

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

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2/28/20

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PRINTED: 03/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056378	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/11/2020
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NAME OF PROVIDER OR SUPPLIER

REGENCY OAKS POST ACUTE CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

3860 E. ESTHER ST.
LONG BEACH, CA 90804

(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the Department of Public Health of a Complaint investigation during an Abbreviated Standard Survey.</p> <p>Complaint number: CA00671657</p> <p>Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 41489</p> <p>The inspection was limited to the specific Complaint investigation and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was issued for CA00671657.</p>	F 000	<p>Regency Oaks Post Acute Care Center submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC 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 POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employee, agents, officers, or directors.</p> <p>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.</p> <p>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 should be inadmissible in any proceeding on that basis.</p> <p>Regency Oaks Post Acute Care Center requests that the 2567 POC be considered the provider's allegation of compliance and requests paper compliance review in lieu of a Post Survey Review on or after April 10, 2020</p>	
F 697 SS=D	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide pain management for one of three sampled residents (Resident 1) who reported a pain level of seven out of ten (one being the lowest amount of pain experienced and ten being the highest amount of pain experienced) on a pain scale.</p>	F 697	<p>F697 PAIN MANAGEMENT</p> <p>CORRECTIVE ACTION:</p> <p>Resident #1 discharge to GACH ON 01/07/2020</p> <p>IDENTIFICATION OF OTHER RESIDENTS:</p> <p>On March 20, 2020 a review of Residents pain medication orders were reviewed to ensure that medication was available per physician orders. All Residents with pain medications orders have the potential to be affected by this alleged deficient practice, but none were found.</p> <p>MEASURES/SYSTEMATIC CHANGES</p> <p>License Nurses (LN) were re-educated by Director of Nurses (DON) regarding facility Pain Protocol with emphasis on pain assessment, providing non-pharmacological intervention and pharmacological interventions as ordered by physician. This re-education was completed on March 20, 2020</p> <p>DON or Designee will review pain medications orders for new admissions and new pain regimen orders to ensure that a pain assessment was completed and non-pharmacological intervention and pharmacological interventions are in place as ordered.</p> <p>MONITOR</p> <p>To ensure compliance the DON/Designee will be responsible for the audit "Pain Protocol" monitoring tool and review for compliance daily. Any findings will be corrected immediately.</p>	

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

TITLE

(X6) DATE

[Signature]

Administrator

03/20/2020

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 697	<p>Continued From page 1</p> <p>This deficient practice resulted in Resident 1's pain not being addressed and prevented Resident 1 from maintaining his highest practicable level of well- being.</p> <p>Findings:</p> <p>A review of Resident 1's Face Sheet (Admission Record) indicated Resident 1 was admitted to the facility on 1/6/2020. Resident 1's diagnoses included respiratory failure (condition in which blood does not have enough oxygen), hypertension (high blood pressure), and paroxysmal atrial fibrillation (irregular rapid heart rate).</p> <p>During a telephone interview on 1/30/2020, at 8:20 a.m. with Resident 1's Family Member 1 (FM 1), FM 1 stated her father experienced severe intermittent 8 out of 10 abdominal pain on right lower side from approximately 7 a.m. to 10 p.m. on 1/7/2020. FM 1 stated her father was only given Tylenol for pain relief.</p> <p>A review of Resident 1's Situation, Background, Assessment, Recommendation (SBAR) dated 1/7/2020 recorded at 9:04 p.m. indicated that Resident 1's heart rate was 105-112 beats per minute (normal heart rate is 60 to 100 beats per minute), respiratory rate 30-32 breaths per minute (normal respiratory rate is between 12-18 breaths per minute), and abdominal pain of 7/10.</p> <p>A review of Resident 1's Physician Order Report dated 1/6/2020, indicated orders for acetaminophen(a non-aspirin pain reliever) solution 650 milligrams ([mg] unit of measurement) / (per) 20.3 millimeters([ml] unit of measurement) to be given as needed for pain</p>	F 697	<p>F697 continue...</p> <p>MONITOR CONTINUE....</p> <p>The DON will report monthly to the QAPI Committee the results of the "Pain Protocol" monitoring tool audit.</p> <p>COMPLIANCE DATE: April 10, 2020</p>	

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F 697	<p>Continued From page 2</p> <p>management, acetaminophen tablet 325 mg amount 650 mg to be given as needed every 6 hours for general pain, Tylenol(acetaminophen) Extra Strength tablet 500 mg amount 500 mg to be given as needed every 8 hours for pain management, oxycodone(a drug used to treat moderate to severe pain) tablet 5 mg amount 2 tablets to be given for moderate to severe pain (6-10 pain scale) every 6 hours as needed, and oxycodone tablet 5 mg amount 1 tablet to be given for mild pain less than 5 on pain scale) every 6 hours as needed.</p> <p>A review of Resident 1's nurses notes dated 1/7/2020, 6:30 p.m., completed by Licensed Vocational Nurse (LVN 2) indicated Resident 1 complained of 3/10 abdominal pain. Nursing notes indicated Resident 1 received acetaminophen at 5:30 p.m. with no relief noted. Nursing notes indicated Physician (PHY1) and Registered Nurse (RN) Supervisor were notified and an authorization for oxycodone pending.</p> <p>A review of Resident 1's nurses note, dated 1/7/2020 at 6:46 p.m., completed by LVN 3 indicated Resident 1 complained general pain of 4/10 heart rate 94 beats per minute (bpm), and respiratory rate 25 breaths per minute. The nurses note indicated Tylenol 500 mg administered. Nurses notes indicated at 6:55 p.m. Resident 1's pain level is 5/10. The nurses note indicated PHY1 was notified and PHY1 ordered Percocet (oxycodone) 5/325 mg 2 tablets every 6 hours as needed for pain.</p> <p>A review of Resident 1's nurses notes dated 1/7/2020, 10:30 p.m., completed by LVN 4 indicated Resident 1 complained of abdominal pain 7/10, heart rate 112 bpm, and respiratory</p>	F 697			

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F 697	<p>Continued From page 3</p> <p>rate 32 at 7:15 p.m. Nurses notes indicated Resident 1 was in bed grimacing and experiencing fast shallow breathing.</p> <p>A review of Resident 1's Medical Administration Record (MAR) dated 1/7/2020 indicated no pain medications were given after 5:35 p.m.</p> <p>During an interview on 3/9/2020 at 2:02 p.m. with LVN 1, LVN 1 acknowledged Resident 1 did not receive pain medication for reported 7/10 pain and no non-pharmacological interventions were performed to treat reported 7/10 pain.</p> <p>During an interview on 3/10/2020 at 6:10 a.m. with LVN 5, LVN 5 acknowledged Resident 1 did not receive pain medication for reported 7/10 pain and no non-pharmacological interventions were performed to treat reported 7/10 pain.</p> <p>A review of the facility's policy titled, "Pain-Clinical Protocol," revised March 2018, indicated "the physician will order appropriate non-pharmacologic and medication interventions to address the individual's pain" and "staff will provide the elements of a comforting environment and appropriate physical and complimentary interventions."</p>	F 697			