CITATION NUMBER: 110013619

Date: 7/19/2018 12:00:00 AM

Type Of Visit: Complaint Investig.

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS

Incident/Complaint No.(s) : CA00534293, CA00528995

Licensee Name: LAKEPORT POST ACUTE, LLC

Address: 140 N UNION AVE SUITE 320, FARMINGTON, UT 84025

License Number: 110000512 Type of Ownership: Limited Liability Company

Facility Name: Evergreen Lakeport Healthcare

Address: 1291 Craig Ave Lakeport, CA 95453

Telephone : (707) 263-6382

Facility Type: Skilled Nursing Facility Capacity: 81

Facility ID: 110001255

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS	PENALTY ASSESSMENT	DEADLINE FOR COMPLIANCE
	CLASS: A CITATION: Patient Care	20000.00	8/2/2018

T22 DIV5 CH3 ART5-72527(a)(12)

CLASS A **CITATION --** Patient Care

B4410 T22 DIV5 CH3 ART5-72527 (a) (12) Patients' Rights

(a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right:

(12) To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs.

The facility failed to ensure Resident 1 was treated with dignity and respect, as evidenced by:

1. Unlicensed Staff B did not respect Resident 1's verbalized refusal to go to bed;
2. Unlicensed Staff B pulled wheelchair-bound Resident 1 by his ankles, against his will;

Name Of Evaluator:
Kristine Monroe
HFEN

Evaluator Signature:_____

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature:_____

Name:_____

Title:_____

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFTEY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

3. Resident 1 fell and struck his head on the floor, sustaining a 3.0 centimeter (cm) laceration across his right forehead, with swelling and bruising, as a result of the fall; and,
4. The fall potentially contributed to Resident 1's decline and death on 02/13/17 (Three days after the incident).

Resident 1 was an alert 90-year-old male, admitted to the facility on 11/26/16, with past history (06/28/14) of a fracture of two vertebrae after a fall outside a restaurant, for which he wore a hard neck collar. Resident 1's diagnosis included some cognitive impairment and short-term memory loss, but with the capacity to express his preferences. The facility discharged Resident 1 as deceased on 02/13/17.

Review of the facility's, "Summary of Investigation," received 04/03/17, indicated the facility investigated an unusual occurrence in which Resident 1 fell from his wheelchair on 02/9/17, resulting in a laceration and bruise to his head. The investigation indicated a Certified Nursing Assistant (CNA) attempted to take wheelchair-bound Resident 1 to bed, "using an inappropriate technique to transport him."

A review of, "Occurrence No. 712168," dated 02/09/17 at 7:52 a.m., entered by the Assistant Director of Nursing, ADON, indicated the following:

1) Resident 1 was sitting in his wheelchair at the nurse's station with brakes on;
2) A CNA (unnamed) bent down to tie Resident 1's untied shoes.
3) Resident 1 attempted to get up and self transfer;
4) Resident 1 struck at the CNA, and fell forward;
5) The CNA tried, but was unable, to break Resident 1's fall, and;
6) Resident 1 hit his head and received a skin tear.
7) The ADON called Resident 1's family and physician.
8) The physician ordered a cervical spine x-ray, and treatment for a skin tear.

The document did not include corroborating witness accounts.

In an interview on 04/17/17 at 2:43 p.m., Unlicensed Staff A stated that on 02/09/17 at approximately 8 p.m., while giving an end-of-shift report to an unidentified CNA, she witnessed the following incident:

1) Resident 1 sat in his wheelchair up at the nursing station, chatting with staff;
2) Unlicensed Staff B approached Resident 1 and asked if he was ready for bed;
3) Resident 1 responded with a, 'no;'
4) Unlicensed Staff B picked up Resident 1's feet and pulled Resident 1 by his ankles, and backed up about 20 feet dragging Resident 1 in his wheelchair;
5) Resident 1 became agitated and swung his right fist at Unlicensed Staff B;
6) Resident 1 fell out of his chair, hitting his right shoulder and forehead on the uncarpeted floor, that, "sounded like a bowling ball hitting concrete;" and,
7) Resident 1 groaned and began bleeding from a laceration to his forehead.

A review of Resident 1's clinical record revealed the, "Nurse's Notes" dated 02/10/17, at 8:15 a.m., indicating Resident 1 had fallen on 02/9/17, and sustained a laceration across his right forehead approximately 3 cm. The document indicated staff cleaned Resident 1's laceration with normal saline solution and applied steri-strips. The note further

documented Resident 1 had bruising and slight swelling around the laceration.

A review of the facility's website, "Preparing for Admission," copyright 2017, indicated residents had the right to refuse care. Under the website's tab, "Mission & Values," the facility indicated its philosophy included, "Treating Our Residents,.. with Dignity and Respect."

Therefore, the facility failed to ensure Resident 1 was treated with dignity and respect, as evidenced by:

1. Unlicensed Staff B did not respect Resident 1's right to make a choice of when to go to bed;
2. Unlicensed Staff B pulled wheelchair-bound Resident 1 by his ankles, against his will;
3. Resident 1 fell and struck his head on the floor, sustaining a 3.0 centimeter (cm) laceration across his right forehead, with swelling and bruising, as a result of the fall; and,
4. The fall potentially contributed to Resident 1's decline and death. Resident 1 expired on 02/13/17 (three days after the incident).

The above violations presented either imminent danger that death or serious harm would result, or a substantial probability that death or serious physical harm would result.

Name Of Evaluator:
Kristine Monroe
HFEN

Evaluator
Signature:_____

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature:_____

Name:_____

Title:_____

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