

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER GRANT CUESTA SUB-ACUTE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1949 GRANT ROAD MOUNTAIN VIEW, CA 94040	
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	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to provide services to attain or maintain the highest practicable well-being in accordance with the comprehensive assessment and plan of care for one of two sampled residents (Resident 1) when: 1. The physician's orders to provide ice cream and marshmallows during meals, measurement of intake and output (I & O) every shift and placement of [MEDICAL CONDITION] belt were not followed. 2. Physician's order for insertion of peripheral intravenous line (PIV, small, short plastic catheter that is placed through the skin into a vein, usually in the hand, elbow, or foot to give fluids and medications) on the foot was not taken. 3. Care plan for intravenous (IV) hydration and PIV on the foot were not developed. 4. Timely follow-up of laboratory results was not done. 5. Weekly skin assessment and evaluation of the resident's skin redness on right side of abdomen was not done. These failures had the potential to compromise Resident 1's health and care possibly resulting to complications. Findings: A review of Resident 1's face sheet indicated admission on 9/10/19 with [DIAGNOSES REDACTED]. A review of Resident 1's May 2020 active physician's order included ice cream and marshmallows to help with malabsorption with meals, IV insertion as needed for hydration every Wednesday, monitor intake and output every shift, use ostomy belt (pouch is not effective without belt) every other day, laboratory orders of C3 and C4 complement, ESR, CRP, RPR, HBsAg, HBsAb, [MEDICAL CONDITION] antibody, [MEDICAL CONDITION] and 2 antibody screening on 5/4/2020. No physician's order was taken to insert an IV line on Resident 1's foot. During an observation on 5/7/2020 at 9:16 a.m., Resident 1 was lying in her bed, awake, with a [MEDICAL CONDITION] bag intact on the right abdomen, skin rashes noted on the right side of abdomen. Resident 1 had also IV fluids of Normal Saline 0.9% infusing via PIV at the right foot. The treatment nurse (TN) confirmed these observations. During a record review and concurrent interview on 5/7/2020 at 11:00 a.m., with Registered Nurse A (RN A) and Registered Nurse B (RN B), and Nurse Supervisor, they reviewed Resident 1's medical records and found no physician's order to insert PIV on the foot and care plan for IV hydration and IV insertion, no results were found for the laboratory orders done on 5/4/2020, and the intake and output record were not completed every shift. RN A stated a physician's order was required prior to PIV insertion on the foot due to risk of blood clots and other risks, and a care plan should have been developed. RN B stated laboratory results should have been followed-up by either the charge nurse or nurse supervisors on the day the laboratory tests were done to check for any significant or abnormal results. Both RN A and RN B stated it was important for I & O to be monitored and recorded every shift to be able complete the daily and weekly summary to help determine the resident's hydration status. During a concurrent observation and interview on 5/7/2020 at 12:10 p.m., Resident 1's lunch tray did not include ice cream and marshmallows as ordered. The dietician consultant (DC) who confirmed the observation, stated the dietary department was aware that ice cream and marshmallows should be included on Resident 1's tray every meals and would make sure it was followed. During a concurrent record review and interview on 5/7/2020 at 12:45 p.m., with RN B and the director of nursing (DON), both reviewed Resident 1's progress notes and Weekly Skin Inspection and Evaluation notes and were unable to find documentation on the weekly assessments and evaluation of the skin redness at the right abdomen. The DON stated weekly skin evaluation and assessments should have been done to determine if the skin problem was deteriorating or worsening and if treatment was effective. The facility's policy and procedure, Peripheral Catheter Insertion, dated 5/1/16, indicated a peripheral catheter must be placed upon the order of a physician. Areas to be avoided for peripheral insertion include veins in the lower extremities due to risk of embolism, [MEDICAL CONDITION] and ulceration. Assessment should be done routinely for presence of IV related complications [DIAGNOSES REDACTED], drainage, swelling, tenderness on the site. The facility's policy and procedure, Intake and Output (I & O), dated 8/2014, indicated place a resident of I & O monitoring to evaluate hydration status and residents determined to be at risk for dehydration. The LN totals the I & O for all three shifts (every 24 hours) and records under the total section of the I & O Record and will be evaluated no less often than weekly.</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.