

PRINTED: 09/03/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 058195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2015
NAME OF PROVIDER OR SUPPLIER THE REHABILITATION CENTER ON LA BREA			STREET ADDRESS, CITY, STATE, ZIP CODE 505 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 Department of Public Health during an Abbreviated Standard Survey. Complaint Intake #: CA00452823 - Substantiated Highest S/S: G Representing the Department of Public Health: Surveyor ID #: 22303 RN, HFEN The inspection was limited to the specific complaint investigation and does not represent the findings of a full inspection of the facility.	F 000	The Rehabilitation Center on La Brea 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 the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of 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 and should be inadmissible in any proceeding on that basis.		
F 309 SS=G	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of three sampled residents, Resident 1, who had a hard cast to the left lower extremity from the thigh to the beginning of the toes: 1. The licensed nurses monitored the exposed toes of the left foot for signs and symptoms of infection (such as odor, presence of fluid or	F 309			

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 required to continue program participation.

No. 3153 P. 10

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2015
NAME OF PROVIDER OR SUPPLIER THE REHABILITATION CENTER ON LA BREA			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N. LA BREA AVENUE LOS ANGELES, CA 90036		
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F 309	Continued From page 1 drainage and increased temperature of the area), for circulation on the toes, changes in size, color, and presence of pain on the left foot. 2. The physician's order regarding cast care was followed. 3. A care plan was developed for the care and use of a hard cast. 4. A policy and procedure was in place regarding cast care. As a result Resident 1 developed gangrene (dead tissue caused by an infection or lack of blood flow) of the left toes and a pressure sore Stage IV (deep ulcer with damage to the muscle and bone caused by pressure) to the dorsum (the upper surface) of the left foot. Findings: On August 10, 2015, at 10 a.m., an unannounced visit was made to the facility to investigate a complaint regarding Quality of Care. A review of the clinical record indicated Resident 1 was initially admitted on May 28, 2015, with diagnoses which included Alzheimer's disease (a progressive disease which destroys memory and other mental functions), pulmonary hypertension (increased blood pressure in the pulmonary circulations), and closed fracture (the broken bone does not break the skin) of the left lower leg. A review of the Minimum Data Set (MDS - a standardized assessment care and screening tool), dated June 4, 2015, indicated Resident 1 was severely impaired in cognitive skills for daily	F 309	Provide Care/Services for Highest Well Being How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: 1. Resident 1 is no longer in the facility. 1. Training and education was conducted by the Director of Nursing (DON) to the Licensed Nurses on 9/9/15, 9/10/15, & 9/11/15 and will be completed by 9/28/15 regarding resident with hard cast to monitored exposed toes or extremities for signs and symptoms of infection (such as odor, presence of fluid or drainage and increased temperature in the area), for circulation on the toes, sensation of toes, movement of toes, changes in size, color, and presence of pain. 2. Training and education was conducted by the Director of Nursing (DON) to the Licensed Nurses on 9/9/15, 9/10/15, & 9/11/15 and will be completed by 9/28/15 regarding following physician's order regarding cast care. 3. Training and education was conducted by the Director of Nursing (DON) to the Licensed Nurses on 9/9/15, 9/10/15, & 9/11/15 and will be completed by 9/28/15 regarding developing plan of care for the care and use of hard cast and updating care plan. 4. The facility interdisciplinary team approved through QA & A policy and procedure regarding cast care on 9/9/15.		

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NAME OF PROVIDER OR SUPPLIER

THE REHABILITATION CENTER ON LA BREA

STREET ADDRESS, CITY, STATE, ZIP CODE

605 N. LA BREA AVENUE
LOS ANGELES, CA 90036(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
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COMPLETION
DATE

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decision-making and required total assistance from staff for activities with daily living.

A review of Resident 1's History and Physical Examination, dated May 29, 2015, documented by Physician 1, indicated the resident was admitted to the facility with a left tibia/fibula fracture (inner of the two bones of the leg, which extend from the knee to the ankle) and a splint/cast on the resident's left lower extremity. A splint is a strip of rigid material used for supporting and immobilizing a broken bone of a limb that can easily be removed, while a cast is a shell made from plaster encasing a limb to stabilize and hold broken bones in place until healing. A cast removal requires special equipment.

A review of the physician's order, dated May 29, 2015, indicated to monitor Resident 1's left lower extremity splint for any changes. According to the recapitulated physician's orders, dated June 2015, Resident 1 had an appointment with the orthopedist physician, Physician 2 (physician who treats bone and muscle illnesses and conditions), who ordered on June 4, 2015, cast care for Resident 1. A review of the clinical record indicated there was no plan of care developed or updated regarding cast care (no longer a splint) to be provided to Resident 1.

A review of Resident 1's physician's progress notes, dated June 22 and 29, 2015, documented by the nurse practitioner, indicated the resident had a cast, but there was no documentation of an assessment regarding the skin condition of the left toes. On June 29, 2015, the nurse practitioner documentation did not indicate the presence of any adverse changes to the left foot.

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How the facility will identify other residents having the potential to be affected by the same deficient practice and what action will be taken:

2. DON, ADON and Treatment Nurses conducted a re-assessment to ensure that residents with cast are being monitored exposed toes or extremities for signs and symptoms of infection (such as odor, presence of fluid or drainage and increased temperature in the area), for circulation on the toes, sensation of toes, movement of toes, changes in size, color, and presence of pain; following physician's order regarding cast care; plan of care for the care and use of hard cast are in place and the care plans are updated to reflect the resident condition. No other residents were identified with the same deficient practice.

What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur:

3.

1. Training and education was conducted by the Director of Nursing (DON) to the Licensed Nurses on 9/9/15, 9/10/15, & 9/11/15 and will be completed by 9/28/15 regarding resident with hard cast to monitored exposed toes or extremities for signs and symptoms of infection (such as odor, presence of fluid or drainage and

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NAME OF PROVIDER OR SUPPLIER THE REHABILITATION CENTER ON LA BREA			STREET ADDRESS, CITY, STATE, ZIP CODE 605 N. LA BREA AVENUE LOS ANGELES, CA 90038		
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F 309	Continued From page 3 The nursing notes, dated from May 29, 2015 through June 29, 2015, had no documented evidence the licensed nurse assessed the skin condition of Resident 1's left toes or the presence of a cast or a splint. A review of the Treatment Administration Record (TAR), dated from May 29 to June 29, 2015, indicated the licensed nurses monitored daily Resident 1's left lower extremity splint; however, there was no documentation the nurses monitored the blood circulation, by doing a capillary refill test (time taken for color to return to the area where pressure was applied to cause blanching), and there was no documentation of an assessment of the toes being warm / cool to touch, the presence/absence of pain on the toes, changes in size, presence or absence of swelling, or any other abnormality. There was no documentation regarding cast care provided to Resident 1. On June 29, 2015, at 4:15 p.m., the clinical record indicated Resident 1 went to a physician's appointment (Physician 3, primary care physician) and was found to have a dry gangrene on the left toes. The resident was transferred from the physician's office to a general acute care hospital (GACH). According to the GACH Emergency Room Physician's Progress Note, dated June 29, 2015, Resident 1 was found with Stage II/IV pressure sore (full thickness skin loss) to the left dorsum of foot, the left second toe was found with a Stage III pressure sore, and dry gangrene of all the toes of the left foot. The GACH treatment orders indicated a wound vacuum (promotes healing	F 309	increased temperature in the area), for circulation on the toes, sensation of toes, movement of toes, changes in size, color, and presence of pain. 2. Training and education was conducted by the Director of Nursing (DON) to the Licensed Nurses on 9/9/15, 9/10/15, & 9/11/15 and will be completed by 9/28/15 regarding following physician's order regarding cast care. 3. Training and education was conducted by the Director of Nursing (DON) to the Licensed Nurses on 9/9/15, 9/10/15, & 9/11/15 and will be completed by 9/28/15 regarding developing plan of care for the care and use of hard cast and updating the care plan. 4. The facility interdisciplinary team approved through QA & A policy and procedure regarding cast care on 9/9/15. Treatment Nurses, RN Supervisor and ADON will re-assess admission, re-admission and significant change in condition with emphasis on resident with admitted cast or hard cast 7 days a week to ensure that residents with cast are being monitored exposed toes or extremities for signs and symptoms of infection (such as odor, presence of fluid or drainage and increased temperature in the area), for circulation on the toes, sensation of toes, movement of toes, changes in size, color, and presence of		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE REHABILITATION CENTER ON LA BREA

806 N. LA BREA AVENUE
LOS ANGELES, CA 90038(X4) ID
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through negative pressure wound therapy) or skin graft for the left dorsum Stage III/IV pressure sore and a recommendation of amputation of left toes gangrene.

During an interview with the Director of Nursing (DON), on August 10, 2015, at 10 a.m., he stated Resident 1 was admitted to the facility with a splint and a cast extending from the left thigh to the foot, exposing the resident's toes. The DON, after reviewing the clinical record, stated there was no care plan developed for Resident 1's cast care and the facility had no policy and procedure addressing cast care. The DON stated Resident 1's nurse practitioner visited the resident frequently and on the nurse practitioner's last note, dated June 29, 2015, did not indicate Resident 1 had gangrene on the left toes. When asked if the treatment nurse had any documentation regarding Resident 1, the DON stated the treatment nurse would only document abnormal skin conditions if they were present.

On September 1, 2015, at 2:30 p.m., during a telephone interview, Resident 1's nurse practitioner stated Resident 1 had a splint upon admission to the facility and was placed on a hard cast during the orthopedist visit (on June 3, 2015).

During an interview with Licensed Vocational Nurse 1 (LVN 1), the treatment nurse, on August 10, 2015, at 11 a.m., he stated Resident 1's left leg was covered with a hard cast, and there was also a splint placed on top of the cast, while the resident's toes were exposed. When LVN 1 was asked how he monitored the resident's leg on a cast, he stated he checked the cast by placing his finger inside the cast, to check if there was a

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pain; following physician's order regarding cast care; plan of care for the care and use of hard cast are in place and the care plans are updated to reflect the resident condition, any issues identified will be corrected immediately by LN's and will report

during the five days Clinical stand up meeting with the DON for review follow-up and immediate resolution.

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action must be evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.

4. Treatment Nurses, RN Supervisor and ADON will monitor facility compliance by doing re-assessment of residents admission, re-admission and significant change in condition with emphasis on resident with admitted cast or hard cast 7 days a week to ensure that residents with cast are being monitored exposed toes or extremities for signs and symptoms of infection (such as odor, presence of fluid or drainage and increased temperature in the area), for circulation on the toes, sensation of toes, movement of toes, changes in size, color,

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NAME OF PROVIDER OR SUPPLIER

THE REHABILITATION CENTER ON LA BREA

STREET ADDRESS, CITY, STATE, ZIP CODE

505 N. LA BREA AVENUE
LOS ANGELES, CA 90036

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clearance of one inch from skin to cast.

LVN 1 stated he elevated Resident 1's left leg, placed it on a pillow, and the resident's left toes had no discoloration and had no foul smelling odor. LVN 1 stated Resident 1's left toes were normal looking when he left the facility on June 29, 2015. LVN 1 did not indicate if blood circulation and skin temperature of the left toes were monitored.

According to mayoclinic.org, April 2015, for cast care contact the physician if:

Any increasing pain and tightness in the injured limb

Any numbness or tingling in the injured hand or foot

Any burning or stinging under the cast

Develops excessive swelling below the cast

Unable to move the toes or fingers of the injured limb or they become blue or cold

Develops a crack, soft spots or a foul odor in cast or gets the cast soaking wet and does not dry it properly

Patient says the cast feels too tight or too loose

Develops red or raw skin around the cast

Develops a fever of 101 F (38.3 C) or higher

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and presence of pain; following physician's order regarding cast care; plan of care for the care and use of hard cast are in place and the care plans are updated to

reflect the resident condition non compliance issues identified will be corrected by LN's immediately and will report during the five days Clinical stand up meeting with the DON for review follow-up and immediate resolution.

DON and/or designee will do trending/analysis and will report to the quarterly QA & A Committee for further evaluation and/or recommendations.

9/13/15