

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ANAHEIM TERRACE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>141 SOUTH KNOTT AVENUE ANAHEIM, CA 92804</b>	
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 0712  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and medical record review, the facility failed to ensure the primary care physician conducted the initial comprehensive assessments upon admission for two of two sampled residents (Residents 1 and 2). This posed the risk of inappropriate care for Residents 1 and 2. Findings: 1. On 8/19/2020 at 0945 hours, an interview was conducted with Resident 1. Resident 1 stated Physician 1 was his primary care physician; however, he was never seen or examined by Physician 1. Resident 1 stated he was only seen and examined by two of Physician 1's nurse practitioners. Medical record review for Resident 1 was initiated on 8/19/2020. Resident 1 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 1's MDS dated [DATE], showed Resident 1 was cognitively intact. On 8/19/2020 at 1149 hours, an interview and concurrent medical record review was conducted with the ADON. Resident 1's initial history and physical examination [REDACTED]. The ADON stated Resident 1's history and physical examination [REDACTED]. On 8/19/2020 at 1411 hours, an interview and concurrent medical record review was conducted with the DON and Medical Records Director. The DON and Medical Records Director verified there was no documentation to show Resident 1's initial comprehensive assessment was conducted by a physician. 2. On 8/14/2020 at 1203 hours, a telephone interview was conducted with Resident 2. Resident 2 stated Physician 1 was her primary care physician; however, she was never seen or examined by Physician 1. Resident 2 stated she was only seen and examined by Physician 1's nurse practitioner. Medical record review for Resident 2 was initiated on 8/19/2020. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of Resident 2's MDS dated [DATE], showed Resident 2 was cognitively intact. On 8/19/2020 at 1221 hours, an interview and concurrent medical record review was conducted with the ADON. Resident 2's initial history and physical examination [REDACTED]. The ADON stated Resident 2's history and physical examination [REDACTED]. On 8/19/2020 at 1322 hours, an interview and concurrent medical record review was conducted with the DON. The DON stated Physician 1 conducted telemedicine visits (the practice of caring for patients remotely through telecommunication technologies when the provider and patient are not physically present with each other) for some residents during the COVID-19 pandemic. However, the DON verified there was no documentation to show Resident 2's initial comprehensive assessment was conducted by a physician and acknowledged Physician 1 had not conducted the telemedicine visits with Resident 2.</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.