

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

10/29/19
POC accepted

PRINTED: 09/18/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/18/2019
NAME OF PROVIDER OR SUPPLIER FIRESIDE CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 947 THIRD STREET SANTA MONICA, CA 90403		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint number: CA00846361 Representing the Department: 36331, 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 number CA00846361. F 698, Dialysis SS=E CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide resident-centered care for residents receiving hemodialysis treatment (a treatment to filter wastes and water from your blood, as your kidneys did when they were healthy) in accordance with current standards of practice for 3 out of 4 sampled residents (Resident 2, 3, and 4). This deficient practice had the potential to cause shortness of breath, bleeding, electrolyte imbalances (is commonly caused by loss of body fluids through prolonged vomiting, diarrhea,	F 000			
		F 698	Submission of this Plan of Correction is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interests against the facility, the administrator, or any employees, agents, or other individual who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth by the survey agency. The submission of the plan of correction within the time frame should in no way be considered or construed as agreement with the allegations of non-compliance of admissions by the facility. This plan of correction shall constitute this facility's credible allegation of compliance as outlined by Section 1280 of the California Health and Safety Code. F 698 How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.		

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 698	<p>Continued From page 1</p> <p>sweating or high fever), infection, and may lead to death.</p> <p>Findings:</p> <p>On 8/1/2019, at 11:55 a.m., an unannounced visit was made to the facility to investigate a complaint regarding Quality of Care/Treatment.</p> <p>A record review of Resident 2's admission record indicated Resident 2 was admitted on 7/12/2019, with diagnoses including generalized muscle weakness and difficulty in walking.</p> <p>During an interview and observation with Resident 2, on 8/1/2019 at 12:10 p.m., at Resident 2's bedside, Resident 2 stated he has been a resident in the facility for several weeks and nursing staff do not monitor and assess his AV graft (a surgeon connects an artery to a vein, usually in your arm, to create an AV fistula) site daily. Resident 2 further stated staff assessed his site two weeks ago and this "makes him worry." During an observation at Resident 2's bedside, no emergency supplies of gauze, tape, or clamps were observed. Further observation revealed no caution sign above the bed indicating Resident 2 has an AV graft, and avoid taking blood pressures, labs and needle punctures on left arm.</p> <p>Resident 2's Minimum Data Set (MDS- an assessment and care planning tool); dated 7/19/2019, indicated Resident 2 had clear speech, the ability to express ideas and wants, and clear comprehension (understanding). The MDS further assessed Resident 2 requiring limited assistance from staff for bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed),</p>	F 698	<p>On Resident 2, 3, and 4 corrective action provided to Licensed Nurses Included in-service meeting initiated on 8/1/2019 by the Director of Nursing regarding care of Dialysis Residents, to provide residents with safe, accurate and appropriate care, assessments and interventions to improve resident outcomes. Completing pre and post dialysis communication record. Dialysis Alert was placed on front page of the patient chart, that includes shunt site or central line site, dialysis center, dialysis center address and dialysis contact number, dialysis scheduled days and time, as well as pick up time and transportation information. Placed at the bedside are dialysis kit on resident 2, 3, and 4 which includes dialysis clamp, scissor clamp, alcohol pads, 4x4 sterile gauze, and tape. We placed a notification sign on the patient's room stating no blood pressure, no Venipuncture and no blood draw on left arm or right arm. Residents 2, 3, and 4 plan of care were updated on 8/1/19.</p>		

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F 698	<p>Continued From page 2 dressing, and personal hygiene.</p> <p>A record review of Resident 2's physician orders, dated 7/13/2019, indicated to monitor dialysis site: left upper arm graft for signs and symptoms of infection, and bleeding every shift. Apply pressure dressing if active bleeding is noted and notify medical doctor. Monitor dialysis site for bruits and thrills (bruit is an audible vascular sound associated with turbulent blood flow. Although usually heard with the stethoscope, such sounds may occasionally also be palpated as a thrill) every shift.</p> <p>A record review of Resident 2's care plan, titled "Dialysis, Renal," dated 7/12/2019, indicated Resident 2 has advanced renal insufficiency: end stage renal failure with hemodialysis and at risk for injuries and complications related to hemodialysis. Nursing interventions included to monitor access site graft for bleeding, drainage, and signs and symptoms of infection every shift. Monitor access site for bruit and thrill every shift. If bruit changes in regularity and depth, notify medical doctor.</p> <p>A record review of Resident 3's admission record indicated Resident 3 was admitted on 7/11/2019 with diagnoses including cellulitis (a bacterial infection of the skin and soft tissues underneath) of right upper limb, difficulty in walking, and muscle weakness.</p> <p>During an interview and observation with Resident 3, on 8/1/2019 at 12:25 p.m., at Resident 3's bedside, Resident 3 stated he has been a resident in the facility for one week. Resident 3 stated nursing staff do not touch or listen to his AV graft, nursing staff do not assess</p>	F 698	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>All current dialysis patients 2, 3, and 4 charts were reviewed by Director of Nursing on 8/1/19. Medical records will review and audit on a regular basis and any findings will be reported to the Director of Nursing or Designee. Chart review will be conducted at daily morning meeting for all new admissions. All new admissions requiring dialysis, admission nurses will place the sign for no blood pressure, no blood draw and venipuncture on dialysis access site if it's right or left arm and will be communicated to the Director of Social Services for transportation needs. All inquiries from admissions will acquire dialysis information as part of the pre-admission process.</p> <p>What measures will be put into place, or what systematic changes will the facility make to ensure that the deficient practice does not occur.</p> <p>Medical records will regularly audit all dialysis patients record. During morning meeting Director of Nursing or designee will review admission charts. Admissions will provide as part of pre-admission process inquiry record of dialysis information and special needs if any.</p>		

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F 698	<p>Continued From page 3</p> <p>his blood pressure, pulse or AV graft when he returns to the facility after a hemodialysis treatment, and stated this is "not good". Resident 3 further stated staff tries to take his blood pressure on the left arm. During an observation at Resident 3's bedside, no emergency equipment/supplies or sign indicating no blood pressures on the left arm were observed.</p> <p>Resident 3's MDS, dated 7/18/2019, indicated Resident 3 had clear speech, the ability to express ideas and wants, and clear comprehension. The MDS further indicated Resident 3 required extensive assistance from staff for bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed), dressing, and personal hygiene.</p> <p>A record review of Resident 3's physician orders, dated 7/11/2019, indicated no blood pressure taking, no venipuncture, no blood draws to left arm secondary to presence of dialysis site; left upper arm AV graft.</p> <p>A record review of Resident 4's admission record indicated Resident 4 was admitted on 7/1/2019 with diagnoses including chronic respiratory failure (respiratory system is unable to remove enough carbon dioxide from the blood, causing it to build up in your body), end stage renal disease (kidneys are only functioning at 10 to 15 percent of their normal capacity), and difficulty in walking.</p> <p>During an interview and observation with Resident 4, on 8/1/2019 at 12:30 p.m., at Resident 4's bedside, Resident 4 stated she has been a resident in the facility for one and a half months and only one nurse checks her right</p>	F 698	<p>F 850</p> <p>Resident 1 no longer in the facility at this time. Corrective action included Director of Nursing who provided inservice training on 8/01/19 on Care of Dialysis Resident and Transportation to Licensed Nurses to assist residents in accessing transportation according to their needs. Any missed dialysis pertaining to transportation issues, will be directed to the Director of Social Services who will attempt to call other transportation modes including private transportation, community transport based services and/or responsible party for assistance. Licensed nurse will notify Dialysis center of transportation issues to accommodate later chair time. The License Nurse will notify Physician of any difficulties and for any special considerations that may require a transfer to Acute hospital for dialysis. Inservice training was provided by Administrator and Director of Nursing regarding Transportation to the Director of Social Services, Social Services Assistant and Case Manager. A daily appointment calendar is printed out by Social Services Director or designee and provided to each nursing station with information including each resident name, appointment time, location, and physician/dialysis name. Part of the pre-admission inquiry and pre-admission forms will include dialysis information and transportation arrangement. All residents will have Dialysis alert placed in front of the chart and include information of dialysis pick up and transportation time.</p>		

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F 698	<p>Continued From page 4</p> <p>sub-clavian artery (arteries are pipes that carry blood rich in oxygen from your heart to your arms and the back of your brain) hemodialysis catheter. Resident 4 further stated, "I'm mad as hell, my life depends on them". During the observation at Resident 4's bedside, no emergency equipment of gauze or clamps were observed.</p> <p>Resident 4's MDS, dated 7/8/2019, indicated Resident 4 had clear speech, the ability to express ideas and wants, and clear comprehension. The MDS further assessed Resident 3 requiring extensive assistance from staff for bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed), dressing, and personal hygiene.</p> <p>A record review of Resident 4's care plan, titled "Dialysis, Renal", dated 7/7/2019, indicated Resident 4 has advance renal insufficiency: end stage renal failure with hemodialysis and has a potential for injuries/complications (is an unfavorable result of a disease, health condition, or treatment) related to hemodialysis. Nursing interventions included to monitor the hemodialysis catheter (vascular access procedure inserts a flexible, sterile plastic tube called a catheter into a blood vessel to allow blood to be drawn from or medication to be delivered into a patient's bloodstream) for bleeding, drainage, and signs and symptoms of infection every shift. If bleeding is apparent, apply direct pressure over the hemodialysis access site and call medical doctor promptly.</p> <p>During an interview with the licensed vocational nurse (LVN 1), on 8/1/2019, at 1:05 p.m., LVN 1</p>	F 698			

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F 698	Continued From page 5 stated emergency supplies should be at the bedside. If emergency supplies are not there, the resident may lose blood. LVN 1 further stated if nursing staff fail to assess the residents' AV grafts or hemodialysis catheters, the residents may become short of breath. The undated facility policy, titled "Care of Dialysis Resident," indicated it is the purpose of the facility to provide nursing care that maintains the patency (the condition of being open, expanded, or unobstructed) of arteriovenous shunts; prevents complications and identifies specific measures to be followed if complications occur. Shunt care will be provided by licensed nurse, with physician's order. Shunt sites are checked for condition and patency every shift. Physicians are notified immediately of any apparent complications. Qualifications of Social Worker > 120 Beds CFR(s): 483.70(p)(1)(2) §483.70(p) Social worker. Any facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is: §483.70(p)(1) An individual with a minimum of a bachelor's degree in social work or a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and §483.70(p)(2) One year of supervised social work experience in a health care setting working directly with individuals. This REQUIREMENT is not met as evidenced	F 650 SS=D		
F 698				

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F 850	<p>Continued From page 6</p> <p>by: Based on interview, and record review, the facility failed to provide reliable transportation for hemodialysis treatments for one of four sampled residents (Resident 1). This failed practice resulted in Resident 1 with multiple hospital admissions for not receiving hemodialysis treatments as ordered and in a timely manner.</p> <p>Findings:</p> <p>On 8/1/2019, at 11:55 a.m., an unannounced visit was made to the facility to investigate a complaint regarding Quality of Care/Treatment.</p> <p>A review of Resident 1's admission record indicated Resident 1 was re-admitted to the facility on 10/11/2018, with diagnoses including stage four chronic kidney disease (kidneys are damaged and can't filter blood the way they should), difficulty walking, and muscle weakness.</p> <p>Resident 1's Minimum Data Set (MDS- an assessment and care planning tool), dated 10/27/2019, indicated Resident 1 had clear speech, the ability to express ideas and wants, and clear comprehension. The MDS further indicated Resident 2 requiring extensive assistance with dressing, toilet use and personal hygiene.</p> <p>A record review of the Skilled Nursing Facility History and Physical Examination (H&P) record, dated 10/22/2018, indicated Resident 1 presents with altered mental status having missed hemodialysis. The H&P further indicates Resident 1 was recently admitted last week to the General Acute Care Hospital (GACH), and discharged on 10/11/2018, for the same issue, having missed</p>	F 850			

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F 850	<p>Continued From page 7.</p> <p>hemodialysis due to transportation.</p> <p>A record review of Resident 1's admissions record indicated Resident 1 was admitted on 9/28/2018 and discharged on 10/1/2018, admitted on 10/6/2018 and discharged 10/8/2019, admitted 10/11/2018 and discharged 10/15/2019.</p> <p>A record review of Resident 1's physician orders, dated 10/12/2019, indicated Resident 1 will have hemodialysis every Monday, Wednesday, and Friday at 3:00 a.m.</p> <p>A record review of the inter-disciplinary progress notes, dated 10/20/2019, indicated at 11:30 a.m., the insurance company that covers Resident 1's hemodialysis transportation was having a difficult time providing transportation due to Resident 1's chair time.</p> <p>A record review of the transportation logs indicated Resident 1 was transported on 10/12/2018 to Hemodialysis and 10/23/2019 to a different location.</p> <p>During an interview with the Social Service Assistant.(SSA), on 8/1/2019 at 1:15 p.m., she stated if transportation was not available, she would try to locate another transportation company and inform the hemodialysis unit.</p> <p>Resident 1's care plan, titled "Renal," indicated Resident 1 is at risk for shortness of breath, chest pains; edema (a condition characterized by an excess of watery fluid collecting in the cavities or tissues of the body), elevated blood pressure, elevated BUN/creatinine (waste byproducts of protein metabolism that are usually filtered by the kidneys and excreted in the urine.) due to</p>	F 850			

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F 850	Continued From page 8 advancing age, complex and medical condition. Nursing interventions indicated nursing staff will monitor for signs and symptoms of shortness of breath, chest pain, and edema. The undated facility policy, titled "Transportation," indicated the facility will assist residents in accessing transportation according to their needs. The facility is expected to help residents evaluate options and access public or private transportation according to their means and abilities to travel safely in the community.	F 850			