

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

2/18/22
44443
Accepted

PRINTED: 02/08/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/08/2022
NAME OF PROVIDER OR SUPPLIER PLAYA DEL REY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7716 MANCHESTER AVENUE PLAYA DEL REY, CA 90293		
(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	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a complaints investigation Complaint numbers: CA00765657 Representing the California Department of Public Health: 44443, Health Facility Evaluator Nurse The inspection was limited to the specific complaint and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of complaint number CA00765657	F 000	Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights	F 656	F656 CORRECTIVE ACTION(S): Resident number 1 was discharged to home on 12/9/2021. HOW TO IDENTIFY OTHER RESIDENTS: The Center Nurse Executive and Assistant Director of Nursing completed a review of Comprehensive Care Plans-Refusal of Medications on February 17, 2022, no other care planning issues noted.	12/9/21 2/7/22	

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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F 656	<p>Continued From page 1</p> <p>under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed to develop a person-centered (care focused on the resident as the locus of control and support the resident in making their own choices and having control over their daily lives) care plan for one out of three sampled residents (Resident 1). Resident 1 who had a known history of refusing medications for the treatment of high blood pressure. The comprehensive care plan did not address Resident 1's behavior of refusing medication.</p> <p>The deficient practice resulted in Resident 1 not receiving personalized care and had the potential to result in Resident 1 not receiving optimal care.</p>	F 656	<p>SYSTEMIC CHANGES:</p> <p>The Medical records designee will audit residents care plans for completeness Monday through Friday during change in condition, refusals of medications and treatments. Finding will be reported to the Center Nurse Executive for corrective actions.</p> <p>The nursing staff was provided education in regards to Care Plan –Comprehensive on February 15, 2022 to February 18, 2022 by the Nurse Practice Educator.</p> <p>MONITORING PROCESS:</p> <p>The Center Nurse Executive will track any trends or concerns related to Comprehensive Care Plan this will be communicated to the QA Committee for evaluation and recommendation monthly. If it is determined that we have accomplished the objective in the POC above and the results are successful, then the facility will consider the</p>	2/12/22	

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F 656	<p>Continued From page 2</p> <p>Findings:</p> <p>During a review of the medical records for Resident 1, The Admission Record indicated Resident 1 was admitted on 10/20/21. Diagnosis included hypertension (high blood pressure), and type II diabetes mellitus (abnormal blood sugar).</p> <p>During a review of the Minimum Data Set ([MDS] a comprehensive assessment and screening tool) dated 10/26/21. The MDS Brief interview for mental status([BIMS] screening tool to assess mental function), indicated Resident 1 was moderately impaired.</p> <p>During a review of the History and Physical Examination (undated), indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of the Order Summary Report dated 11/4/2021, indicated Resident 1 had an order for Hydralazine hydrochloride ([HCL] medication used for the treatment of high blood pressure), 25 milligrams ([mg] unit of measurement), three times a day, for hypertension.</p> <p>During a review of the Medication Administration Record (MAR) dated 11/2021, indicated Resident 1 refused Hydralazine HCL on 11/7/21, 11/8/21, 11/10/21, 11/12/21, 11/13/21, 11/15/21-11/19/21, 11/21/21-11/22/21, and 11/30/21.</p> <p>During a review of the Care Plan at Risk for Complications Related to the Diagnosis of Hypertension undated, indicated Resident 1 intervention included the administration of medications as ordered and asses for</p>	F 656	<p>matter resolved for three consecutive months.</p> <p>The Quality Assurance Committee will continue to review until such time that the deficiency has been proven resolved by the QA committee. Monthly meeting conducted every 3rd Thursday week of the month. QA committee includes: The Medical Director, Center Nurse Executive, Administrator, Social Services Director, MDS Nurses, Rehab Director, IP Nurse, Activity Director, Dietary Director, Medical Records Director, Maintenance Director and House Keeping Director.</p>		

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F 656	<p>Continued From page 3 effectiveness and side effects.</p> <p>During an interview on 2/1/22, at 12:50pm, Licensed Vocational Nurse (LVN 1), stated Resident 1 refused her medications and her care plan was not updated to meet her needs and monitor the changes of condition.</p> <p>During an interview on 2/1/22, at 12:55pm, the Director of Nursing (DON) stated, when a resident refused the medication repeatedly the care plan should be updated to ensure interventions were created to monitor the resident and her needs.</p> <p>A review of the facility's policy titled, "Care Plan Comprehensive" dated 8/25/21, indicated, the comprehensive care plan included the services that were to be furnished to attain or maintain the resident's highest practicable, physical, mental, psychosocial wellbeing, and the resident's preferences. The policy indicated the resident's assessments were ongoing and the care plans was reviewed and revised as information about the resident and the resident's condition changed.</p>	F 656			