

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/13/2013
NAME OF PROVIDER OR SUPPLIER INFINITY CARE OF EAST LOS ANGELES		STREET ADDRESS, CITY, STATE, ZIP CODE 101 S FICKETT STREET LOS ANGELES, CA 90033		
(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 represents the findings of the Department of Public Health during a complaint investigation. Complaint Intake Number: CA00313430 - Substantiated Representing the Department of Public Health: Evaluator ID#: 22458, RN - HFEN The inspection was limited to the specific complaint investigation and does not represent the findings of a full inspection of the facility. Abbreviations: DON- director of nursing MDS- minimum data set - resident assessment tool CNA- certified nursing assistant DSD- director of staff development	F 000	Plan of Correction Infinity Care of East Los Angeles makes every effort to comply with State and Federal regulations. Nothing in this plan of correction is an admission otherwise. Infinity Care of East Los Angeles has submitted this plan of correction to comply with the regulatory obligation and does not waive any objections contained therein. This plan of correction constitute Infinity Care of East Los Angeles' written credible allegation of compliance for the deficiencies noted.	
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide supervision to prevent accidents for Resident 1. Resident 1, who had a recent brain surgery due to brain hemorrhage and had unsteady gait, was left	F 323	= Please see next page for start of Plan of Correction =	HEALTH FACILITIES INSPECTION DIVISION ADMINISTRATION 2013 FEB 27 PM 4:45 RECEIVED

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Manfred Sam, NHA

EXECUTIVE DIRECTOR

02/27/2013

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.

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

Printed: 02/14/2013
FORM APPROVED
OMB NO. 0938-0391

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F 323	<p>Continued From page 1</p> <p>alone while using the restroom. The resident fell while attempting to clean herself, which had the potential to result in further injury to the resident.</p> <p>Findings:</p> <p>On 6/21/12 at 1:35 p.m., an unannounced visit was made to the facility to investigate a complaint regarding Resident 1's quality of care.</p> <p>A review of the clinical record disclosed Resident 1 was admitted to the facility from a general acute care hospital (GACH) on 6/05/12, with diagnoses including status post craniotomy and evacuation of a subdural hematoma (removal of blood clot in the brain) and Parkinson's disease (a progressive disorder of the nervous system that affects movement and balance).</p> <p>The admission Minimum Data Set (MDS - standardized assessment and care planning tool) dated 6/17/12, indicated the resident had memory deficit with periods of confusion, required extensive assistance with bed mobility, transfers, walking in the room, dressing, and toilet use (how resident uses the toilet room; transfers on and off toilet; cleanses self after elimination).</p> <p>A physician's order dated 6/06/12, indicated to place resident on fall precautions.</p> <p>A Fall Risk Assessment dated 6/06/12, indicated the resident was at high risk for falls.</p> <p>A care plan dated 6/06/12, developed for the resident's fall risk, included in the approaches to monitor/anticipate factors causing previous falls (e.g. mobility problem: standing, transferring, walking). The plan of care did not indicate the frequency of the supervision and did not address the extent of supervision to provide the resident when using the toilet.</p> <p>According to a nursing documentation on 6/06/12</p>	F 323	F323	<ul style="list-style-type: none"> A one-on-one inservice was given to the CNA who was identified in the deficiency on 06/22/2012 by the Director of Staff Development (DSD). An inservice was provided to all licensed staff and CNAs regarding adequate supervision of residents and use of assistance devices to prevent accidents. The Director of Nursing Services (DNS) also provided an inservice to Licensed staffs regarding proper documentation - particularly the resident care plan to address specific concerns (e.g. respect for resident rights and provision of safe environment at all times). The facility DNS and DSD will monitor Licensed and CNA staffs to ensure that adequate resident supervision and safe environment are provided. The DNS and DSD will conduct staff inservices regarding resident supervision and proper documentation as needed. The DNS will report to the facility Administrator any identified concern of the same nature during the daily Quality Assurance meetings for immediate resolution and in the Utilization Review meetings any persistent reports for discussion and recommendation of any policy change as appropriate. 	06/22/12

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F 323	<p>Continued From page 2</p> <p>at 2 p.m., the resident sustained a fall while in the restroom. Certified Nursing Assistant 1 (CNA 1) assisted the resident to the restroom, instructed her to use the call light when she was finished and left the restroom to provide the resident with privacy. CNA 1 checked every two minutes twice and asked the resident if she was done but the resident replied she was not done. Approximately one minute later, a resident's family member who was in the room, called CNA 1 into the room and stated the resident was on the restroom floor. The resident was lying on the floor on her left side complaining of pain on the left side of her head. The resident stated that while trying to stand and clean herself, she lost her balance and hit her head on the floor and wall of the bathroom.</p> <p>The 72 Hour Neurologic Check List form from 6/06/12 at 2:30 p.m. to 6/10/12 at 10 a.m., indicated the resident's condition remained stable.</p> <p>According to the facility's policy and procedure on Fall Prevention and Reduction, dated 8/04/07, upon admission, residents shall be assessed and evaluated for risk for falls or further falls... Plans of care shall include interventions on the following...Alteration of resident's immediate physical environment to complement resident's weaknesses...Provision of monitoring and supervision to resident to prevent fall incident".</p> <p>There was no documentation by the interdisciplinary team addressing the resident's needs of privacy during toilet use and the resident's safety needs to ensure the resident's rights were respected and safety was provided. There was no documentation of how direct care staff would provide safety while the resident used the toilet.</p>	F 323			

