

Poc reviewed & accepted by Edyn Page 1/2

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

PRINTED: 12/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/07/2017
NAME OF PROVIDER OR SUPPLIER PLAYA DEL REY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7716 MANCHESTER AVENUE PLAYA DEL REY, CA 90293		
(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 an entity reported incident. Entity-reported incident number: 490865 Representing the Department: HFEN # 34178 The inspection was limited to the specific entity-reported incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was written not related to entity-reported incident 490865.	F 000	Playa Del Rey 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 the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.		
F 241 SS=D	DIGNITY AND RESPECT OF INDIVIDUALITY CFR(s): 483.15(a) The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to respond to the need of one of three sampled residents (Resident 2) by not answering his call light in a timely manner, when he needed to go to the bathroom. Resident 2 soiled his bed, which resulted in Resident 2 feeling upset. Findings: On July 6, 2016, at 12:00 p.m., an unannounced visit was made to investigate an entity-reported incident (ERI). On July 6, 2016, at 7:07 a.m., Resident 2 was	F 241	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. The resident no longer resides at our facility. All staff will be re-educated to respond to call lights in a timely manner.		

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

Warren Sharp

TITLE

Administrator

(X6) DATE

1/19/2018

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 241	<p>Continued From page 1</p> <p>observed on a wheelchair in the activity room. The resident was able to propel his wheelchair by himself.</p> <p>On July 6, 2016, at 12 p.m., during an interview, Resident 2 stated, "The night staff does not answer the call lights in a timely manner. He said the staff would answer call lights after 15 minutes and say, "I'm not your nurse." All the certified nurse assistants (CNAs) would say, "Wait for your CNA." Resident 2 stated that last night he wanted to go to the bathroom very badly. He said he did not make it to the bathroom and had wet his diaper, which leaked out into his bed sheets. He added, "The staff had to change every thing." Resident 2 stated, "I felt very upset last night."</p> <p>A review Resident 2's Admission Record indicated the resident was re-admitted to the facility on February 11, 2014, with diagnoses that included depressive disorder (is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with daily life for weeks or longer.), diabetes mellitus (high blood sugar) anxiety disorder and hypertension (high blood pressure).</p> <p>A Minimum Data Set (MDS) is a standardized resident assessment and care screening tool, dated on May 1, 2016, indicated resident's cognitive skills for daily decision making was intact. He was assessed to require limited assistance from the staff for bed mobility, transfer to or from bed, wheelchair and standing position. He required supervision for toilet use.</p> <p>A review of Resident 2's Care Plan (revised 11/10/15) addressed the resident as requiring assistance and/or supervision for activities of daily living (ADL) care, which included toileting. During an interview with Director of Nursing (DON) on July 6, 2016, at 12:55 p.m., she stated anyone can answer call light. She stated that if a</p>	F 241	<p><i>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.</i></p> <p>A review of all residents in the facility was done by the Social Services on January 19th, 2018. No other residents were found to be affected by this practice.</p> <p><i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</i></p> <p>On January 19, 2018 all staff were in serviced regarding answering call lights promptly with emphasis on assisting residents to the toilet in a timely manner. The in service was given by our Nurse Practice Educator.</p> <p><i>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 evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system.</i></p> <p>Residents will be asked if their call lights are answered timely during daily partner rounds. Additionally the Center Nurse Executive or designee will make random rounds to ensure call lights are being answered promptly. Compliance will be discussed daily at the standup meeting for any immediate interventions and reported</p>		

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F 241	Continued From page 2 CNA answered a call light, that CNA should help the resident. The facility policy and procedures, titles "Certified Nursing Assistant (ACN1)/ Geriatric Nursing Assistant (AGN1)/ Licensed Nursing Assistant (ALN1)" date November 8, 2012, included answering call lights or bells promptly and assisting patients with or performing ADL. The responsibilities/Accountabilities indicated to provide patient care in a manner conducive to safety and comfort.	F 241	monthly for 3 months to the Quality Assurance Committee. Issues or noncompliance will be reviewed by the Quality Assurance Team for recommendations. <i>Date when corrective action will be completed. The corrective action completion dates must be acceptable to the State.</i> January 18, 2018		