

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

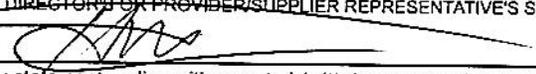
PRINTED: 06/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555657	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/10/2025
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NAME OF PROVIDER OR SUPPLIER BELMONT HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002
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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during an investigation of a complaint. Complaint no.: CA00964497 Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint no. CA00964497.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g)(h)(i)(j) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. §483.20(h) Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. §483.20(i) Certification. §483.20(i)(1) A registered nurse must sign and certify that the assessment is completed. §483.20(i)(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. §483.20(j) Penalty for Falsification. §483.20(j)(1) Under Medicare and Medicaid, an individual who willfully and knowingly- (i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or	F 641		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/7/25
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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. **POC reviewed and accepted. EOC attached. Facility back in compliance. HHu, HFES 7/8/25**

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F 641	<p>Continued From page 1</p> <p>(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than \$5,000 for each assessment.</p> <p>§483.20(j)(2) Clinical disagreement does not constitute a material and false statement.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure the accuracy of the Minimum Data Set (MDS, an assessment tool) for two (2) of six (6) sampled residents (Residents 1 and 2) when:</p> <p>1. For Resident 1, the number of Pressure Injury (PI, a localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of intense and/or prolonged pressure, or pressure in combination with shear), Stage 1 (intact skin with non-blanchable redness of a localized area usually over a bony prominence), was inaccurately coded as two (2) instead of one (1) on the MDS, section M.</p> <p>2. For Resident 2, the number of PI, Stage 3 (full thickness tissue loss. Subcutaneous fat maybe visible but bone, tender or muscle is not exposed. Slough maybe present but does not obscure the depth of tissue loss) was inaccurately coded as four (4) instead of three (3) on MDS, section M. These deficient practices had the potential to negatively affect the care and services rendered to the residents.</p> <p>Findings:</p> <p>1. Record review of the Face Sheet dated 6/10/25 indicated, Resident 1 was admitted to the facility</p>	F 641		

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F 641	<p>Continued From page 2 on 4/25/25.</p> <p>In an interview on 6/10/25, at 10:14 AM, with the Wound Care Nurse (WCN 1), WCN 1 stated, Resident 1 has PI in the coccyx (tailbone), it's "resolving."</p> <p>Record review of the History and Physical (H&P) dated 4/29/25 indicated, the diagnoses that included subdural hematoma (a buildup of blood on the surface of the brain), vascular dementia (changes to memory, thinking, and behavior caused by reduced blood flow to the brain), Parkinson's disease (movement disorder).</p> <p>In a concurrent record review and interview on 6/10/25, at 11:20 AM, with the MDS Coordinator (MDS-C1), the Admission MDS dated 4/28/25, was reviewed. The MDS section M0300, Current number of Unhealed Pressure Ulcers/injuries at Each stage, A. Stage 1, was reviewed. The MDS section M0300 section A. Stage 1 indicated, "1. Number of Stage 1" PI was marked "2 (two)" in the box next to it. The MDS-C1 stated, the resident has one (1) Stage 1 pressure injury in the coccyx, but it was documented two (2). The MDS-C1 stated, he has to do the search to determine the number of PI since the MDS assessment was done by another MDS Coordinator, not him. After searching the Treatment Administration Record (TAR) and the Nurse's Progress Notes, (NPN), the MDS-C1 verified there was only one PI, Stage 1, not two, "I don't see" the other location (body areas) for Stage 1.</p> <p>2. Record review of the Face Sheet indicated Resident 2 was admitted to the facility on 5/14/24.</p>	F 641			

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F 641	<p>Continued From page 3</p> <p>In an interview on 6/10/25, at 10:20 AM, with the WCN 1, WCN 1 stated, Resident 2 has three (3) PIs: on the left shin, left heel, and left lateral malleolus (bony knob on the side of the ankle), it's now "healing".</p> <p>Record review of the H&P dated 5/15/25 indicated, the diagnoses that included acute blood loss, upper gastrointestinal hemorrhage (bleeding occurs in the upper parts of the digestive tract), and chronic ulcer of left lower leg.</p> <p>In a concurrent record review and interview, on 6/10/25, at 11:30 AM, with the MDS-C1, the Admission MDS dated 5/15/25, was reviewed. The MDS, section M0300, Current number of Unhealed Pressure Ulcers/Injuries at Each Stage, section C. Stage 3 indicated, the Number of Stage 3 PI was marked "four (4)" in the box next to it. The MDS-C1 stated he has to search the TAR and the NPN to determine the number of the PI since another MDS coordinator has done the assessment and after searching the TAR and the NPN, the MDS-C1 verified, the resident has three (3) PI, Stage 3, not four (4) as documented.</p> <p>In an interview on 6/10/25 at 2:20 pm with the Facility Administrator -in Training (FA-iT), FA-iT stated, the facility followed the Resident Assessment Instrument (RAI) Manual (a comprehensive process used to evaluate a resident's functional status, strengths, and needs).</p> <p>Record review of the CMS (Centers for Medicare & Medicaid Services) for Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual, dated 10/24 indicated, "Steps for Assessment: 1. Perform head-to-toe assessment.</p>	F 641		

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F 641	Continued From page 4 Conduct a full body skin ... (sacrum, buttocks, heels, ankles, etc. ... 2. For the purposes of coding, determine that the lesion being assessed is primarily related to pressure and that other conditions have been ruled out."	F 641			

F641

- 1. How the corrective action will be accomplished for those residents found to have been affected by the deficient practice.**

On 7/7/25 the MDS for residents one and two were modified to accurately reflect the pressure ulcers and stage(s). There were no adverse effects to noted residents.

- 2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.**

All residents with existing pressure ulcers have the potential to be affected by the deficient practice. On 6/12/25, an audit was conducted of current pressure ulcers within the facility, number and stages of pressure ulcers were compared to MDS assessments covering the applicable time range to ensure all information captured in the assessments was accurate.

- 3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur?**

The Clinical Consultant provided re-education/in-servicing with MDS staff in regard to accurate coding of the assessments and reviewing documentation on pressure ulcers prior to completing the assessment. Education/in-servicing was completed on 6/12/25.

- 4. How the facility plans to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved or sustained. This plan must be implemented and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.**

A weekly audit will be conducted by the health information/ medical record department or their designee on all pressure ulcers existing for current residents and those admitted. The results of this audit will be discussed in the facility's stand-up meeting with the MDS coordinator or their designee to review MDS assessments for appropriate documentation. The results of the audit will be discussed in the facility's monthly QA&A meeting.

- 5. Corrective Action Date:**

7/7/25