

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER PACIFIC HILLS MANOR		STREET ADDRESS, CITY, STATE, ZIP 370 NOBLE COURT MORGAN HILL, CA 95037	
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 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to investigate and initiate prompt resolution of a grievance for one of two sampled residents (Resident 1). This failure placed Resident 1 at risk for psychosocial maladjustment.</p> <p>Findings: The clinical record of Resident 1 was reviewed, she was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Her minimum data set (MDS, an assessment tool) dated 01/28/2020, indicated her brief interview for mental status (BIMS, determines a resident's attention, orientation and ability to register/recall information) score was 15, which indicated she is cognitively intact. During an interview on 2/26/2020 at 10:20 am, in Resident 1's room, Resident 1 stated she had two issues. One of them involved her roommate, Resident 3. After confirming Resident 3 was not in her bed, Resident 1 stated Resident 3 screams all night and her family are here all hours of day and night, it is random and they bring her food that makes her sick. Further, Resident 1 stated one time all of Resident 3's visitors had gone home except her husband, who fed her and they were chatting. I complained she kept me and my roommate, (Resident 2), awake all night as she (Resident 3) was extremely loud. I complained about it maybe to the social services director (SSD); the husband was yelling at me that I kept my television (TV) all night, I said I don't even use my TV, I read and I only watch the news and I told him about it. Resident 1 stated after everybody went home except the husband, she heard the husband whispering to his wife (Resident 3), what she needs is a good whack on the head. That scared me, it really scared me, he is here all the time; that night I was really scared, a 'whack in the head' is a pretty strong statement: I reported it next morning to the SSD. Then they came up here and interviewed me about it. I said to them 'well I am alive', maybe now that they know I reported, it wouldn't be an issue, so maybe we ought to let it go. They told me 'no you can't'. Resident 1 stated, yeah he still comes. Resident 1 further stated that night both curtains were open so I could see all the way to the door, he came [MEDICATION NAME] mad and went to the front desk and complained about my TV, that's why they came the next day, and also I reported the 'crack in the head'. When Resident 1 was asked if she is afraid of the husband, she stated a little bit. let's put it this way, I am still not comfortable cause when he passes, he looks really angry, he is an angry man, he still comes to bring food and stuff. I feel guarded, I'm always alert. During an interview on 2/26/2020 at 11:10 a.m., with Resident 2, with BIMS of 15), Resident 2 stated, yes, I heard what happened that night, sort of loud, I was awake at that time and I heard the voices. Resident 2 indicated she was bothered and stated, but I didn't really feel threatened as I know I am safe. During an interview on 2/26/2020 at 11:29 a.m., with licensed vocational nurse A (LVN A), she indicated she was helping the social services department but does not have access to the grievance/complaints logbook. During an interview on 3/3/2020 at 1:10 p.m. with the administrator (ADMIN), she indicated the facility had a grievance binder, I have to go look meant in the social services office, and indicated the binder was not endorsed to her. The ADMIN was unable to show the grievance binder on 3/3/2020. A record review of a general note, dated 2/23/2020 at 14:17, authored by registered nurse B (RN B), indicated Resident is stating that 'she did not sleep all night because the C bed was yelling all night.' Resident was encouraged to sleep as much as possible today. She then c/o about roommate's husband and family and making claims about resident's husbands negative statements about him. Will continue to monitor. During an interview on 3/4/2020 at 4:01 p.m., with RN B, she stated one morning, Resident 1 basically she (Resident 1) said he (husband of Resident 3) appeared to be very angry towards her (Resident 1). . she was upset because she complained to the husband that she could not sleep because Resident 3 was up all night and was noisy, yes that is what she told me about the husband. RN B also stated no, she (Resident 1) wasn't scared of the husband, she just didn't want him around there like 'oh this man is mad at me', it's more of she complained to husband about the wife like the husband was annoyed .like he has to visit or I have to share this room. RN B further stated, this issue was mentioned in a report and I was gonna talk to the manager of the day, we were talking about maybe moving the Resident, I spoke with the manager of the day, but nothing happened that day, it was a Saturday, asking who could be moved. RN B also stated she (Resident 1) was more annoyed, she was talking about moving Resident 3 to another room. When asked if she reported this issue to anyone else, RN B stated no, I don't think so, it was the certified nursing assistant (CNA) and Admissions/manager of the day, we were talking about who can we move to make this room happier. Review of the facility's grievance record for January and February did not indicate a grievance from Resident 1 relating to issue with her roommate (Resident 3) and Resident 3's husband. Review of facility's census as of 3/3/2020 indicated Resident 1 was still sharing the room with Resident 3. During an observation and concurrent interview on 2/26/2020 at 10:20 a.m. with Resident 1, she remained in the same room as Resident 3. When asked if she was afraid of Resident 3 husband she stated, a little bit. let's put it this way, I am still not comfortable cause when he passes, he looks really angry, he is an angry man, he still comes to bring food and stuff. I feel guarded, I'm always alert. Review of the facility's Concern/Grievance Policy dated November 2016, indicated Purpose: to ensure all residents have the right to voice a grievance without fear of reprisal and all grievances are addressed and resolved to the facility's ability in a timely fashion; Protocol: any grievance that cannot be immediately resolved will be documented on the Concern/Grievance form, the Grievance official will review the issue, keep a copy, and forward it to the appropriate department head for resolution, the receiving department manager will act immediately and begin interventions toward resolution; the receiving department manager must provide documented interventions toward resolution within 72 hours. , the Grievance Official will indicate whether or not the issue is RESOLVED or UNRESOLVED, a copy of the completed Concern/Grievance forms will be filed for three years and, a log of grievances for the current year will be kept in the Grievance binder.</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.