

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555734	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER CHILDRENS HC ORG NO CA -PEDIATRIC HOSPITAL D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 3777 SOUTH BASCOM AVENUE CAMPBELL, CA 95008	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review, the facility failed to ensure the safe use of a swinger (a seating device used for infants) when one of two residents (Resident 1) was found on the floor after being placed in the swinger. This failure had the potential to cause injury to the resident. Findings: During a review of the Resident 1's Post Fall and/or Head Injury Assessment, dated 7/30/2020 1845, indicated Resident 1 was in swinger .found on floor .and straps of swinger were found unstrapped. During a review of Resident 1's Short Term Care Plan, dated 7/30/20, indicated Fall Risk .Provide safe environment .ensure buckles, lap belt, chest straps are .properly secured. During a review of the facility's Wheelchair Schedule/Adaptive Seating/Highchairs policy and procedure dated 4/2013/2020/NF, indicated Safety harnesses and/or seat belts are to be used with each patient for safety purposes following the manufacturer's recommendations. During an interview on 9/16/2020 at 2:53 p.m., with the director of nursing (DON), the DON stated Resident 1 did not have constant supervision while the swinger was in use. During a review of the manufacture's guideline for Resident 1's swinger, the guideline indicated, Prevent serious injury or death from falls: Never leave child unattended.		
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.