

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

P.O-C Accepted 12-13-21 by 38549

PRINTED: 11/20/2021
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555137	(X2) MULTIPLE CONSTRUCTION A <u>BUILDING</u> B. WIN.G		(X3) DATE SURVEY COMPLETED C 11/20/2021
NAME OF PROVIDER OR SUPPLIER GRANCELL VILLAGE OF THE JEWISH HOMES FOR THE AGING			STREET ADDRESS, CITY, STATE, ZIP CODE 7150 TAMPA AVE RESEDA, CA 91335		
(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 the investigation of one complaint. Complaint: CA00754332. Representing the California Department of Public Health: Surveyor 38549, Health Facility Evaluator Nurse The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. A Deficiency was issued for complaint CA00754332.	F 000			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure nurses encouraged and educated one of five sampled residents (Resident 1) with the use of her incentive spirometer (a handheld medical device commonly used after surgery or with certain lung conditions to help keep the lungs healthy) and the risks associated with refusing its	F695	This plan of correction constitutes my written credible allegation of compliance. Submission of the plan of correction is not an admission of any fact or that any deficiency whatsoever exists or that any deficiency was cited correctly.		

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

TITLE

(X6) DATE

Administrator

11/30/21

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 695	<p>Continued From page 1 use.</p> <p>This deficient practice had the potential to result in Resident 1 experiencing pulmonary (pertaining to the lungs) complications from not performing her prescribed breathing exercises, especially after undergoing recent surgery.</p> <p>Findings:</p> <p>A review of Resident 1's Face Sheet indicated the resident was admitted to the facility on 07/25/21 with diagnoses that included aftercare following joint replacement surgery (a surgical procedure in which parts of a damaged joint is removed and replaced with a metal, plastic, or ceramic device), acute bronchitis (an inflammation of the lining of the bronchial tubes, which carry air to and from the lungs), and asthma (a condition in which a person's airways become inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe).</p> <p>A review of Resident 1's Minimum Data Set (MDS -a standardized assessment and care screening tool), dated 07/31/21, indicated the resident was cognitively (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) intact and required extensive one-person assistance with bed mobility, transfers, walking in the corridor, locomotion on the unit, dressing, and toilet use.</p> <p>A review of Resident 1's Physician Order Report, dated 07/25/21 to 09/16/21, indicated an order for incentive spirometer every two hours for 10 repetitions as tolerated while awake. The order further indicated that when awake, please encourage resident to use every two hours.</p>	F695	<p>Reviewed resident, Resident 1, was discharged and not present in building.</p> <p>Director of Health Information Services (HIS) initiated an audit of in-house residents who have order for incentive spirometer. Based on the list generated, Director of Nursing reviewed audit to evaluate episodes of refusal and presence of orders. A follow up audit was conducted by the Director of Nursing and Administrator Designee and reviewed current residents with incentive spirometer order. No residents were identified with episodes of refusal.</p> <p>The Director of Nursing completed education to Licensed Nurses on refusals of treatment, including use of incentive spirometer, documentation of episodes of refusal and follow up, and reflected in resident care plan. The policy and procedures for use of incentive spirometer was reviewed with Licensed Nurses. For residents with episodes of refusals, licensed nurse will provide education to resident, explain risk and benefits, re-offer treatment and notify primary physician of contingent refusal.</p>	<p>9/16/21</p> <p>11/23/21</p> <p>11-4-21 to 11/29/21</p>	

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F 695	Continued From page 2 On 10/29/21 at 1:14 p.m., during a concurrent interview and record review with the Director of Nursing (DON), Resident 1's Treatments Administration History from 07/25/21 to 09/16/21 was reviewed. The DON stated that according to the Treatments Administration History, nurses documented that the incentive spirometer was not administered multiple times on multiple days due to the resident refusing. When asked what nursing interventions were applied in response to the resident refusing to use her incentive spirometer, the DON stated she could not find any documentation indicating what the nurse did in response to the resident's refusals. The DON stated the nurses should have encouraged the resident to use the incentive spirometer as well as educated the resident by explaining the risks and benefits associated with using/refusing to use the incentive spirometer. A review of the facility's policy and procedure titled, "Use of Incentive Spirometer," last reviewed and approved on 10/2021, indicated for nurses to encourage resident to use the spirometer hourly or as ordered.	F695	Upon admission of residents with order for use of incentive spirometer, RN Supervisor will verify orders with primary physician. For existing residents with new orders for use of incentive spirometer, RN supervisor / Clinical Manager will verify orders with primary physician. During the daily morning meeting, newly admitted residents or current residents with new orders for incentive spirometer use will be reviewed to ensure proper care plans and identify any episodes of refusals for use and address according to policy, including documentation of education of risks and benefits or encouragement on refusal. The HIS department staff will conduct weekly audit of residents with orders for use of incentive spirometer, and any refusals without accompanying education will be brought to the attention of the DON. Findings of incentive spirometry refusals without accompanying intervention (e.g., education of risks and benefits/encouragement) will be brought to the attention of the the Quality Assurance and Performance Improvement committee for further review and recommendation. If no such findings are presented for two consecutive quarters, the matter will be considered resolved.		