole (antibiotic) in the ER (emergency room). A review of Resident A's hospital H&P, further indicated, Left foot burn .Full thickness burn (third degree burn which destroys the outermost layer of the skin and the second layer of skin) .needs preventive measures, keep foot clean .daily woundcare (sic). Continue antibiotics. On February 27, 2020, at 10:55 a.m., an interview and concurrent record review were conducted with LVN 1. LVN 1 stated that she had been asked to help another treatment nurse evaluate Resident A's left foot injury. LVN 1 stated that she had documented the situation in her progress note. A section of the progress note was read back to the LVN. At that time LVN 1 confirmed that the wound had occurred from the foot soak. LVN 1 also confirmed that she had documented that the resident had told her that the water was too hot. On February 27, 2020, at 11:12 a.m., an interview was conducted with the facility's Director of Staff Development (DSD). The DSD was asked when she had been informed of Resident A's foot injury. The DSD stated that she had found out on Monday morning February 17, 2020, in the stand-up meeting (meeting held with department heads to review events in a facility). The DSD stated that CNA 1 had provided Resident A with an Epsom salt foot soak treatment with, hot water. The DSD stated that in her interview with CNA 1, he had told her that the water was too warm so he took the resident's water pitcher and added cool water to the basin. The DSD stated that CNA 1 should have asked the Charge Nurse to administer the salt soak. The DSD continued that the Epsom salt soak was a treatment and that it should have been done by the Charge Nurse and that a treatment is not within the scope of practice of a CNA. The DSD stated that treatments were only to be performed by a nurse. On February 27, 2020, at 11:18 a.m., an interview was conducted with the facility's Administrator, (AD), Acting Director of Nursing (ADN) and Assistant Director of Nursing (ADON), regarding the facility's investigation of the injury to Resident A's left foot. In review of the incident with the department heads, the AD stated that CNA 1 had not been working within the scope of his practice by providing the foot soak treatment for Resident A. On February 27, 2020, at 12:52 p.m., at the acute hospital an interview was conducted with Resident A. The resident was asked about her left foot injury. Resident A stated, that she had asked her evening male CNA for an Epsom salt soak for her feet. She stated that CNA 1 brought her a basin of water and said he had boiled the water. Resident A stated that CNA 1 had told her that when he had been a football player this is what they would do. Resident A stated that she had trusted him and, took his word for it. When asked the identity of the male CNA, the resident named CNA 1. Resident A stated that she could see the water, bubbling. Resident A was asked how the water was heated, and the resident stated that CNA 1 had put the water in the microwave. Resident A was asked if CNA 1 had tested the water prior to giving it to her. Resident A stated that, he did not test the water. Resident A further stated that, he just gave it to me. Resident A stated that she continued to, see the bubbles. She stated that the skin is thin on her feet. Resident A stated that the water was so hot and painful. Resident A stated that she put, just the bottom of her left foot in the water, but barely touched the water to the bottom of her right foot. Resident A stated that she never submerged her feet in the water. Resident A was asked if CNA 1 had stayed to observe her put her feet into the water. Resident A stated, No, and further stated that he had delivered the water and left me. Resident A stated that CNA 1, didn't stay there in the room with her. Resident A stated that she had not, realized that her foot had been cooked. On February 27, 2020, at 2:19 p.m., a phone interview was conducted with CNA 1. CNA 1 confirmed that he had provided care for Resident A. CNA 1 was asked if he had gotten the water for Resident A's salt soak. CNA 1 stated, Yes. CNA 1 stated that he had gotten the water for the basin in the sink at nursing Station 4. When asked how he heated the water, CNA 1 stated that he, just got it hotter from the microwave. CNA 1 was asked how long he left the water in the microwave. He stated he had left the water in the microwave for, approximately a minute and a half. CNA 1 was asked if he had placed the plastic basin in the microwave. CNA 1 confirmed that he had put the plastic basin in the microwave. CNA 1 was then asked if he had checked the temperature of the water prior to giving it to Resident A. CNA 1 stated, Yes, I stuck my finger in there. CNA 1 was asked if he had used a thermometer to check the water temperature. CNA 1 stated, No and stated he just touched it myself. CNA 1 further stated it wasn't too hot. CNA 1 was asked if Resident A had complained that the water was too hot. CNA 1 stated that she had said that it, was hot. CNA 1 stated that he had taken Resident A's water pitcher and added cool water to the basin. CNA 1 stated that after he had provided the foot soak to Resident A, he left the room for half an hour and then came back. Per Health and Safety Code, Division 2, Chapter 2, Article 9, Section 1337 (d)(3), Certified nurse assistant: means any person who holds himself or herself out as a certified nurse assistant and who, for compensation, performs basic patient care services directed at the safety, comfort, personal hygiene, and protection of patients, and is certified as having completed the requirements of</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.

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F 0659 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1) this article. These services shall not include any services which may only be performed by a licensed person and otherwise shall be performed under the supervision of a registered nurse .or a licensed vocational nurse .</p>		
F 0684 Level of harm - Actual harm Residents Affected - Few	<p>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 interview and record review the facility failed to ensure that it provided care and services were provided in accordance with professional standards of practice for one of three sampled residents (Resident A) in a universe of 144 residents. This failure occurred when a certified nursing assistant (CNA 1) administered an Epsom salt foot soak treatment for [REDACTED]. The burn required wound treatment and the administration of an antibiotic to prevent infection. Findings: On February 27, 2020, at 9:07 a.m., an unannounced visit was conducted at the facility for the investigation of two complaints. Resident A's medical record was reviewed and indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident A's, History and Physicals, (H&P) dated, December 27, 2019, indicated, This resident has the capacity to understand and make decisions. A review of Resident A's, Minimum Data Set, (MDS- standardized assessment for the management of care) dated, January 3, 2020, indicated a BIMS, (brief interview for mental status- screening tool to assess mental capability) score of 13 out of 15 (scores of 13-15 indicates cognitively intact). Additional review of Resident A's medical record found a progress note dated, February 11, 2020, at 3:15 p.m., that indicated, resident stating her husband brought her Epsom salt & (sic) if someone could soak her feet this evening, stated someone from the night shift has been soaking her feet in it & (sic) feels it is helping her swelling. Made (sic) her aware we would have to contact md (doctor) & (sic) get orders. Resident was very adamant on her being able to receive the soak. MD made aware. MD okay'd (sic) order for soak. n/o (new order) noted & (sic) carried out . A review of Resident A's physician orders indicated an order dated, February 11, 2020, for Epsom salt soak to bilateral (both) feet every 8 hours as need for comfort. A review of a progress note for Resident A dated, February 15, 2020, at 3:32 p.m., authored by a licensed vocational nurse (LVN 1) indicated, pt (patient) has new coc (change of condition) for left plantar (sole of the foot) foot burn. New order for [MEDICATION NAME] (per the manufacturer- topical antimicrobial drug used for the prevention and treatment of [REDACTED]). Pt reported to am (morning) tx (treatment) nurse that PM (evening) CNA per pt request soaked (sic) her feet, water to (sic) hot. Review of a care plan for Resident A dated, February 15, 2020, indicated, left foot plantar burn from hot water foot soak. Review of a physician's order dated, February 15, 2020, for Resident A indicated, [MEDICATION NAME] Cream 1% Apply to left plantar foot typically one time a day for burn . Review of a physician's order for Resident A dated, February 17, 2020, indicated, Wound consult with (doctor's name) 02/19/2020. ind. (indication) plantar wound. Review of a care plan for Resident A dated, February 17, 2020, indicated, 2/17/2020 Resident requested for Epsom Salt soak to BLE (bilateral lower extremities) as ordered @ (at) around 1500 (3:00 p.m.), noted with left plantar foot burn, after the soak bath; tx (treatment) Nurse stated skin peeled from soak. Resident stated, water was hot. Further review of Resident A's record found that she had been sent to the hospital on February 18, 2020, for an unrelated issue. Review of Resident A's hospital, History & Physical, (H&P) dated, February 18, 2020, indicated, .Patient states she requested foot bath, nursing aide provided water which was way too hot and this brought her feet (sic) .Patient is being admitted secondary to significant burn. Given ceftezole (antibiotic) in the ER (emergency room). A review of Resident A's hospital H&P, further indicated, Left foot burn .Full thickness burn (third degree burn which destroys the outermost layer of the skin and the second layer of skin) .needs preventive measures, keep foot clean .daily woundcare (sic). Continue antibiotics. On February 27, 2020, at 10:55 a.m., an interview and concurrent record review were conducted with LVN 1. LVN 1 stated that she had been asked to help another treatment nurse evaluate Resident A's left foot injury. LVN 1 stated that she had documented the situation in her progress note. A section of the progress note was read back to the LVN. At that time LVN 1 confirmed that the wound had occurred from the foot soak. LVN 1 also confirmed that she had documented that the resident had told her that the water was too hot. On February 27, 2020, at 11:12 a.m., an interview was conducted with the facility's Director of Staff Development (DSD). The DSD was asked when she had been informed of Resident A's foot injury. The DSD stated that she had found out on Monday morning February 17, 2020, in the stand-up meeting (meeting held with department heads to review events in a facility). The DSD stated that CNA 1 had provided Resident A with an Epsom salt foot soak treatment with, hot water. The DSD stated in her interview with CNA 1, he had told her that the water was too warm so he took the resident's water pitcher and added cool water to the basin. The DSD stated that CNA 1 should have asked the Charge Nurse to administer the salt soak. The DSD continued that the Epsom salt soak was a treatment and it should have been done by the Charge Nurse. The DSD further said that a treatment is not within the scope of practice of a CNA. The DSD stated that treatments were only to be performed by a nurse. On February 27, 2020, at 11:18 a.m., an interview was conducted with the facility's Administrator, (AD), Acting Director of Nursing (ADN) and Assistant Director of Nursing (ADON), regarding the facility's investigation of the injury to Resident A's left foot. In review of the incident with the department heads, the AD stated that CNA 1 had not been working within the scope of his practice by providing the foot soak treatment for [REDACTED]. The resident was asked about her left foot injury. Resident A stated, that she had asked her evening male CNA for an Epsom salt soak for her feet. She stated that CNA 1 brought her a basin of water and said he had boiled the water. Resident A stated that CNA 1 had told her that when he had been a football player this is what they would do. Resident A stated that she had trusted him and, took his word for it. When asked the identity of the male CNA, the resident named CNA 1. Resident A stated that she could see the water, bubbling. Resident A was asked how the water was heated, and the resident stated that CNA 1 had put the water in the microwave. Resident A was asked if CNA 1 had tested the water prior to giving it to her. Resident A stated that, he did not test the water. Resident A further stated that, he just gave it to me. Resident A stated that she continued to, see the bubbles. She stated that the skin is thin on her feet. Resident A stated that the water was so hot and painful. Resident A stated that she put, just the bottom of her left foot in the water, but barely touched the water to the bottom of her right foot. Resident A stated that she never submerged her feet in the water. Resident A was asked if CNA 1 had stayed to observe her put her feet into the water. Resident A stated, No, and further stated that he had delivered the water and left me. Resident A stated that CNA 1, didn't stay there in the room with her. Resident A stated that she had not, realized that her foot had been cooked. On February 27, 2020, at 2:19 p.m., a phone interview was conducted with CNA 1. CNA 1 confirmed that he had provided care for Resident A. CNA 1 was asked if he had gotten the water for Resident A's salt soak. CNA 1 stated, Yes. CNA 1 stated that he had gotten the water for the basin in the sink at Nursing Station 4. When asked how he heated the water, CNA 1 stated that he, just got it hotter from the microwave. CNA 1 was asked how long he left the water in the microwave. He stated he had left the water in the microwave for, approximately a minute and a half. CNA 1 was asked if he had placed the plastic basin in the microwave. CNA 1 confirmed that he had put the plastic basin in the microwave. CNA 1 was then asked if he had checked the temperature of the water prior to giving it to Resident A. CNA 1 stated, Yes, I stuck my finger in there. CNA 1 was asked if he had used a thermometer to check the water temperature. CNA 1 stated, No and stated he just touched it myself. CNA 1 further stated it wasn't too hot. CNA 1 was asked if Resident A had complained that the water was too hot. CNA 1 stated that she had said that it, was hot. CNA 1 stated that he had taken Resident A's water pitcher and added cool water to the basin. CNA 1 stated that after he had provided the foot soak to Resident A, he left the room for half an hour and then came back. A review of a facility policy titled, Applying a Warm Compress or Soak, revised April 2013, indicated, Preparation: 1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan to assess for any special needs of the resident. The policy indicated, General Guidelines .2. Check the resident's skin often for redness or discoloration .5. Listen to the resident's complaints. Report them to the Staff/Change Nurse. The policy further indicated, The following equipment and supplies will be necessary when applying a warm soak: 1. Soak basin, 2. Pitcher of warm water (105 degrees Fahrenheit), 3. Bath thermometer .If applying a warm soak .5. Fill the water pitcher with warm water (105 degrees) .10. Unless otherwise instructed, check the skin of the limb being soaked every five (5) minutes. (Note: if the skin appears to be reddened or discolored, cease the treatment .12. Unless otherwise instructed, soak the limb for twenty (20) minutes .</p>		
F 0687 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate foot care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure that it provided foot care and treatment, in accordance with professional standards of practice for one of three sampled residents (Resident A) in a universe of 144 residents. This failure occurred when a certified nursing assistant (CNA 1) administered an Epsom salt foot soak treatment for</p>		

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F 0687 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 2)</p> <p>[REDACTED]. The burn subsequently required wound treatment and the administration of an antibiotic to prevent infection. Findings: On February 27, 2020, at 9:07 a.m., an unannounced visit was conducted at the facility for the investigation of two complaints. Resident A's medical record was reviewed and indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. Additional review of Resident A's medical record found a progress note dated, February 11, 2020, at 3:15 p.m., that indicated, resident stating her husband brought her Epsom salt & (sic) if someone could soak her feet this evening, stated someone from the night shift has been soaking her feet in it & (sic) feels it is helping her swelling. Made (sic) her aware we would have to contact md (doctor) & (sic) get orders. Resident was very adamant on her being able to receive the soak. MD made aware. MD okay'd (sic) order for soak. n/o (new order) noted & (sic) carried out. A review of Resident A's physician orders indicated an order dated, February 11, 2020, for Epsom salt soak to bilateral (both) feet every 8 hours as need for comfort. A review of a progress note for Resident A dated, February 15, 2020, at 3:32 p.m., authored by a licensed vocational nurse (LVN 1) indicated, pt (patient) has new coc (change of condition) for left plantar (sole of the foot) foot burn. New order for [MEDICATION NAME] (per the manufacturer- topical antimicrobial drug used for the prevention and treatment of [REDACTED]). Pt reported to am (morning) tx (treatment) nurse that PM (evening) CNA per pt request soaked (sic) her feet, water to (sic) hot. Review of a care plan for Resident A dated, February 15, 2020, indicated, left foot plantar burn from hot water foot soak. Review of a physician's order dated, February 15, 2020, for Resident A indicated, [MEDICATION NAME] Cream 1% Apply to left plantar foot typically one time a day for burn. Review of a physician's order for Resident A dated, February 17, 2020, indicated, Wound consult with (doctor's name) 02/19/2020. ind. (indication) plantar wound. Review of a care plan for Resident A dated, February 17, 2020, indicated, 2/17/2020 Resident requested for Epsom Salt soak to BLE (bilateral lower extremities) as ordered @ (at) around 1500 (3:00 p.m.), noted with left plantar foot burn, after the soak bath; tx (treatment) Nurse stated skin peeled from soak. Resident stated, water was hot. Further review of Resident A's record found that she had been sent to the hospital on February 18, 2020, for an unrelated issue. Review of Resident A's hospital, History & Physical, (H&P) dated, February 18, 2020, indicated, Patient states she requested foot bath, nursing aide provided water which was way too hot and this brought her feet (sic) . Patient is being admitted secondary to significant burn. Given ceftezole (antibiotic) in the ER (emergency room). A review of Resident A's hospital H&P, further indicated, Left foot burn .Full thickness burn (third degree burn which destroys the outermost layer of the skin and the second layer of skin) .needs preventive measures, keep foot clean .daily woundcare (sic). Continue antibiotics. On February 27, 2020, at 10:55 a.m., an interview and concurrent record review were conducted with LVN 1. LVN 1 stated that she had been asked to help another treatment nurse evaluate Resident A's left foot injury. LVN 1 stated that she had documented the situation in her progress note. A section of the progress note was read back to the LVN. At that time LVN 1 confirmed that the wound had occurred from the foot soak. LVN 1 also confirmed that she had documented that the resident had told her that the water was too hot. On February 27, 2020, at 11:12 a.m., an interview was conducted with the facility's Director of Staff Development (DSD). The DSD was asked when she had been informed of Resident A's foot injury. The DSD stated that she had found out on Monday morning February 17, 2020, in the stand-up meeting (meeting held with department heads to review events in a facility). The DSD stated that CNA 1 had provided Resident A with an Epsom salt foot soak treatment with, hot water. The DSD stated that in her interview with CNA 1, he had told her that the water was too warm so he took the resident's water pitcher and added cool water to the basin. The DSD stated that CNA 1 should have asked the Charge Nurse to administer the salt soak. The DSD continued that the Epsom salt soak was a treatment and that it should have been done by the Charge Nurse and that a treatment is not within the scope of practice of a CNA. The DSD stated that treatments were only to be performed by a nurse. On February 27, 2020, at 11:18 a.m., an interview was conducted with the facility's Administrator, (AD), Acting Director of Nursing (ADN) and Assistant Director of Nursing (ADON), regarding the facility's investigation of the injury to Resident A's left foot. In review of the incident with the department heads, the AD stated that CNA 1 had not been working within the scope of his practice by providing the foot soak treatment for [REDACTED]. The resident was asked about her left foot injury. Resident A stated, that she had asked her evening male CNA for an Epsom salt soak for her feet. She stated that CNA 1 brought her a basin of water and said he had boiled the water. Resident A stated that CNA 1 had told her that when he had been a football player this is what they would do. Resident A stated that she had trusted him and, took his word for it. When asked the identity of the male CNA, the resident named CNA 1. Resident A stated that she could see the water, bubbling. Resident A was asked how the water was heated, and the resident stated that CNA 1 had put the water in the microwave. Resident A was asked if CNA 1 had tested the water prior to giving it to her. Resident A stated that, he did not test the water, Resident A further stated that, he just gave it to me. Resident A stated that she continued to, see the bubbles. She stated that the skin is thin on her feet. Resident A stated that the water was so hot and painful. Resident A stated that she put, just the bottom of her left foot in the water, but barely touched the water to the bottom of her right foot. Resident A stated that she never submerged her feet in the water. Resident A was asked if CNA 1 had stayed to observe her put her feet into the water. Resident A stated, No, and further stated that he had delivered the water and left me. Resident A stated that CNA 1, didn't stay there in the room with her. Resident A stated that she had not, realized that her foot had been cooked. On February 27, 2020, at 2:19 p.m., a phone interview was conducted with CNA 1. CNA 1 confirmed that he had provided care for Resident A. CNA 1 was asked if he had gotten the water for Resident A's salt soak. CNA 1 stated, Yes. CNA 1 stated that he had gotten the water for the basin in the sink at Nursing Station 4. When asked how he heated the water, CNA 1 stated that he, just got it hotter from the microwave. CNA 1 was asked how long he left the water in the microwave. He stated he had left the water in the microwave for, approximately a minute and a half. CNA 1 was asked if he had placed the plastic basin in the microwave. CNA 1 confirmed that he had put the plastic basin in the microwave. CNA 1 was then asked if he had checked the temperature of the water prior to giving it to Resident A. CNA 1 stated, Yes, I stuck my finger in there. CNA 1 was asked if he had used a thermometer to check the water temperature. CNA 1 stated, No and stated he just touched it myself. CNA 1 further stated it wasn't too hot. CNA 1 was asked if Resident A had complained that the water was too hot. CNA 1 stated that she had said that it, was hot. CNA 1 stated that he had taken Resident A's water pitcher and added cool water to the basin. CNA 1 stated that after he had provided the foot soak to Resident A, he left the room for half an hour and then came back. Per Health and Safety Code, Division 2, Chapter 2, Article 9, Section 1337 (d)(3), Certified nurse assistant: means any person who holds himself or herself out as a certified nurse assistant and who, for compensation, performs basic patient care services directed at the safety, comfort, personal hygiene, and protection of patients, and is certified as having completed the requirements of this article. These services shall not include any services which may only be performed by a licensed person and otherwise shall be performed under the supervision of a registered nurse or a licensed vocational nurse. Review of a facility policy titled, Applying a Warm Compress or Soak, revised April 2013, indicated, Preparation: 1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan to assess for any special needs of the resident. The policy indicated, General Guidelines .2. Check the resident's skin often for redness or discoloration .5. Listen to the resident's complaints. Report them to the Staff/Change Nurse. The policy further indicated, The following equipment and supplies will be necessary when applying a warm soak: 1. Soak basin, 2. Pitcher of warm water (105 degrees Fahrenheit), 3. Bath thermometer .If applying a warm soak .5. Fill the water pitcher with warm water (105 degrees) .10. Unless otherwise instructed, check the skin of the limb being soaked every five (5) minutes. (Note: if the skin appears to be reddened or discolored, cease the treatment .12. Unless otherwise instructed, soak the limb for twenty (20) minutes .</p>		