

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

PRINTED: 10/29/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>052703</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/04/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>RAI - WEST MARCH - BROOKSIDE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3115 WEST MARCH LANE</b> <b>STOCKTON, CA 95219</b>	
(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) COMPLETION DATE
V 000	INITIAL COMMENTS  Surveyor: 14067 The following reflects the findings of the California Department of Public Health during a COMPLAINT visit. Complaint number(s): CA00169137  Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  Representing the California Department of Public Health: Beverly VandeWeg, HFEN	V 000		
V 691	494.140(d) SOCIAL WORKER  The facility must have a social worker who- (1) Holds a master's degree in social work with a specialization in clinical practice from a school of social work accredited by the Council on Social Work Education; or (2) Has served at least 2 years as a social worker, 1 year of which was in a dialysis unit or transplantation program prior to September 1, 1976, and has established a consultative relationship with a social worker who qualifies under §494.140(d)(1).  This STANDARD is not met as evidenced by: Surveyor: 14067 Based on medical record review and staff interview, the facility failed to ensure that there was a Licensed Clinical Social Worker (LCSW) to provide supervisory oversight for the social worker.	V 691		6/25/09

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.

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V 691	<p>Continued From page 1</p> <p>Findings:</p> <p>On 3/4/09 at 10 am, a review of twelve (12) random patients' records revealed documentation that the social worker who is a Masters of Social Work (MSW) had completed the initial psychosocial assessments. The records lacked documented evidence that a Licensed Clinical Social Worker (LCSW) had provided supervisory oversight for the MSW.</p> <p>During interview on 3/4/09, MSW J stated that LCSW A had provided supervisory oversight, however she had resigned approximately seven (7) months ago. Since her resignation, there had not been any supervisory oversight by a LCSW. MSW J stated that she thought that LCSW A had a contractual agreement with the clinic for the supervisory oversight, however she had not heard from LCSW A regarding visits and oversight. MSW J stated that she had been completing all initial psychosocial assessments both the initials and the annuals. MSW J stated during a quarterly MSW support group meeting conducted by an LCSW in December 2008, the LCSW had discussed with her that she would be providing supervisory oversight; however the LCSW had not followed up with any supervisory oversight.</p> <p>During an interview with LCSW A on 3/5/09 it was revealed that she did not have a contractual agreement with the clinic for providing supervisory oversight for the MSW.</p> <p>During interview on 3/4/09, the Facility Administrator (FA) corroborated that the facility did not have a contractual agreement with an LCSW. The FA stated that he had just become</p>	V 691			

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V 691	Continued From page 2 aware of the need to have LCSW supervisory oversight for the MSW.  During interview on 3/4/09, the Regional Director stated he thought that the facility had an LCSW for the supervisory oversight for the MSW.	V 691			