

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555307	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER CLEARWATER HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1517 EAST KNICKERBOCKER DRIVE STOCKTON, CA 95210	
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 0552 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, clinical record review, and facility policy review, the facility failed to ensure appropriate notification was provided for one of three sampled residents (Resident 1) when Resident 1's responsible party (RP) was not notified prior to the removal of Resident 1's indwelling urinary catheter (a tube inserted into the bladder to allow urine to drain into a bag). This failure resulted in Resident 1's RP not being able to make choices for alternative treatment and care. Findings: Review of Resident 1's admission record revealed, Resident 1 was admitted to the facility with [DIAGNOSES REDACTED]. The admission record further revealed, Resident 1 had an indwelling urinary catheter device in place. Review of Resident 1's Minimum Data Set (an assessment tool), dated 3/15/20, revealed a Brief Interview of Mental Status (BIMS, a tool to measure cognitive capacity) score of 14 out of 15 which indicated intact cognitive status. During an interview with Resident 1's RP on 4/17/20, at 12:57 p.m., she stated, the facility removed Resident 1's indwelling urinary catheter without prior notification of the RP. The RP further stated, the facility was instructed not to remove the catheter. The RP continued, the removal of the catheter caused Resident 1 to develop urinary tract infection. The RP further stated, Resident 1 missed his [MEDICAL CONDITION] because of the infection. Review of Resident 1's Physician's Order, dated 3/11/20, indicated, .Change Indwelling Catheter .if clogged, leaking or accidentally pulled out DX (diagnosis): [MEDICAL CONDITION] . Review of Resident 1's care plan, dated 3/11/20 indicated, .(Resident 1) had Indwelling Catheter, FR (French, size of a catheter) 16 r/t (related to): [MEDICAL CONDITION] . Review of Resident 1's progress notes, dated 3/30/20, at 3 p.m., indicated, .NP (nurse practitioner) ordered for (brand name of catheter) to be removed, removed at 13:30pm (sic) . Review of Resident 1's Order Entry, dated 3/30/20, at 3:27 p.m., the facility physician responsible for Resident 1, ordered to remove (brand name of catheter). In a concurrent interview and record review with Licensed Nurse (LN) 1 on 4/17/20, at 4 p.m., she explained, she would get an order to discontinue the catheter first, and then she would inform the RP prior to removal of the catheter. She continued, she could not find documentation family was notified prior to removal of the catheter. In a concurrent interview and record review with LN 2 on 4/17/20, at 4:20 p.m., she stated, she could not find in Resident 1's progress notes his RP was notified prior to removal of his catheter. In a subsequent interview with LN 3, she explained, she would notify RP prior to removal of the catheter. She confirmed, there was no documented evidence Resident 1's RP was notified. In a phone interview with the director of nursing (DON) on 4/21/20, at 1:16 p.m., he stated, the RP should have been notified of an order to remove Resident 1's catheter. He confirmed, there was no documentation the RP was notified. He added, .should have contacted the RP .I do not see one . Review of the facility policy titled, Change in a Resident's Condition or Status, revised December 2016, indicated in pertinent parts, .Our facility shall promptly notify the resident .and representative (sponsor) of changes in the resident's medical/mental condition and/or status .4. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when .b. There is a significant change in the resident's physical .status . According to Centers for Medicare & Medicaid Services (CMS), a federal agency that administers the nation's major healthcare programs, guidelines on Rights and Protection as a Nursing Home Resident, indicated, .At a minimum, Federal law specifies that nursing homes must protect and promote the following rights of each resident. You have the right to .Have Your Representative Notified .your legal representative or an interested family member when the following occurs .your treatment needs to change significantly . (Retrieved 5/8/20 from the CMS website: https://downloads.cms.gov/medicare/Your_Resident_Rights_and_Protections_section.pdf)</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.