

Poc Approved 2/12/2021

41852

PRINTED: 02/02/2021
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: 655065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2021
NAME OF PROVIDER OR SUPPLIER VIEW PARK CONV HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 3737 DON FELIPE DRIVE LOS ANGELES, CA 90008		
(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 numbers: CA00716439 Representing the California Department of Public Health: Surveyor, 41852, Health Facilities Evaluator Nurse 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 written as a result of complaint number CA00716439 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	F 000	Disclaimer: The signing of this plan of correction is not an admission or agreement by this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. F693 <u>Immediate Corrective Action</u> Upon notification, on 12/14/20, the licensed nurse immediately removed resident1's unlabeled G/tube formula bottle and tubing, and replaced with a new formular bottle and tubing labeled with date and time. <u>Identification of Others at Risk</u> Upon notification, on 12/14/20, the RN supervisor checked made rounds and checked all other residents who have orders for G-tube feeding. There is no problem identified.		

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

Amber Snowden

TITLE

ADMINISTRATOR

(X6) DATE

2-12-21

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 693	<p>Continued From page 1</p> <p>services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure proper labeling of enteral/gastric feeding (GT- a tube inserted through the abdomen that delivers nutrition directly to the stomach) bottle and tubing with date and time hung for one of three residents (Resident 1).</p> <p>This deficient practice had the potential for Resident 1's needs not being provided and placed Resident 1 at risk to develop complications of enteral feeding.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was readmitted to the facility on 10/20/2020 with diagnoses including encounter for attention to gastrostomy (an opening into the stomach from the abdominal wall, made surgically for the introduction of food) and dysphagia (difficulty swallowing) following unspecified cerebrovascular disease.</p> <p>A record review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 10/27/2020 indicated Resident 1 was cognitively severely impaired (never/rarely made decisions). The MDS further indicated Resident 1 needed total dependence with one person assist for eating, dressing, and personal hygiene.</p>	F 693	<p><u>Process to Prevent Recurrence</u></p> <p>The Director of Nursing gave an in-service on 2/5/21 to the licensed nurses regarding policy and procedure for enteral feeding monitoring. During the in service, the DON emphasized the importance of labeling the formula bottle/tubing with date and time.</p> <p><u>Monitoring Process</u></p> <p>The DON created a daily G/tube feeding labeling log. The RN and/or the charge nurse will check all residents who receive G/tube feeding and document the labeling information in the log daily for 30 days to ensure compliance. Once 30 days have passed with no noted non-compliance, monitoring will be done weekly for 30 days. If no noted noncompliance after 30 days of weekly monitoring, the monitoring process will be conducted on an as needed basis. The DON and or designee will review the log daily to ensure accuracy and completion. the DON will present the recapitulations of the findings to the monthly QAA meeting for review and action as indicated on an ongoing basis.</p>		2/5/21

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F 693	<p>Continued From page 2</p> <p>A record review of Resident 1's Physician's Order dated 11/26/2020 indicated gastric tube feeding at 50 milliliters per hour for 20 hours.</p> <p>During an observation on 12/14/2020 at 2:45 PM, Resident 1 was observed with gastric tube feeding with no date and time hung on the enteral feeding bottle and tubing.</p> <p>During an Interview with Licensed Vocational Nurse 1 (LVN 1), on 12/14/2020 at 3:00 PM, LVN 1 confirmed the findings and stated the enteral feeding bottle and the label provided on tubing should have been dated. LVN 1 further stated the potential outcome was the risk for infection and harm to Resident 1.</p> <p>During an interview with Infection Control Preventionist (ICP), on 12/14/2020 at 3:30 PM, the ICP acknowledged the findings and stated the enteral feeding and tubing should have been dated and timed. The ICP further stated the facility was required to put date and time and initial when new feeding bottle and tubing was changed. The ICP further stated the potential outcome was the risk for infection and harm to Resident 1.</p> <p>A record review of the medication administration record on 12/14/2020 at 3:35 PM indicated Resident 1 received gastric tube feeding on 12/14/2020.</p> <p>During an interview with Director of Nursing (DON), on 12/17/2020 at 12:13 PM, the DON stated the facility's policy and procedures for enteral feeding was when licensed staff hangs a new enteral feeding formula, they must indicate</p>	F 693			

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F 693	Continued From page 3 date, time, and initial. The DON acknowledged the findings and stated the potential outcome was the risk for infection, harm, and potentially death. A review of the facility's policy and procedures titled, "Enteral Feeding Monitoring," undated, indicated, "Licensed nurse will write the time, date, and rate on the formula bottle including initials...the tubing will also be labeled with time and date with initials."	F 693			