

California Department of Public Health

PRINTED: 09/30/2021
FORM APPROVED

P.O.C. Accepted 10.7.21 by 42943

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA920000057	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2021
NAME OF PROVIDER OR SUPPLIER VALLEY PALMS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 13400 SHERMAN WAY N HOLLYWOOD, CA 91605		
(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) COMPLETE DATE
C 000	Initial Comments The following reflects the findings of the California Department of Public Health during the investigation of a facility-reported incident. Facility Reported Incident: CA00461790 Representing the California Department of Public Health: Surveyor 42943, Health Facility Evaluator Nurse The inspection was limited to the specific facility-reported incident investigated and does not represent the findings of a full inspection of the facility. A deficiency was issued for Facility Reported Incident number: CA00461790.	C 000	This plan of correction constitutes the facility's credible allegation of compliance." Valley Palms Care Center makes it best effort to operate in full compliance both Federal and State law. Nothing included in this Plan of Correction is an admission otherwise. Valley Palms Care Center has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein. Please note that Valley Palms Care Center (hereinafter VPCC) may contest the merits and/or form of any of the deficiency findings alleged below and may take appropriate steps to appeal C960 -How corrective action(s) will be accomplished for those residents found to have been affected by deficient practice. Resident # 1 was discharged from facility on 10/10/2015.	10/05/21
C 960	T22 DIV5 CH3 ART3-72313(c) Nursing Service-Administration of Medication (c) The time and dose of the drug or treatment administered to the patient shall be recorded in the patient's individual medication record by the person who administers the drug or treatment. Recording shall include the date, the time and the dosage of the medication or type of the treatment. Initials may be used, provided that the signature of the person administering the medication or treatment is also recorded on the medication or treatment record. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to document the administration of Insulin (medication to treat high blood sugar) for one of three sampled residents for the month of 10/2015 in the Medication Administration Record (MAR). This deficient practice potentially placed Resident	C 960		

Licensing and Certification Division
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Director of Nursing

10 / 05 / 2021

STATE FORM

5800

EJXP11

If continuation sheet 1 of 3

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C 960	<p>Continued From page 1</p> <p>1 at risk for uncontrolled high blood sugar.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted Resident 1 on 9/27/2015 with diagnoses including Diabetes Mellitus (high blood sugar), hypertension (high blood pressure), and Dysphagia (difficulty swallowing).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 10/2/2015, indicated Resident 1's cognition (thought process) was severely impaired. The MDS indicated Resident 1 needed extensive assistance with two-person physical assist for bed mobility, transfer, and toilet use.</p> <p>A review of Resident 1's Physician orders, dated 9/27/2015, indicated Resident 1 was on insulin sliding scale (physician order to give insulin dose basing on the blood sugar level) before meals. The order was as followed:</p> <p>For blood sugar of 200-250 = give 2 unit of insulin subcutaneously (SQ-administering medication under the skin), call the doctor for blood sugar less than 60. For blood sugar of 251-300 = give 4 units of insulin SQ For blood sugar of 301-350 = give 6 units of insulin SQ For blood sugar of 351-400 = give 8 units of insulin SQ For blood sugar over 400 = give 10 units of insulin SQ and call the doctor.</p> <p>A review of Resident 1's Care Plan, dated 10/1/2015, indicated Resident 1 was at risk for</p>	C 960	<p>C960 (cont.)</p> <p>-How facility will identify other resident's having potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>Medication administration records for residents on insulin sliding scale were reviewed and audited by the medical records director on October 4, 2021. No other residents were identified to affected by this alleged deficient practice.</p> <p>- What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>Licensed nurses were in-serviced by the Director of Nursing on October 1, 2021 and October 4, 2021 regarding following physician's orders, and documenting insulin sliding scale medications administered.</p> <p>Medical Records Director/Designee will audit insulin sliding scale medication administration records daily to ensure completion. The Director of Nursing/Designee will monitor compliance daily to ensure residents who are on insulin sliding scale medications are being documented.</p>	10/05/21

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C 960	<p>Continued From page 2</p> <p>hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) related to Diabetes Mellitus. The care plan indicated interventions that included to administer medications as ordered and monitor effect of the medication.</p> <p>During a telephone interview on 6/17/2021 at 3:40 p.m., and concurrent record review of Resident 1's MAR, the Director of Nursing (DON) stated there were no documentation of blood sugar checks and insulin administration for the month of 10/2015 in the MAR.</p> <p>A review of the facility's policy and procedure titled, "Documentation of Medication Administration," with revised date of 4/2007, indicated the facility shall maintain a medication administration record to document all medications administered.</p>	C 960	<p>C960 (cont.)</p> <p>Any non-compliance issues will be reported to Administrator/Designee for follow up.</p> <p>-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 POC is integrated into quality assurance system.</p> <p>Medical Records Director/Designee will confirm compliance weekly that insulin sliding scale medication administration records are completed. Any non-compliance issues will be reported to Director of Nursing/Designee for follow up.</p> <p>The Director of Nurses/Designee will report findings to the QA Committee monthly for further review and evaluated for its effectiveness for three months or until compliance achieved.</p>		10/05/21