

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	

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)
<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34328</p> <p>Based on interview and record review the facility failed to initiate and implement person-centered care plans for one resident (Resident 1) of three sampled residents when the facility:</p> <ol style="list-style-type: none"> 1. Did not initiate a care plan when Resident 1 obtained Moisture-Associated Skin Damage (MASD); 2. Did not implement interventions to prevent Resident 1 from obtaining a pressure injury (damage to skin because of continuous pressure); and, 3. Did not initiate a care plan when Resident 1 obtained a facility acquired Stage 3 pressure injury on the sacrococcygeal (the area between the hip bone on a person 's back and the tailbone) region. <p>These failures resulted in Resident 1 obtaining a facility acquired Stage 3 pressure injury (the loss of skin which extends to the tissue beneath the skin).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of an admission record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnosis which included rheumatic tricuspid insufficiency (a heart condition caused by infection in which the valve between two heart chambers does not close properly resulting in the heart working harder than it should), chronic combined systolic and diastolic heart failure (a condition in which the heart does not pump blood as well as it should) , and pulmonary hypertension (high blood pressure in the arteries and lungs). <p>A review of Resident 1 's order summary report indicated the physician 's order, [All] Care plan read and approved by MD [physician] .[ordered on] 6/27/23 .</p> <p>A review of Resident 1 's progress note dated 6/28/23 at 3:54 p.m. indicated, Admission Braden Scale [a tool used to predict pressure injury risk] of 11 [a score of 10-12 is high risk of developing a pressure injury].</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident 1 ' s care plan for, Bowel/bladder incontinence [unable to control bowel/bladder] related to cognitive [the thought process] loss, decreased awareness of urge was initiated on 6/28/23. Staff were to provide, .perineal [area between the anus and the vulva] care AM [in the morning], PM [in the afternoon/evening], and after each incontinence .[to assist Resident 1 to meet the goal of] .free of skin breakdown x 90 days [by] 10/1/23 .</p> <p>A review of Resident 1 ' s care plan for, Potential for skin breakdown related to history of skin breakdown, [history] of bruises or skin tears due to fragile skin, incontinence, others was initiated 6/28/23. Staff were to provide, .incontinence care as needed .monitor for discoloration, bruises, swelling, skin tears or redness and report promptly .pressure relieving mattress as needed .treatment as ordered .turn and reposition frequently as needed .[to assist Resident 1 to meet the goal of] Have less skin tears or bruises x90 days .will be healed . no bruises or skin tears x90 days by [10/1/23] .</p> <p>A review of Resident 1 ' s order summary report indicated the following physician ' s orders:</p> <p>Skin protection for incontinence associated dermatitis [skin inflammation] on sacrococcygeal region, gluteal cleft [the groove between the buttocks], opposing medial buttock region: Apply [moisture barrier ointment] every shift [starting on 6/28/23] .[and] as needed [starting on 6/28/23] .</p> <p>Turn and reposition as needed off load from pressure areas. Observe decubitus [lying down] areas every shift and notify MD for skin discoloration .every shift [starting on] 6/28/23 .</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, an assessment tool) dated 7/3/23 indicated, Resident has pressure .injury, a scar over bony prominence, or a non-removable dressing/device .[facility chose] No . Does this resident have one or more unhealed pressure .injuries? .[facility chose] No .</p> <p>A review of progress notes dated 7/7/23 at 11:15 a.m., 7/13/23 at 11:15 a.m., 7/21/23 at 12:46 p.m., and 7/28/24 at 1:03 p.m. indicated a Braden Scale (a tool to predict pressure injury risk) score of 12 which indicated Resident 1 was at high risk for developing a pressure injury.</p> <p>A review of Resident 1 ' s progress note dated 8/6/23 at 1:07 a.m. indicated, .MASD on coccyx sacral [sacrococcygeal] area .</p> <p>A review of all of Resident 1 ' s care plans between 6/27/23 to 11/20/23 showed no documented evidence a care plan for MASD was initiated after the discovery of MASD.</p> <p>In an interview and concurrent record review on 3/5/24 at 4:15 p.m., the Wound Nurse (WN) confirmed Resident 1 developed MASD during her stay at the facility. The WN also confirmed he was unable to find a care plan initiated for Resident 1 ' s MASD.</p> <p>2. A review of Resident 1 ' s order summary report indicated the following physician order, Eroded skin lesion/Open wound on sacrococcygeal region combined with [MASD] Treatment Order: Apply .hydrophilic wound dressing paste [a paste used to keep a wound protected from moisture] .3x [three times] per day and as needed for episodes of incontinence. Paste should be applied after every stool and does not need to be scrub [sic] off completely. After stooling, remove soiled part of cream with wet cloth or wet gauze, avoid scrubbing. Notify MD for progression. (Only apply on areas with eroded/ open lesions) every shift .[starting on 9/11/23] .[and] as needed .starting on 9/11/23 .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident 1 ' s progress note dated 9/23/23 at 6:09 a.m. indicated, .eroded skin lesion to sacrococcygeal region combined with MASD .</p> <p>A review of Resident 1 ' s progress notes dated 7/23/23 to 10/12/23 indicated 178 incidences Resident 1 was documented as, Stayed in bed .[or] In bed . There was no documented evidence in these progress notes Resident 1 had been turned and repositioned every two hours as indicated in the care plan for her potential for skin breakdown.</p> <p>In an interview and record review of Resident 1 ' s medical chart on 3/5/24 at 4:15 p.m., the WN confirmed Resident 1 did not have a pressure injury upon admission to the facility. The WN also confirmed Resident 1 did not have a low air-loss (LAL) mattress (a type of pressure relieving mattress). The WN stated Resident 1 ' s MASD was, profuse eroded skin on the sacral area. There was no measurable depth .the wound was a Stage 2 [a partial-thickness skin loss involving the outer most layer of the skin and/ or the dermis layer which contains nerve endings, sweat glands and oil glands, hair follicles, and blood vessels].</p> <p>In an interview and record review on 3/5/24 at 4:30 p.m., the Director of Nursing (DON) confirmed Resident 1 was on a regular mattress, not on a LAL mattress. The DON also confirmed Resident 1 ' s care plan indicated, pressure relieving mattress as an intervention. The DON stated an order for a pressure relieving mattress should have been obtained from the physician and applied for the resident. The DON verified the only order placed for Resident 1 ' s LAL mattress was upon discharge. The DON also stated he expected nursing staff to turn and reposition residents every two hours and to provide incontinence care as soon as possible to prevent the development of pressure injuries.</p> <p>3. A review of Resident 1 ' s progress note dated 10/1/23 at 4:13 p.m. indicated, Sacral with open area, with scant red drainage, pink in color .</p> <p>A review of Resident 1 ' s progress note dated 10/30/23 at 11:19 a.m. indicated, .Open Wound on sacrococcygeal region, measurement 1.5x2x0.1cm [centimeter, a unit of measure] combined with [MASD] . Continue same treatment as ordered .</p> <p>A review of Resident 1 ' s order summary report indicated, Stage 3 coccyx [injury] Treatment Order: Cleanse with NSS [normal saline, a cleaning solution] Pat dry, Apply [Brand Name] barrier film on peri-wound [the area surrounding the wound] areas, calcium alginate [a substance used to assist in wound healing] impregnated with [leptospermum honey which helps with wound healing] on wound bed then secure with [foam dressing] every day .in the morning .and [as needed] soiling .[starting on] 11/16/23 .</p> <p>A review of Resident 1 ' s progress note dated 11/18/23 at 11:30 a.m. indicated, Coccygeal [tailbone area] eroded skin reclassified by [physician] to Stage 3 pressure injury 2x3 cm in size/ progressing .</p> <p>A review of Resident 1 ' s discharge summary dated 11/17/23 at 3:25 p.m. indicated, .Resident was admitted to [facility] for skilled services. During her stay there .developed an open area on her coccyx while in house.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0656</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident 1 ' s MDS dated [DATE] indicated, Resident has a pressure .injury, a scar over bony prominence, or a non-removable dressing/device .[[facility chose] Yes .Does this resident have one or more unhealed pressure .injuries? .[[facility chose] Yes .Number of Stage 3 pressure [injuries] . 1 .</p> <p>In an interview on 3/5/24 at 4:15 p.m., the WN confirmed there was no documented evidence of a care plan for Resident 1 ' s Stage 3 sacrococcygeal wound in her medical chart.</p> <p>In a telephone interview and concurrent record review on 4/30/24 at 3:30 p.m., the DON confirmed there was no care plan for Resident 1 ' s Stage 3 sacrococcygeal wound in her medical chart. The DON stated a care plan should have been initiated for each skin concern.</p> <p>A review of the facility ' s undated policy and procedure titled Prevention of Pressure [Injuries] indicated, Protect against adverse effects of external mechanical forces: friction, shear and pressure .Systematically reposition and turn frequently while in bed .Pressure reduction devices (i.e. mattresses) should be considered for bed-bound/ chair-bound residents. Apply pressure-reducing mattress or air mattress to bed upon admission .</p> <p>A review of the facility ' s undated policy and procedure titled Treatment of Pressure [Injuries] indicated, Residents with pressure [injuries] can expect to maintain and/or improve skin integrity .Care planning must be provided by licensed nursing personnel .Implementation may include other caregivers under the direction of the Nursing Supervisor and MDS Coordinator .At the time any stage II, III, IV [injury] is first identified . Initiate a plan of care including reassessment interval .Monitor response to treatment [with every] dressing change or according to plan of care and document changes in wound status .At least every 7 days, evaluate [injuries] in plan of care as indicated .Implement measures for minimize of pressure [injuries] .Position resident off pressure [injuries] .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34328</p> <p>Based on interview and record review the facility failed to ensure care provided met professional standards of care for one resident (Resident 1) of three sampled residents when:</p> <ol style="list-style-type: none"> 1. Nursing staff did not weigh Resident 1 per physician ' s orders; 2. Nursing staff did not get Resident 1 out of bed as ordered by the physician; 3. Nursing staff did not implement or initiate care plans as Resident 1 ' s wound continued to worsen; and, 4. There was no oversight of Resident 1 ' s worsening wound on the sacrococcygeal region (the backside area between a person ' s hips and down to the tailbone). <p>This failure resulted in Resident 1 obtaining a facility acquired Stage 3 pressure injury (the loss of skin which extends to the tissue beneath the skin).</p> <p>Findings:</p> <p>1. A review of an admission record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnosis which included rheumatic tricuspid insufficiency (a heart condition caused by infection in which the valve between two heart chambers does not close properly resulting in the heart working harder than it should), chronic combined systolic and diastolic heart failure (a condition in which the heart does not pump blood as well as it should) , and pulmonary hypertension (high blood pressure in the arteries and lungs).</p> <p>A review of Resident 1 ' s order summary report indicated the following physician ' s orders:</p> <ul style="list-style-type: none"> -Weekly weights every day shift every Wednesday [starting on] 6/28/23 . -Weigh weekly one time a day every Fri [starting on] 7/7/23 . -Weigh weekly in the morning every Tue [starting on] 8/8/23 . -Weekly weights x4. Please weight [sic] on 9/14/23 every day shift every Thu for 1 month [starting on] 9/14/23 . <p>A review of Resident 1 ' s weights and vitals summary indicated Resident 1 was not weighed on the following dates:</p> <ul style="list-style-type: none"> -Wednesday, 6/28/23 -Wednesday, 7/5/23 -Friday, 7/8/23 <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>-Tuesday, 8/8/23</p> <p>-Tuesday, 8/15/23</p> <p>-Tuesday, 8/29/23</p> <p>-Tuesday, 9/5/23</p> <p>-Tuesday, 9/12/23</p> <p>-Thursday, 9/14/23</p> <p>-and Thursday 10/5/23.</p> <p>In a telephone interview and concurrent record review of Resident 1 ' s physician ' s orders and documented weights on 4/30/24 at 3:30 p.m., the Director of Nursing (DON) confirmed Resident 1 ' s physician ' s orders and verified Resident 1 was not weighed as ordered by the physician.</p> <p>2. A review of Resident 1 ' s order summary report indicated Resident 1 had the following physician ' s orders, .resident lacks decision making capacity- surrogate decision maker is .daughter .[ordered on] 6/27/23 .Care plan read and approved by MD [physician] .[ordered on] 6/27/23 .[and] Activity program has been approved and is not in conflict with treatment plan .[ordered on] 6/27/23 .</p> <p>A review of Resident 1 ' s care plan initiated on 3/28/23 for, Cognitive loss related to confusion .[and] decreased mental status indicated staff was to, Encourage [Resident 1] to attend activities as offered.</p> <p>A review of social service progress notes dated 7/3/23, 7/10/23, and 8/7/23 indicated Resident 1 was cooperative, communicative, and motivated.</p> <p>A review of Resident 1 ' s order summary report indicated the physician ' s order, Resident has capacity to understand rights and nature and consequences of proposed treatment .[facility chose] No .[ordered on] 8/5/23 .</p> <p>A review of Resident 1 ' s order summary report indicated the physician ' s order, Out of bed to chair for meals every shift .[starting on] 9/21/23 .</p> <p>A review of Resident 1 ' s progress notes dated 7/23/23 to 10/12/23 indicated 178 incidences Resident 1 was documented as, Stayed in bed .[or] In bed . There was no documented evidence in these progress notes Resident 1 had been taken out of bed for every meal.</p> <p>A review of Resident 1 ' s care plan regarding Activities of Daily Living (ADL, activities related to personal care such as getting out of bed), initiated on 10/13/23 indicated staff were to, .Encourage independence with assistance in order for Resident 1 to meet her goal of, .will be out of bed daily as tolerated x90 days .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident 1 ' s order summary report indicated the physician ' s order, Up in wheelchair for at least 4 hours a day reposition in bed/wheelchair [every] 2 hours .every 2 hours .[starting on 10/26/23] .</p> <p>In a telephone interview and concurrent record review on 4/30/24 at 3:30 p.m., the DON confirmed Resident 1 ' s nursing progress notes dated 7/23/23 to 10/12/23 did not indicate Resident 1 was mobilized out of bed during the morning and afternoon/evening shifts. The DON stated he expected nursing staff to mobilize residents out of bed.</p> <p>In an interview on 5/2/24 at 2 p.m., the DON stated he would obtain nursing progress notes dated 10/18/23 to 11/15/23 to provide the surveyor. The DON did not provide the nursing progress notes.</p> <p>3. A review of Resident 1 ' s care plan for, Potential for skin breakdown related to history of skin breakdown, [history] of bruises or skin tears due to fragile skin, incontinence, others was initiated 6/28/23. Staff were to provide, .incontinence care as needed .monitor for discoloration, bruises, swelling, skin tears or redness and report promptly .pressure relieving mattress as needed .treatment as ordered .turn and reposition frequently as needed .[to assist Resident 1 to meet the goal of] Have less skin tears or bruises x90 days .will be healed . no bruises or skin tears x90 days by [10/1/23] .</p> <p>A review of Resident 1 ' s order summary report indicated the following physician ' s orders:</p> <p>Skin protection for incontinence associated dermatitis on sacrococcygeal region, gluteal cleft, opposing medial buttock region: Apply [moisture barrier ointment] every shift [starting on 6/28/23] .[and] as needed [starting on 6/28/23] .</p> <p>Turn and reposition as needed off load from pressure areas. Observe decubitus [lying down] areas every shift and notify MD for skin discoloration .every shift [starting on] 6/28/23 .</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, an assessment tool) dated 7/3/23 indicated, Resident has pressure .injury, a scar over bony prominence, or a non-removable dressing/device .[facility chose] No . Does this resident have one or more unhealed pressure .injuries? .[facility chose] No .</p> <p>A review of a progress note dated 8/6/23 at 1:07 a.m. indicated, .MASD [Moisture-Associated Skin Damage] on coccyx sacral area .</p> <p>A review of all of Resident 1 ' s care plans between 6/27/23 to 11/20/23 showed no documented evidence a care plan for MASD was initiated after the discovery of MASD.</p> <p>A review of Resident 1 ' s order summary report indicated the following physician order, Eroded skin lesion/Open wound on sacrococcygeal region combined with [MASD] Treatment Order: Apply .hydrophilic wound dressing paste [a paste used to keep a wound protected from moisture] .3x [three times] per day and as needed for episodes of incontinence. Paste should be applied after every stool and does not need to be scrub [sic] off completely. After stooling, remove soiled part of cream with wet cloth or wet gauze, avoid scrubbing. Notify MD for progression. (Only apply on areas with eroded/ open lesions) every shift .[starting on 9/11/23] .[and] as needed .starting on 9/11/23 .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident 1 ' s progress note dated 9/23/23 at 6:09 a.m. indicated, .eroded skin lesion to sacrococcygeal region combined with MASD .</p> <p>A review of Resident 1 ' s progress note dated 10/1/23 at 4:13 p.m. indicated, Sacral with open area, with scant red drainage, pink in color .</p> <p>A review of Resident 1 ' s progress note dated 10/30/23 at 11:19 a.m. indicated, .Open Wound on sacrococcygeal region, measurement 1.5x2x0.1cm combined with [MASD] .Continue same treatment as ordered .</p> <p>A review of Resident 1 ' s order summary report indicated, Stage 3 coccyx [injury] Treatment Order: Cleanse with NSS [normal saline, a cleaning solution] Pat dry, Apply [Brand Name] barrier film on peri-wound areas, calcium alginate impregnated with [leptospermum honey which helps with wound healing] on wound bed then secure with [foam dressing] every day .in the morning .and [as needed] soiling .[starting on] 11/16/23 .</p> <p>A review of Resident 1 ' s progress note dated 11/18/23 at 11:30 a.m. indicated, Coccygeal eroded skin reclassified by [physician] to Stage 3 pressure injury 2x3 cm in size/ progressing .</p> <p>A review of Resident 1 ' s discharge summary dated 11/17/23 at 3:25 p.m. indicated, .Resident was admitted to [facility] for skilled services. During her stay there .developed an open area on her coccyx while in house.</p> <p>A review of Resident 1 ' s MDS dated [DATE] indicated, Resident has a pressure .injury, a scar over bony prominence, or a non-removable dressing/device .[facility chose] Yes .Does this resident have one or more unhealed pressure .injuries? .[facility chose] Yes .Number of Stage 3 pressure [injuries] .1 .</p> <p>In an interview and concurrent record review on 3/5/24 at 4:15 p.m., the Wound Nurse (WN) confirmed Resident 1 did not have a pressure injury upon admission to the facility. The WN also confirmed Resident 1 did not have a low air-loss (LAL) mattress and Resident 1 developed MASD during her stay at the facility. The WN also confirmed he was unable to find a care plan initiated for Resident 1 ' s MASD. The WN stated Resident 1 ' s MASD was, profuse eroded skin on the sacral area. There was no measurable depth .the wound was a Stage 2 [a partial-thickness skin loss involving the outer most layer of the skin and/ or the dermis layer which contains nerve endings, sweat glands and oil glands, hair follicles, and blood vessels]. The WN also verified there was no documented evidence of a care plan for Resident 1 ' s Stage 3 sacrococcygeal wound in her medical chart.</p> <p>In an interview and record review on 3/5/24 at 4:30 p.m., the Director of Nursing (DON) confirmed Resident 1 was on a regular mattress, not on a LAL mattress. The DON also confirmed Resident 1 ' s care plan indicated, pressure relieving mattress as an intervention. The DON verified Resident 1 did not have a care plan regarding MASD.</p> <p>In a telephone interview and concurrent record review on 4/30/24 at 3:30 p.m., the DON confirmed there was no care plan for Resident 1 ' s Stage 3 sacrococcygeal wound in her medical chart. The DON stated a care plan should have been initiated for each skin concern.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>4. A review of Resident 1 ' s progress note dated 6/28/23 at 3:54 p.m., Admission Braden Scale [a tool used to predict pressure injury risk] of 11 [a score of 10-12 is high risk].</p> <p>A review of progress notes dated 7/7/23 at 11:15 a.m., 7/13/23 at 11:15 a.m., 7/21/23 at 12:46 p.m., and 7/28/24 at 1:03 p.m. indicated a Braden Scale (a tool to predict pressure injury risk) score of 12 which indicated Resident 1 was at high risk for developing a pressure injury. There were no additional Braden scale assessments documented after 7/28/23.</p> <p>In an interview on 4/30/24 at 3:30 p.m., the DON stated the WN was responsible for assessing and documenting skin assessments. The DON confirmed no other nursing staff conducted wound treatment and stated the WN was responsible for ensuring residents who required a pressure relieving device or low air-loss mattress had one in place. The DON verified there was no nurse overseeing the WN ' s work. The DON also explained the facility did not have a specialized wound consultant. The DON stated the facility physician wrote orders for wound treatment and the WN carried them out. The DON stated an order for a pressure relieving mattress should have been obtained from the physician and applied for the resident. The DON verified the only order placed for Resident 1 ' s LAL mattress was upon discharge.</p> <p>In a telephone interview and concurrent record review on 5/3/24 at 12:15 p.m., the DON confirmed there was no additional Braden Scale assessments documented after 7/28/24. The DON verified the facility ' s policy indicated a Braden Scale assessment should have been conducted quarterly.</p> <p>A review of the facility ' s undated policy and procedure titled Prevention of Pressure [Injuries] indicated, Protect against adverse effects of external mechanical forces: friction, shear and pressure .Systematically reposition and turn frequently while in bed .Pressure reduction devices (i.e. mattresses) should be considered for bed-bound/ chair-bound residents. Apply pressure-reducing mattress or air mattress to bed upon admission .</p> <p>A review of the facility ' s undated policy and procedure titled Treatment of Pressure [Injuries] indicated, Residents with pressure [injuries] can expect to maintain and/or improve skin integrity through safe and timely assessment, treatment and education from qualified health care providers .Care planning must be provided by licensed nursing personnel, physical, occupational .therapist .and activity director as needed. Implementation may include other caregivers under the direction of the Nursing Supervisor and MDS Coordinator .At the time any stage II, III, IV [injury] is first identified .Notify physician and nutritional services and initiate the Skin Wound Record .Initiate a plan of care including reassessment interval .Monitor response to treatment [with every] dressing change or according to plan of care and document changes in wound status .At least every 7 days, evaluate ulcer as in plan of care as indicated .Implement measures for minimize of pressure [injuries] .Position resident off pressure ulcers .Standard Practice .Reassessment using the Braden Scale will be done quarterly. The nursing staff will implement strategies to minimize skin breakdown.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34328</p> <p>Based on interview and record review the facility failed to ensure one resident (Resident 1) of three sampled residents received care to prevent the development of a pressure injury (damage to skin because of continuous pressure) when Resident 1 developed a Stage 3 pressure injury on the sacrococcygeal (the area between the hip bone on person ' s back and the tailbone) region.</p> <p>This failure resulted in Resident 1 obtaining a facility acquired Stage 3 pressure injury (the loss of skin which extends to the tissue beneath the skin).</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses which included rheumatic tricuspid insufficiency (a heart condition in which the valve between two heart chambers does not close properly resulting in the heart working harder than it should), chronic combined systolic and diastolic heart failure (a condition in which the heart does not pump blood as well as it should) , and pulmonary hypertension (high blood pressure in the arteries and lungs).</p> <p>A review of Resident 1 ' s order summary report indicated the physician ' s order, [All] Care plan read and approved by MD [physician] .[ordered on] 6/27/23 .</p> <p>A review of Resident 1 ' s progress note dated 6/28/23 at 3:54 p.m. indicated, Admission Braden Scale [a tool used to predict pressure injury risk] of 11 [a score of 10-12 is high risk of developing a pressure injury].</p> <p>A review of Resident 1 ' s care plan for, Bowel/bladder incontinence [unable to control bowel/bladder] related to cognitive loss [the thought process], decreased awareness of urge was initiated on 6/28/23. Staff were to provide, .perineal care [area between the anus and the vulva] care AM [in the morning], PM [in the afternoon/evening], and after each incontinence .[to assist Resident 1 to meet the goal of] .free of skin breakdown x 90 days [by] 10/1/23 .</p> <p>A review of Resident 1 ' s care plan for, Potential for skin breakdown related to history of skin breakdown, [history] of bruises or skin tears due to fragile skin, incontinence, others was initiated 6/28/23. Staff were to provide, .incontinence care as needed .monitor for discoloration, bruises, swelling, skin tears or redness and report promptly .pressure relieving mattress as needed .treatment as ordered .turn and reposition frequently as needed .[to assist Resident 1 to meet the goal of] Have less skin tears or bruises x90 days .will be healed . no bruises or skin tears x90 days by [10/1/23] .</p> <p>A review of Resident 1 ' s order summary report indicated the following physician ' s orders:</p> <p>Skin protection for incontinence associated dermatitis [skin inflammation] on sacrococcygeal region,</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>gluteal cleft [the groove between the buttocks], opposing medial buttock region: Apply [moisture barrier ointment] every shift [starting on 6/28/23] .[and] as needed [starting on 6/28/23] .</p> <p>Turn and reposition as needed off load from pressure areas. Observe decubitus [lying down] areas every shift and notify MD for skin discoloration .every shift [starting on] 6/28/23 .</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, an assessment tool) dated 7/3/23 indicated, Resident has pressure .injury, a scar over bony prominence, or a non-removable dressing/device .[facility chose] No . Does this resident have one or more unhealed pressure .injuries? .[facility chose] No .</p> <p>A review of social service progress notes dated 7/3/23, 7/10/23, and 8/7/23 indicated Resident 1 was cooperative, communicative, and motivated.</p> <p>A review of progress notes dated 7/7/23 at 11:15 a.m., 7/13/23 at 11:15 a.m., 7/21/23 at 12:46 p.m., and 7/28/23 at 1:03 p.m. indicated a Braden Scale (a tool to predict pressure injury risk) score of 12 which indicated Resident 1 was at high risk for developing a pressure injury. There were no additional Braden scale assessments documented after 7/28/23.</p> <p>A review of Resident 1 ' s progress notes dated 7/23/23 to 10/12/23 indicated 178 incidences Resident 1 was documented as, Stayed in bed .[or] In bed . There was no documented evidence in these progress notes Resident 1 had been turned and repositioned every two hours as indicated in the care plan for her potential for skin breakdown.</p> <p>A review of Resident 1 ' s progress note dated 8/6/23 at 1:07 a.m. indicated, .MASD on coccyx sacral [sacroccocygeal] area .</p> <p>A review of Resident 1 ' s order summary report indicated the following physician order, Eroded skin lesion/Open wound on sacrococcygeal region combined with [MASD] Treatment Order: Apply .hydrophilic wound dressing paste [a paste used to keep a wound protected from moisture] .3x [three times] per day and as needed for episodes of incontinence. Paste should be applied after every stool and does not need to be scrub [sic] off completely. After stooling, remove soiled part of cream with wet cloth or wet gauze, avoid scrubbing. Notify MD for progression. (Only apply on areas with eroded/ open lesions) every shift .[starting on 9/11/23 .[and] as needed .starting on 9/11/23 .</p> <p>A review of Resident 1 ' s progress note dated 9/23/23 at 6:09 a.m. indicated, .eroded skin lesion to sacrococcygeal region combined with MASD .</p> <p>A review of Resident 1 ' s progress note dated 10/1/23 at 4:13 p.m. indicated, Sacral with open area, with scant red drainage, pink in color .</p> <p>A review of a progress note initiated on 10/13/23 indicated Resident 1 needed extensive assistance from staff for bed mobility, toilet use, and transfers from surface to surface.</p> <p>A review of Resident 1 ' s progress note dated 10/30/23 at 11:19 a.m. indicated, .Open Wound on sacrococcygeal region, measurement 1.5x2x0.1cm [centimeter, a unit of measure] combined with [MASD] . Continue same treatment as ordered .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	
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)		
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of Resident 1 ' s order summary report indicated, Stage 3 coccyx [injury] Treatment Order: Cleanse with NSS [normal saline, a cleaning solution] Pat dry, Apply [Brand Name] barrier film on peri-wound [the area surrounding the wound] areas, calcium alginate [a substance used to assist in wound healing] impregnated with [leptospermum honey which helps with wound healing] on wound bed then secure with [foam dressing] every day .in the morning .and [as needed] soiling .[starting on] 11/16/23 .</p> <p>A review of Resident 1 ' s discharge summary dated 11/17/23 at 3:25 p.m. indicated, .Resident was admitted to [facility] for skilled services. During her stay there .developed an open area on her coccyx while in house.</p> <p>A review of Resident 1 ' s progress note dated 11/18/23 at 11:30 a.m. indicated, Coccygeal eroded skin reclassified by [physician] to Stage 3 pressure injury 2x3 cm in size/ progressing .</p> <p>A review of Resident 1 ' s MDS dated [DATE] indicated, Resident has a pressure .injury, a scar over bony prominence, or a non-removable dressing/device .[facility chose] Yes .Does this resident have one or more unhealed pressure .injuries? .[facility chose] Yes .Number of Stage 3 pressure [injuries] .1 .</p> <p>In an interview and record review of Resident 1 ' s medical chart on 3/5/24 at 4:15 p.m., the WN confirmed Resident 1 did not have a pressure injury upon admission to the facility. The WN also confirmed Resident 1 did not have a low air-loss (LAL) mattress (a type of pressure relieving mattress). The WN stated Resident 1 ' s MASD was, profuse eroded skin on the sacral area. There was no measurable depth .the wound was a Stage 2 [a partial-thickness skin loss involving the outer most layer of the skin and/ or the dermis layer which contains nerve endings, sweat glands and oil glands, hair follicles, and blood vessels]. The WN further stated the physician assessed Resident 1 ' s wound and determined it had progressed to a Stage 3.</p> <p>In an interview and record review on 3/5/24 at 4:30 p.m., the Director of Nursing (DON) confirmed Resident 1 was on a regular mattress, not on a LAL mattress. The DON also confirmed Resident 1 ' s care plan indicated, pressure relieving mattress as an intervention. The DON stated an order for a pressure relieving mattress should have been obtained from the physician and applied for the resident. The DON verified the only order placed for Resident 1 ' s LAL mattress was upon discharge. The DON also stated he expected nursing staff to turn and reposition residents every two hours and to provide incontinence care as soon as possible to prevent the development of pressure injuries.</p> <p>In a telephone interview and concurrent record review on 4/30/24 at 3:30 p.m., the DON confirmed there was no care plan for Resident 1 ' s Stage 3 sacrococcygeal wound in her medical chart. The DON stated a care plan should have been initiated for each skin concern.</p> <p>In a telephone interview and concurrent record review on 5/3/24 at 12:15 p.m., the DON confirmed there was no additional Braden Scale assessments documented after 7/28/24. The DON verified the facility ' s policy indicated a Braden Scale assessment should have been conducted quarterly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2024
NAME OF PROVIDER OR SUPPLIER Stonebrook Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4367 Concord Boulevard Concord, CA 94521	

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)
<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>A review of the facility ' s undated policy and procedure titled Prevention of Pressure [Injuries] indicated, Protect against adverse effects of external mechanical forces: friction, shear and pressure .Systematically reposition and turn frequently while in bed .Pressure reduction devices (i.e. mattresses) should be considered for bed-bound/ chair-bound residents. Apply pressure-reducing mattress or air mattress to bed upon admission .</p> <p>A review of the facility ' s undated policy and procedure titled Treatment of Pressure [Injuries] indicated, Residents with pressure [injuries] can expect to maintain and/or improve skin integrity .Care planning must be provided by licensed nursing personnel .Implementation may include other caregivers under the direction of the Nursing Supervisor and MDS Coordinator .At the time any stage II, III, IV [injury] is first identified . Initiate a plan of care including reassessment interval . Monitor response to treatment [with every] dressing change or according to plan of care and document changes in wound status .At least every 7 days, evaluate ulcer as in plan of care as indicated .Implement measures for minimize of pressure [injuries] .Position resident off pressure ulcers .It is the policy of the [facility] to complete a .reassessment using the Braden Scale will be done quarterly.</p>