

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555204</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHILDRENS HC ORG NO CA SARATOGA PEDIATRIC SUBACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>13425 SOUSA LANE SARATOGA, CA 95070</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 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) was treated with respect and dignity when respiratory therapist A (RT A) pushed Resident 1 in his room roughly. This failure had the potential to negatively affect the resident's psychosocial well-being. Findings: Review of Resident 1's clinical record indicated he was readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of the facility's incident-accident reporting form (I & A) dated 4/3/2020, indicated Resident 1 urinated in another resident's bathroom. Certified nursing assistant B (CNA B) who was assigned for Resident 1 tried to get Resident 1 return to his room and ran around the hallway. RT A pushed Resident 1 and Resident 1 stumbled on the floor. Review of the concern statement of RT C dated 4/3/2020, indicated she saw RT A try to move Resident 1 to his room and in the process he pushed Resident 1 a little rough. Review of the CNA D statement dated 4/3/2020, indicated she observed RT A telling Resident 1 to hurry up and get to his room, so that Resident 1 can be changed. CNA D also stated Resident 1 almost hit his head when RT A pushed him to his room. CNA D further stated RT A could have told Resident 1 nicely instead of putting his hands on him. During a concurrent interview and record review with the director of respiratory therapy (DRT) on 5/6/2020 at 12:30 p.m., he acknowledged the above concerns and statements of the facility's staff were true based on what they seen on 4/2/2020. He further stated that he interviewed CNA B, RT C, and CNA D.		
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.