

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

PRINTED: 06/27/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  12/14/2016
NAME OF PROVIDER OR SUPPLIER  OSAGE HEALTHCARE & WELLNESS CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH OSAGE AVE INGLEWOOD, CA 90301		
(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 Department of Public Health of an Entity Reported Incident (ERI) during an Abbreviated standard survey.  Complaint Number: CA00509896 - Unsubstantiated with other regulatory violations  Representing the Department of Public Health:  Surveyor ID: 36385 RN, HFEN.  The inspection was limited to the specific complaint and does not represent a full inspection of the facility.  One deficiency was issued for ERI Number: CA00509896 483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT  The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain a safe and comfortable environment for two of three sampled residents (Resident 2 and 3). This deficient	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.  F252 CORRECTIVE ACTION(S): In-service provided by the Director of Nursing and IP nurse regarding the policy and procedure of Maintenance Service- Physical Environment on 7/18/2017 with emphasis: the maintenance department maintains all areas of the building, grounds and equipment in safe and operable manner at all times.  HOW TO IDENTIFY OTHER RESIDENTS: Facility inspection/rounds were completed by the Administrator, Assistant administrator and Maintenance Supervisor on		
F 252 SS=D		F 252		7.18.17	

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 252	<p>Continued From page 1</p> <p>practice resulted in bothered sleep for both residents and Resident 2 feeling upset with his living conditions.</p> <p>Findings:</p> <p>a. A review of Resident 2's admission records indicated he was admitted on 11/1/16, with diagnoses that included hemiplegia (decreased mobility to one side of the body) and muscle weakness.</p> <p>During an observation and interview 11/20/16 at 4:12 p.m., Resident 2 was in his room and complained of having right sided weakness with slightly slurred (to speak with indistinct words) speech. Resident 2 stated that he cannot sleep because his bed was uncomfortable and the walls in his room were "A mess." Resident 2 stated in an exasperated tone, "I don't know how I'm living like this." Observed the wall on the right side of the resident's bed was chipped with peeling white paint, and wood splinters on the wall by the resident's head of bed.</p> <p>During an interview on 11/20/16 at 4:20 p.m., the Maintenance Supervisor (MS) stated environmental rounds are performed daily and the rooms were painted depending on the condition of the wall. The MS stated that he was not aware of the peeling paint in Resident 2's room.</p> <p>A review of Resident 2's Minimum Data Set</p>	F 252	<p>7/18/2017. No other residents were affected.</p> <p><b>SYSTEMIC CHANGES:</b> Activity Director and Maintenance Supervisor will continue to do room rounds daily to ensure that the building is in good repair, free from hazards, plumbing fixtures, wall painting and wall splinters wiring are in good working order.</p> <p><b>MONITORING PROCESS:</b> Findings from the Departmental rounds will be presented to QA Committee meeting monthly for further resolution and recommendations.</p>		7.18.17



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F 252	<p>Continued From page 2</p> <p>(MDS- a standardized assessment and care screening tool) dated 11/28/16, indicated the resident was cognitively intact.</p> <p>b. A review of Resident 3's Admission Records indicated he was admitted on 9/6/16, with diagnoses that included hypertrophic cardiomyopathy (thickening of the heart muscle) and heart failure.</p> <p>During an observation and interview on 11/20/16 at 5:00 p.m., in the presence of the MS, observed a brown colored, irregular discoloration around the sprinkler located above the foot of Resident 3's bed. Resident 3 stated the ceiling near the water sprinkler in his room was leaking water on the floor on the night before and one of the nurses' placed a garbage can under the area where the water was dripping. Resident 3 stated the dripping water bothered his ability to sleep throughout the night. The MS stated that he "will fix it today".</p> <p>A review of Resident 3's MDS dated 12/12/16 indicated the resident was cognitively intact.</p> <p>A review of the facility's revised policy dated on 1/01/12 and titled "Resident Rooms and Environment" indicated the facility provides residents with a safe, clean, comfortable and homelike environment.</p>	F 252			

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F 252	Continued From page 3  A review of the facility's revised policy dated on 1/01/12 and titled "Maintenance Service" indicated that the maintenance department maintains all areas of the building, grounds and equipment in a safe and operable manner at all times, including maintaining the building in good repair and free from hazards.	F 252			

