

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WATSONVILLE NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>535 AUTO CENTER DRIVE WATSONVILLE, CA 95076</b>	
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 0604  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free from physical restraints when staff applied an elastic band (used for resistance exercises) around Resident 1's legs prior to giving her a shower. This failure had the potential to cause discomfort and injury to the resident's skin. Findings: Review of Resident 1's clinical record indicated she had the [DIAGNOSES REDACTED]. Review of Resident 1's Minimum Data Set (MDS, an assessment tool), dated 7/6/2020, indicated she was totally dependent (staff must perform the full activity) for bathing. Review of Resident 1's Change in Condition Evaluation, dated 7/22/2020, indicated she was in a shower chair with both legs secured together with an elastic band. The Change in Condition Evaluation further indicated Resident 1 was noted with redness and indentations on both thighs after the elastic band was removed, but they did not remain after reassessment. Review of a typewritten statement by central supply staff A (CSS A), dated 7/23/2020, indicated .we wrapped a TheraBand resistance band around (Resident 1's) knees to prevent her legs from falling off the shower chair . Review of Resident 1's clinical record indicated she did not have a physician's orders [REDACTED]. During an interview with certified nursing assistant B (CNA B) on 7/31/2020 at 1:45 p.m., she stated while getting Resident 1 ready for a shower, CSS A wrapped an elastic band around both Resident 1's legs just above the knees. CNA B stated this was a restraint and felt it was not right, so she requested assistance from a nurse. CNA B stated registered nurse C (RN C) came to the shower room and removed the elastic band from Resident 1's legs. During an interview with RN C on 8/11/2020 at 12:13 p.m., she confirmed she saw an elastic band wrapped around Resident 1's legs while in the shower room. RN C stated when she removed the elastic band, there were indentations and redness above Resident 1's knees, but they faded after a few minutes. RN C confirmed that wrapping the elastic band around Resident 1's knees was considered a restraint and it was not part of the resident's plan of care. RN C explained that in order to apply a restraint on a resident, there should be a physician's orders [REDACTED]. During an interview with the director of nursing (DON) on 8/11/2020 at 12:20 p.m., she confirmed that wrapping the elastic band around Resident 1's legs was considered a restraint and was not part of the resident's plan of care. The DON acknowledged the requirements specified in the facility's restraint policy and confirmed these requirements were not met for Resident 1. Review of the facility's policy, Use of Restraints, revised 4/2017 indicated, Prior to placing a resident in restraints, there shall be a pre-restraining assessment and review to determine the need for restraints. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative (sponsor). Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptom(s), but the underlying problems that may be causing the symptom(s).</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.