



CDPH



GAVIN NEWSOM  
Governor

TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
Director and State Public Health Officer

STATEMENT

OF

DEFICIENCIES

FAILURE TO PERFORM

• ANNUAL / QUARTERLY PHYSICAL EXAMS

June 15, 2021

Jeffrey Gambord  
Unit 9  
24511 W. Jayne Ave  
Coalinga, CA 93210

Dear Mr. Gambord:

FACILITY: Dept Of State Hospitals - Coalinga D/p Icf  
COMPLAINT NUMBER: CA00727165

The Licensing & Certification Program (L&C) within the California Department of Public Health (State Agency) has completed an investigation of your complaint concerning Patient Rights at Dept Of State Hospitals - Coalinga D/p Icf. L&C made an unannounced visit to the facility on 3/08/2021 and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents.

- We have substantiated your complaint.
- substantiated other, unrelated violation(s) not specific to your complaint allegation(s).
- were not able to substantiate your complaint.

The basis for this finding is as follows:

- L&C validated the complaint allegation during the onsite visit.
- L&C was not able to validate the complaint allegation, but did identify other unrelated violations during the onsite visit.
- L&C validated the complaint allegation, but determined through direct observation, interviews, and/or review of documents that the facility did not violate any State and/or Federal laws or regulations.
- L&C was not able to validate the complaint allegation through direct observation, interviews, and/or review of documents. In addition, no other unrelated violations of regulations were observed.

The 2567 has been sent to the provider for documenting their plan/s of correction.



Section 1421(a) of the California Health and Safety Code provides any duly authorized officer, employee, or agent of the State Agency to enter and inspect any long-term health care facility, including, but not limited to, interviewing residents and reviewing records, at any time to enforce the provisions of any applicable statutory and regulatory requirements.

Section 1227 and 1278 of the Health and Safety Code (HSC) authorizes any duly authorized officer, employee, or agent of the State Agency to enter and inspect any licensed health facility to secure compliance with, or to prevent a violation of any statute or regulations applicable to Dept Of State Hospitals - Coalinga D/p Icf. Our final determination is based on the onsite investigation including direct observations, interviews, and review of documents.

Thank you for sharing your concerns. We will continue our efforts to ensure that patients receive care, services and reside in an environment in accordance with their needs and preferences.

Should you have any questions, please contact Colleen Witham , Health Facilities Evaluator Supervisor, at (855) 804-4205.

Sincerely,

*C. Witham*

for  
Edwin Hoffmark, RN, HFEM II  
District Manager  
State Facilities Section  
Licensing and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  CA630004081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  DEPT OF STATE HOSPITALS - COALINGA D/P ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 24511 WEST JAYNE AVENUE COALINGA, CA 93210
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	Initial Comments  The following reflects the findings of the California Department of Public Health during the investigation for Complaint: CA00727165  Representing the California Department of Public Health: 39982, Health Facilities Evaluator Nurse (HFEN).  The inspection was limited to the specific Complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for Complaint CA00727165. Refer to § 73547(a)(6).	1 000		
15535	T22 DIV5 CH4 ART4-73547(a)(6) Content of Health Records  (6) Current history and physical examination or appropriate health evaluation.  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to maintain patient medical records when Patient 1's annual history and physical assessment was not completed timely. This failure resulted in an incomplete medical record for Patient 1 and potential risk for medical needs not being met due to lack of comprehensive history and physical assessment being completed timely.  Findings:  During an interview with Patient 1, on 3/4/21 at 10:54 am, he stated he did not receive an annual assessment timely for 2020.  Review of Patient 1's treatment plan dated	15535	a) The affected patient had an history and physical completed on 2/5/21 and will have his next one scheduled per policy based on his admission date.  b) All patient charts on all licensed units will be audited to ensure that current history and physicals were completed per policy. Any patients identified as having a missing a history and physical will have an assessment scheduled.  c) A monthly report will be generated and provided to all Program Management listing all patients within their program who are due for an annual history and physical assessment. The report will also be available on the hospital intranet for review to ensure compliance.  c) Unit 9 RN staff will receive training on Administrative Directive 589 and a training and development will be completed. [Continued...]	6/9/2021  7/15/2021  6/15/2021  6/15/2021

Licensing and Certification Division  
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:  CA630004081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  05/04/2021
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  DEPT OF STATE HOSPITALS - COALINGA D/P ICF	STREET ADDRESS, CITY, STATE, ZIP CODE 24511 WEST JAYNE AVENUE COALINGA, CA 93210
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
15535	<p>Continued From page 1</p> <p>2/18/21, Patient 1 was admitted to the facility in September.</p> <p>During an interview with Staff 1, on 4/28/21 at 1:06 pm, he stated annual assessments should be completed 30 days prior to the patient's admission anniversary date. Staff 1 confirmed the date of admission for Patient 1 was in September. Staff 1 stated the last annual assessment was 2/5/21. Staff 1 stated the assessment was due to be completed in August.</p> <p>Review of Patient 1's medical record titled "DSH-C 183 Annual/Quarterly Physician Progress Note/ History &amp; Physical" with review date 2/5/21, indicated Patient 1 was seen face to face with Staff 1 for an annual assessment. Upon review of the medical record for 2020, there was no annual assessment completed for August 2020 for Patient 1's admission anniversary date.</p> <p>Review of facility administrative directive 589 titled "Subject: Documentation Requirements" dated 10/21/20, indicated, " ... B. Physicians ... 2. The History and Physical evaluation will be completed: ... b. Annually on the anniversary of admission to the facility using "Annual/Quarterly Review Physicians Progress Note/History and Physical" (DSH-C 183) form ..."</p> <p>Review of facility administrative directive 512 titled "Subject: Patient Medical and Psychiatric Examinations" dated 1/19/21, indicated, " ...C. Annual Examinations: A completed medical H &amp; P examination shall be performed and recorded on each patient annually, but within 30 days prior to the anniversary of their admission ..."</p>	15535	<p>c) Unit 9 RN staff will receive training on Administrative Directive 512 and a training and development will be completed.</p> <p>c) PCPs will receive training on Administrative Directive 589 during the next monthly medical staff meeting with an emphasis on completion of annual history and physical examinations.</p> <p>c) PCPs will receive training on Administrative Directive 512 during the next monthly medical staff meeting with an emphasis on completion of annual history and physical examinations.</p> <p>d)The unit 9 RN will be informed of all annual history and physical examinations due and will schedule patients for sick call for assessment by the PCP. The Unit Supervisor will be notified of all patients scheduled and will audit the sick call logs to ensure appointments and assessments have been completed. Any appointments differed or missed by the PCP will be followed up on prior to the end of the month. Notification will be provided to the Program Management. If needed, Program Management will elevate incomplete scheduled annual assessments to the Asst. Medical Director to follow-up with the PCP</p>	<p>6/15/2021</p> <p>6/15/2021</p> <p>6/15/2021</p> <p>6/15/2021</p>