

Jul. 2. 2015 3:34PM

No. 2978 P. 9

PRINTED: 07/02/2015

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

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 058167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/02/2015
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NAME OF PROVIDER OR SUPPLIER

CENTINELA SKILLED NURSING & WELLNESS CENTRE WEST

STREET ADDRESS, CITY, STATE, ZIP CODE

950 FLOWER STREET
INGLEWOOD, CA 90301

(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 survey. Complaint Number: CA00445136 - Substantiated Complaint Number: CA00445590 - Substantiated Inspection was limited to the specific complaint(s) investigated and does not represent the findings of a full inspection of the facility. Representing the Department of Public Health: Surveyor: 06816, REHS, HFE II	F 000	Centinela Skilled Nursing and Wellness Centre West submits this Plan of Correction as the 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 their party.	
F 279 SS=D	Highest Severity and Scope: D 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under	F 279	F279 Corrective action for residents found to have been affected by this deficiency: Comprehensive care plan was immediately developed to address the medical, nursing, mental, and psychosocial needs of the resident. Specific care plan developed to address resident's specific needs	

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

TITLE

(X6) DATE



Administrator

7/13/15

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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NAME OF PROVIDER OR SUPPLIER

CENTINELA SKILLED NURSING & WELLNESS CENTRE WEST

STREET ADDRESS, CITY, STATE, ZIP CODE

950 FLOWER STREET
INGLEWOOD, CA 90301

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F 279	<p>Continued From page 1</p> <p><u>§483.10</u>, including the right to refuse treatment under <u>§483.10(b)(4)</u>.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop a comprehensive plan of care that addressed specific intervention on how to transfer a resident who was totally dependent on staff for one of one resident (1). This deficient practice had the potential for the resident to experience discomfort and possible injury during transfer.</p> <p>Findings:</p> <p>According to the admission record, Resident 1 was admitted to the facility on 5/16/2015 with diagnoses that included chronic obstructive pulmonary disease (COPD, lung disease), abnormality of gait, muscle weakness, paralysis agitans (involuntary tremors), lumbosacral spondylosis and general osteoarthritis.</p> <p>A review of the Minimum Data Set (MDS, an assessment care screening tool) dated 5/22/2015 indicated the resident was independent with her cognitive skills for daily decision-making. The resident was totally dependent on staff for transfer with one person physical assist.</p> <p>There was a care plan dated May 16, 2015 for impaired physical functioning, as manifested by required extensive assistance during transfer. The goals indicated the resident will be able to attain highest functional mobility/ADLs daily within three months. The approaches included provide assistance with ADLs performance every shift</p>	F 279	<p>during transfers from bed to wheelchair and vice versa. Care plan indicated step-by-step process during resident transfer from one surface to another. The Director of Nursing and Director of Staff Development also in-serviced staff to transfer resident to wheelchair three times a week as tolerated for socialization and activities on 6/19/15 and 6/30/15.</p> <p>Corrective action for residents that maybe affected by this deficiency:</p> <p>The MDS coordinator and the assistant MDS coordinator will review residents' initial care plans with in the 5th day of admission. The Director of DON will review the care plans for newly admitted and readmitted residents on a weekly basis.</p> <p>The Director of Nursing Services and Director of Staff Development have in-serviced staff regarding appropriate transfer techniques using the lift and lifter sheet on 6/19/15 and 6/30/15.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur:</p>	<p>6/19/15</p> <p>6/30/15</p> <p>6/19/15</p> <p>6/30/15</p>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/02/2015
NAME OF PROVIDER OR SUPPLIER CENTINELA SKILLED NURSING & WELLNESS CENTRE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 950 FLOWER STREET INGLEWOOD, CA 90301		
(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 279	Continued From page 2 and as needed, maintain safe and hazard free environment, and assist during transfer with safety, and provide enough support during transfer. The care plan did not address specific interventions on how to transfer a resident who was totally dependent on staff.	F 279	The Director of Nursing and Director of Staff Development will spot check staff during resident transfers from bed to wheelchair and vice versa on a weekly basis. The Director of Nursing and Director of Staff Development will conduct on-the-spot in-service if inappropriate technique is noted upon transferring the resident.		
F 312 SS=D	During an interview and record review, the director of staff development on June 16, 2015 at 4:45 p.m., he was unable to provide care plan that addressed how the resident will be transferred from one surface to another. 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a resident who was assessed as totally dependent on staff for transfer was assessed for safe and comfort transfer for one of one sample resident (1). This deficient practice resulted in the resident complaining of discomfort during transfer. Findings: According to the admission record the resident was admitted to the facility on 5/16/2016 with diagnoses that included chronic obstructive pulmonary disease, (COPD, lung disease),	F 312	Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Trends and concerns will be communicated to the quarterly QA steering committee by the Director of Nursing for further review and recommendations. F312 Corrective action for residents found to have been affected by this deficiency: Interdisciplinary Team meeting was immediately conducted with the resident to address resident's preference to be transferred to wheelchair for socialization and activities on 6/17/15. Social worker was able to recover the resident's personal wheelchair. IDT	6/17/15	

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F 312	Continued From page 3 abnormality of gait, muscle weakness, paralysis agitans (Involuntary tremors), lumbosacral spondylosis and general osteoarthritis. A review of the Minimum Data Set (MDS, an assessment care screening tool) dated 5/22/2015 indicated the resident was independent with her cognitive skills for daily decision-making. The resident was totally dependent upon the nursing staff for transfer with one person physical assist. The resident's functional range of motion limitations indicated right and left lower extremities impairment, and used wheelchair as assistive device for locomotion on and off the unit. During an interview on June 16, 2015, at 3:40 p.m., Resident 1 stated, "she would love to get up out of bed and socialize with other residents, but the staff have a hard time transferring me from the bed using the mechanical lift to the wheelchair." The resident further stated, "I had my own wheelchair at the other facility I was in before going into the hospital." The resident stated she was uncomfortable in the facility's wheelchair and stated, I am upset that I cannot have my wheelchair from the previous facility." In an interview with the director of staff developer on June 16, 2015 at 4:30 p.m., when asked if why the resident was not assessed for safe transfer, he said the resident was confused and was unable to make her needs known.	F 312	developed a care plan to safely and comfortably get the resident out- of-bed three times a week as tolerated for socialization and activities. Corrective action for residents that maybe affected by this deficiency: Interdisciplinary Team will review the residents' needs related to getting out-of-bed (OOB) with in 5 th day of admission. Nursing will create an appropriate plan of care to carry out OOB orders and update quarterly and as needed. Measures that will be put into place to ensure that this deficiency does not recur: The Director of Nursing and Director of Staff Development will do spot checks to staff during resident transfers from bed to wheelchair and vice versa on a weekly basis. The Director of Nursing and Director of Staff Development will conduct on-the- spot in-service if inappropriate technique is noted upon transferring the resident.		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards	F 323	Measures that will be implemented to monitor the		

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NAME OF PROVIDER OR SUPPLIER CENTINELA SKILLED NURSING & WELLNESS CENTRE WEST			STREET ADDRESS, CITY, STATE, ZIP CODE 960 FLOWER STREET INGLEWOOD, CA 90301		
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F 323	<p>Continued From page 4 as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the staff were trained on how to transfer resident appropriately to prevent injuries and to ensure the resident was transferred comfortably for one of one sampled resident (1).</p> <p>Findings:</p> <p>During an interview on June 16, 2015 at 3:40 p.m., Resident 1 stated, "she would love to get up out of bed and socialize with other residents, but the staff have a hard time transferring me from the bed using the mechanical lift to the wheel chair." The resident further stated, she was placed backward in a swing that lifts her out from her bed in a "hogtied position."</p> <p>In an interview with certified nursing assistant A (CNA), on June 16, 2015, on the 3-11 shift, at 4:00 p.m., when asked how residents are transferred from the bed to a wheelchair, CNA stated, "I get another staff member to assist and we do a two person assist." When the surveyor asks if they use a mechanical lift for transferring residents? CNA stated she does not use the lift, and it is much faster to transfer residents with the assistance of another CNA.</p> <p>In an interview the Director of Staff Development</p>	F 323	<p>continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Trends and concerns will be communicated to the quarterly QA steering committee by the Director of Nursing for further review and recommendations.</p> <p>F323 Corrective action for residents found to have been affected by this deficiency: Interdisciplinary Team meeting held immediately to assess resident's concerns during transfers on 6/17/15. Care plan was developed to provide appropriate transfer techniques using the lift and lifter sheet. Resident educated regarding risk and benefits of getting out-of-bed and resident verbalized understanding on 6/17/15.</p> <p>Corrective action for residents that maybe affected by this deficiency:</p> <p>Nursing will assess the residents' needs for safe transfers from and surface. Care plan for transfers will be initiated with in the first 5 day of admission and quarterly and as needed.</p>	<p>6/17/15</p> <p>6/17/15</p>	

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F 323	Continued From page 5 (DSD) at 4:15 p.m. stated, "Staff are provided initial training during their orientation. No further training is provided regarding the use of mechanical lift. However, when asked to review the training records for the mechanical lift used for resident transfer, the DSD stated, the training is provided upon initial orientation and in-service training does not include the mechanical lift. When asked to review the training logs, there were no logs available for review.	F 323	Measures that will be put into place to ensure that this deficiency does not recur: The Director of Nursing and Director of Staff Development will in-service staff regarding safety in transferring residents from any surface. The Director of Staff Development will provide staff training related to appropriate use of the lift and lifter sheet during the new hire orientation. Existing staff members have been oriented on 6/16/15 and 6/30/15.		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure resident receiving oxygen has warning signs posted outside the resident's room for one of one sampled resident (1). This deficient practice had a potential for fire. Findings: On 6/16/2015, at 2:30 p.m., an unannounced visit	F 328	Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Trends and concerns will be communicated to the quarterly QA steering committee by the Director of Nursing for further review and recommendations. F328 Corrective action for residents found to have been affected by this deficiency: The charge nurse placed precautionary oxygen in use sign	6/19/15 6/30/15	

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F 328	<p>Continued From page 6</p> <p>was conducted to investigate a complaint. During the initial tour of the facility accompanied by the facility's administrator, the resident in room 28A was observed receiving oxygen. During observation, there were no warning signs posted on the door outside the room to indicate oxygen in use.</p> <p>At 2:45 p.m., in an interview during the facility tour, the administrator was asked if warning signs are posted outside the room while oxygen was in use. The administrator replied, "Yes, warning signs should be posted outside the resident's room when oxygen is in use."</p> <p>A review of the facility's policy and procedure dated January 2012 for Oxygen therapy stipulated to place "Oxygen in use" sign on resident's door when oxygen is in use. However, there were no signs posted.</p>	F 328	<p>outside the door for room 28 on 6/16/15.</p> <p>Corrective action for residents that maybe affected by this deficiency:</p> <p>The administrator and both charge nurses checked all other rooms throughout the facility and no similar deficiency noted. The Director of Nursing in-serviced staff on keeping precautionary oxygen in use sign outside of any room that has an oxygen concentrator inside on 6/19/15.</p> <p>Measures that will be put into place to ensure that this deficiency does not recur: The Director of Nursing and designee will conduct daily inspection to monitor compliance.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur: Trends and concerns will be communicated to the quarterly QA steering committee by the Director of Nursing and Administrator for further review and recommendations.</p>		