POC Accepted
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7/13/20

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

PRINTED: 06/30/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056165	A. BUILDING _____ B. WING _____	C 06/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA BREA REHABILITATION CENTER	625 N. LA BREA AVENUE LOS ANGELES, CA 90036

(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 an investigation for a complaint. Complaint Number: CA00288099 Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 41852 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 CA00288099.	F 000	La Brea Rehabilitation Center submits this response and Plan of Correction as part of the requirements under State and Federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements; it shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this Plan of Correction with intention that is inadmissible by any third party in civil, criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at anytime the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 should be inadmissible in any proceeding on that basis. Description of the monitoring process to prevent occurrence.	
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding	F 693		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

MHA 07/09/2020

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA BREA REHABILITATION CENTER	535 N. LA BREA AVENUE LOS ANGELES, CA 90036

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F 693	Continued From page 1 including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure it was the correct gastrostomy tube feeding (GT- a tube inserted through the abdomen that delivers nutrition directly to the stomach) formula given to one of two residents (Resident 1) as ordered by the physician. This deficient practice had the potential for Resident 1's nutritional needs not being met and placed the Resident 1 at risk to develop complications related to the wrong formula that was given. Findings: A review of the admission record indicated Resident 1 was re-admitted to the facility on 5/12/2020 with diagnoses including dementia (progressive disease of the brain that slowly causes impairment in memory and cognitive function), encounter for attention for gastrostomy (an opening into the stomach from the abdominal wall, made surgically for the introduction of food), and dysphagia (difficulty swallowing). A record review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/19/2020, indicated Resident 1 was severely cognitively impaired (never or rarely made decisions). The MDS indicated Resident 1 needed total dependence with bed mobility, dressing, and toilet use with one person assist with transfer, locomotion, and	F 693	Continued from page 1. F693 Immediate Corrective Action: Resident 1 gastrostomy tube feeding bottle was changed to Jevity 1.2 at 65ml/hr according to physician order. MD and responsible party was notified. Identification of other residents that can be affected with the deficient practice: DON and designee reviewed all residents currently on GT feeding to ensure correct formula is given according to physician orders. No other residents were found to be affected by this deficient practice. Measures that was put in place to ensure deficient practice does not recur: Inservice was provided to Licensed Nurses (LN) on enteral feeding Safety precautions, with emphasis on preventing errors in administration. LN will check the enteral nutritional label against the order before administration.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA BREA REHABILITATION CENTER	609 N. LA BREA AVENUE LOS ANGELES, CA 90036

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F 693	Continued From page 2 personal hygiene. The MDS Nutritional Approaches indicated Resident 1 had a feeding tube. A record review of Resident 1's physician's order, dated 5/22/2020, indicated the physician ordered enteral feed order (nutrition taken through a gastrostomy tube (GT) that goes directly to the stomach or small intestine) of Jevity 1.2 (high-protein, fiber-fortified therapeutic nutrition that provides complete, balanced nutrition for long- or short-term tube feeding) at 65 milliliters (ml) per (/) hour (hr) for 20 hours. A record review of Resident 1's nutritional assessment, dated 5/18/2020, indicated an enteral feeding of Jevity 1.2. A record review of Resident 1's interdisciplinary team conference record, dated 5/17/2020, indicated enteral feeding of Jevity 1.2 at 65 ml/hr for 20 hours. During an observation on 6/22/2020 at 12:45 PM, Resident 1 was observed with gastric tube feeding of Glucerna 1.2 (a calorically dense formula that has a unique blend of carbohydrates, including slowly digestible carbohydrate clinically shown to help minimize blood glucose [sugar] response) at 65 ml/hr. During an observation on 6/22/202 at 1:05 PM, and concurrent interview, the Licensed Vocational Nurse 1 (LVN 1) stated current GT feeding bottle is Glucerna 1.2 at 65 ml/hr for Resident 1. He stated the physician's order for Resident 1 tube feeding was Jevity 1.2 at 65 ml/hr. He stated the wrong enteral feeding formula was given to Resident 1. He stated some complications of	F 693	Continued from page 2 including: Residents name, type of formula, date and time formula was prepared, route of deliver, access site, method and rate of administration. **Monitoring put in place to ensure compliance is sustained:** During daily rounds DON or designee will monitor residents on enteral feeding to ensure the correct formula is being administered according to physicians order. Any finding will be immediately reported to DON and corrected to ensure residents saftey and well being. Any negative finding will be track and trended and reporting at our quality assurance meeting for review and recommendations. **Completion Date:** July 8, 2020	

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F 693	Continued From page 3 giving the wrong formula are insufficient nutrition, diarrhea, and vomiting. During an observation on 6/22/2020 at 2:36 PM, and concurrent interview, the Director of Nursing (DON) stated current GT feeding bottle was Glucerna 1.2 at 65 ml/hr for Resident 1. He stated the physician's order for Resident 1's tube feeding was Javity 1.2 at 65 ml/hr. He stated that per facility's policy, one needed to verify physician's order prior to giving the enteral feeding. He stated the wrong enteral feeding formula was given to Resident 1. He stated Resident 1 could have developed complications of enteral feeding due to wrong enteral feeding of weight loss, electrolyte imbalance (abnormal concentration of electrolytes [minerals] in the body if unchecked can cause heart rhythm disturbances, and seizures [may cause loss of consciousness, falls, or massive muscle spasms]), and vomiting. A review of the facility's policy and procedure titled, "Enteral Feeding - Safety Precautions," revised on 5/2014, indicated that in "preventing errors in administration" the facility staff should "Check the enteral nutrition label against the order administration. Check the following information: a. Resident name, ID (identification) and room number; b. Type of formula; c. Date and time formula was prepared; d. Route of delivery; e. Access site; f. Method (pump, gravity, syringe); and g. Rate of administration (ml/hour)."	F 693		