No. 4359

PRINTED: 02/27/2020

04:33:31 p.m. 02-23-2020

		& MEDICAID SERVICES	•	0	FORM APPROVED MB NO. 0938-0391	
STATEMENT	of Deficiencies F Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		056063	B. WING		C 02/27/2020	
NAME OF	PROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
INFINITY	CARE OF EAST LOS	Angeles .	I -	01 S FICKETT STREET .OS ANGELES, CA 90033	N COMPLETION	
(X4) ED PREFIX TAG	(EACH DEFICIENC	itement of deficiencies y must be preceded by full sc identifying (nformation)	PREFIX YAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
F 000	INITIAL COMMEN	rs	F 000	PLAN OF CORRECTION	٧	
F 760 SS=D	California Departminvestigation of cor Complaint number Representing the I The inspection was complaints investig the findings of a fu One deficiency wa complaint CA0057 Residents are Free CFR(s): 483.45(f)(	Department HFEN #40773  In limited to the specific pated and does not represent in inspection of the facility.  In written as a result of 0461  In Significant Med Errors  2)	F 760	Infinity Care of East Los Angemakes every effort to comply State and Federal regulations Nothing in this plan of correct is an admission otherwise. In Care of East Los Angeles has submitted this plan of correct to comply with all regulatory obligations and does not wait any objections contained therein. This Plan of Correction constitutes Infinity Care of East Los Angeles' written credible allegation of compliance for the deficiency noted.	with 3. 3/06/20 ion finity s ion /e on	
	This REQUIREME by: Based on interview falled to administe a. Cournadin (a management blood clots b. Lantus Insulin (a to help control the c. Pravastatin (a level of cholesterol for one of two sam the scheduled time resident's physicis This failure had the	long lasting medication used blood sugar levels); and redication used to treat high ) pled residents (Resident 1) at and as ordered by the		F760 On 1/20/2020, RN 1 resigner from Infinity Care of East Loc Angeles immediately following period of suspension due to incident noted. Care duties for Resident 1 were reassigned other nursing staff members familiar with Resident 1's clir and psychosocial needs.	s	
LABORATOR	I Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVES SIG	NATURE )	TITLE	(X8) DATE	

Any deficiency eleterment 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. Fortnersing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made svalisble to the facility. If deficiencies are clied, an approved plan of correction is requisite to continued program participation.

04:35:00 p.m. 02-23-2020

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CENTERS FOR MEDICARE & MEDICAID SERVI STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM		(X2) MULTIPLE CONSTRUCTION A BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
<u> </u>	056063	E, WING_			C 27/2020	
ROVIDER OR SUPPLIER CARE OF FAST LOS	ANGELES		STREET ACCRESS, GITY, STATE, ZIP CODE 101 S FICKETT STREET		,	
	<u> </u>		LOS ANGELES, CA 80033			
(EACH DEFICIENCY	MUST BE PRECEDED BY EDIT	PREFIX TAG	LEACH CORRECTIVE ACTION SHOU	LDRF	(05) COMPLETION DATE	
Resident 1.  Findings:  During an Interview Resident 1 stated tr nurses who were no treatment care. Resident in the facili	on 1/9/2020 at 10:48 e.m., at the facility had many new of familiar with Resident 1's ident 1 also stated that as a by, she had the expectation of	F 76	From 3/2/2020 to 3/5/2020, Director of Nursing (DON) is serviced facility's nursing statement (RNs and LVNs) regarding Policy and Procedure: Administering Medications well as Policy and Procedure	n- aff as re:	3/06/20	
Resident 1 stated the not give her Lantus 1/14/2020 at bedtim During an Interview Licensed Vocational the licensed vocational the licensed staff gives of the resident administration Recorder was no Initial of the was no	at the medication nurse did and Coumadin as ordered on e.  on 1/16/2020 at 10:47 a.m., a Nursa 1 (LVN 1) stated that sing medication would atton of medication by tent's Medication rd (MAR). LVN 1 stated if an the MAR, then it means f medication did not occur, and record review, on l.m., the Director of Nurses esident 1's MAR for January a Registered Nurse 1 (RN 1) a following medications istration at 9 p.m. on		by residents' physicians, as stated in facility's policy and accordance with professions standards. DON additionally stated that time of administris a critical component of medication administration at must be adhered to as spec	in al ation ad ified	3/06/20	
	CARE OF EAST LOS  SUMMARY STA  (EACH DEFICIENCY REGULATORY OR LE  Continued From particles of the state of th	ROWDER OR SUPPLIER  CARE OF EAST LOS ANGELES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  Resident 1.  Findings:  During an interview on 1/9/2020 at 10:48 g.m., Resident 1 stated that the facility had many new nurses who were not familiar with Resident 1's treatment care. Resident 1 also stated that as a resident in the facility, she had the expectation of receiving medications on time and having continuity of care.  During an interview on 1/16/2020 at 9:17 a.m., Resident 1 stated that the medication nurse did not give her Lantus and Coumadin as ordered on 1/14/2020 at bedtime.  During an Interview on 1/16/2020 at 10:47 a.m., a Licensed Vocational Nurse 1 (LVN 1) stated that he licensed staff giving medication would incument administration of medication by nitialing on the resident's Medicallon by nitialing on the resident's Medicallon administration Record (MAR), LVN 1 stated if here was no Initial on the MAR, then it means that administration of medication did not occur.  During an interview and record review, on 1/16/2020 at 10:58 a.m., the Director of Nurses DoX) stated that Resident 1's MAR for January 2020, Indicated that R	ROWDER OR SUPPLIER  CARE OF EAST LOS ANGELES  BUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  Resident 1.  Findings:  During an interview on 1/9/2020 at 10:48 a.m., Resident 1.  Findings:  During an interview on 1/9/2020 at 10:48 a.m., Resident 1 stated that the facility had many new nurses who were not familiar with Resident 1's treatment care. Resident 1 also stated that as a resident in the facility, she had the expectation of receiving medications on time and having continuity of care.  During an interview on 1/16/2020 at 9:17 a.m., Resident 1 stated that the medication nurse did not give her Lantus and Coumadin as ordered on 1/14/2020 at bedtime.  During an Interview on 1/16/2020 at 10:47 a.m., a Licensed Vocational Nurse 1 (LVN-1) stated that the licensed staff giving medication would focument administration of medication by nitialing on the resident's Medication Administration Record (MAR). LVN 1 stated if here was no Initial on the MAR, then it means that administration of medication did not occur, outling an interview and record review, on 1/16/2020 at 10:58 a.m., the Director of Nurses DON) stated that Resident 1's MAR for January 1020, Indicated that a Registered Nurse 1 (RN 1) id not administer the following medications cheduled for administration at 8 p.m. on 1/14/2020:  Lantus 30 units subcutaneous (SQ, an. spection of medication into the fat layer between	ROYDER OR SUPPLIER  CARE OF EAST LOS ANGELES  SUMMARY SYATEMENT OF DEFICIENCIES  EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  Resident 1.  Profit Table Trace of Procedure Resident 1.  Continued From page 1  Resident 1.  Profit Table Trace of Nursing (DON) is serviced facility's nursing st (RNs and LVNs) regarding Policy, and Procedure: Administering Medications are sested that as a resident in the facility, she had the expectation of receiving medications on time and having continuity of care.  During an Interview on 1/16/2020 at 9:17 a.m., Resident 1 stated that the medication nurse did not give her Lantus and Cournadin as ordered on 1/14/2020 at bedtime.  During an Interview on 1/16/2020 at 9:17 a.m., a Licensed Vocational Nurse 1 (LVN.1) stated that the itemsed staff giving medication would occument administration of medication by nitibiling on the resident's Medication by initialing on the resident's Medication by initialing on the resident's Medication by initialing on the medication did not occur, our 1/16/2020 at 10:58 a.m., the Director of Nurses DON) stated that Resident 1's MAR for January 1020, Indicated that a Registered Nurse 1 (RN 1) id not administration at 8 p.m. on 1/14/2020.  Lantus 30 units subcutaneous (SO. an.	ROWDER OR SUPPLIER  CARE OF EAST LOS ANGELES  STREET ADDRESS, CITY, STATE, ZIP CODE  101 S PICKETT STREET LOS ANGELES, CA 86033  SUMMARY SYSTEMENT OF DEPCHENCIPS  GRACH DEPCISION Y MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  Resident 1.  Continued From page 1  Resident 1.  Continued From page 1  Resident 1.  During an interview on 1/9/2020 at 10:48 B.m., Resident 1 stated that the facility had many new nurses who were not familiar with Resident 1's treatment care. Resident 1 also stated that as a resident in the facility, and the expectation of receiving medications on time and having continuity of care.  During an interview on 1/16/2020 at 9:17 a.m., Resident 1 stated that the medication ourse did not give her Lantus and Cournadin as ordered on 1/14/2020 at 10:88 a.m., the Director of Nurses of Cournadin as ordered on 1/14/2020 at 10:88 a.m., the Director of Nurses of Cournadin and record (MAR), LVN 1 stated if here was no Initial no in the MAR, then it means hat administration redication of medication of medication of the MAR, then it means hat administration redication of the MAR, then it means hat administration redication of the MAR, then it means and administration redication of the MAR, then it means hat administration redication of the MAR, then it means hat administration redication of the MAR, then it means hat administration redications of the medications of the MAR, then it means hat administration redication of the MAR, then it means hat administration redication of the MAR, then it means hat administration and record that registered Nurse 1 (RN 1) id not administration at 9 p.m. on 1/16/2020 at 10:58 a.m., the Director of Nurses DON) stated that Resident 1's MAR for January 1/16/2020 at 10:58 a.m., the Director of Nurses DON) stated that Resident 1's MAR for January 1/16/2020 at 10:58 a.m., the Director of Nurses DON at the following medications chaluled for administration at 9 p.m. on 1/16/2020 at 10:58 a.m., the Director of Nurses DON at the follow	

Event ID: G9UB11

Facility (b: CA970000070

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04:36:14 p,m.

02-23-2020

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		AND HUMAN SERVICES			PF		APPROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES	<del></del>		ON	MB NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) FRONDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUÌ A. BUILO		E CONSTRUCTION .	CON	2.Survey Pleteo
	•	056063	B. WING				C 27/2020
NAME OF	PROVIDER OR SUPPLIER	•		3	TREET ADDRESS, CITY, STATE, ZIP COCE		
INFINITY	CARE OF EAST LOS	ANGELES		101 S FICKETT STREET LOS ANGELES, CA 80033			
(X4) (D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY).		(XS) COMPLETION DATE
F 760	the skin and musch affect how your boo b. Pravastatin 20 every night (QHS) if c. Cournadin 9 m (blood clots)	e) for Diabetes (a disease that by uses blood sugar); milligram (mg) by mouth (PO) for hyperlipidemia; and g PO QHS for embolism	Fī	760	staff regarding the adverse consequences of medication errors. In addition, DON reviet the following items with facility nursing staff: the definition of medication error and example	wed / a	3/06/20
	1 stated she did no PO and Lantus 30 PO and Lantus 30 RN 1 stated, "I forg Cournadin is a bloc pulmonary embolis causing blockage) (DVT, blood clot instantus is a long las stated there is a poformation when Co as ordered, RN 1 s missed it could lear	on 1/16/20, at 3:15 p.m., RN t administer Coumadin 9 mg units SQ on 1/14/20 at 9 p.m. ot." RN 1 stated that at thinner medication given for m (blood clot in the lungs and for deep vein thrombosis side a blood veasel), and that thing insulin. RN 1 further tential for a blood clot urnadin was not administered that if Lantus was I to metabolic acidosis (too god) and significant increase			From 1/17/2020 to 3/06/2020, Medical Records Personnel reviewed the Medication Administration Record (MAR) all residents, including Reside and identified no additional deficient practice during this period.	for	
	admission) Indicate facility on 9/19/12 w peripheral venous in causing swelling, pt the veins under the embolism and thror (blood clots in the v A review of Resider (MDS- a care and a dated 10/25/19, Indicapendent with be	nt 1's Face Sheet (a record of d an Initial admission to the aith diagnoses that included nsufficiency (blood backflows, coling of blood, and bulging of skin.), diabetes, and nbosis of the lower extremities ein).  at 1's Minimum Data Set issessment screening tool), cated Resident 1 was ad mobility, transfers, dressing and personal hygiene.			Medical Records personnel, a well as nursing supervisors on each shift, will continue to condaily audits of the MAR for all residents, including Resident order to ensure medications a administered exactly as order by the residents' physicians.	duct 1, in	3/06/20
COM CRESS	57(02-99) Previous Versions	***************************************					

FORM CMS-2567(02-89) Provinus Versions Observe

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02-23-2020

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPFLIER/CLIA (DENTIFICATION NUMBER:		, ,	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		B. WING				27/2020	
AME OF F	PROVIDËR OR SUPPLIER	•	1		REST ADDRESS, CITY, STATE, ZIP CODE		•
nfinity	CARE OF EAST LO	S ANGELES			1 8 FICKETT STREET DS ANGELES, CA 90033		
(X4) ID PREFUX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	N D BE 'RIATE	COMPLETA COMPLETA DATE
F 760	A review of Reside order for January 2 ordered the follow!  a. Lantus 30 unit; b. Pravastatin 20 hyperlipidemia; and c. Cournadin 9 m  A review of the factitied, "Medication dated 8/4/07, Indication and all administe decedure titled," Indication," in Administration," in	ant 1's monthly physician's 2020 Indicated the physician ling medications for Resident 1; is SQ QHS for Diabetes I mg PO QHS for id ing PO QHS for embolism cility's policy and procedure Administration Record (MAR), cated licensed personnel shall ered medications, cility's undated policy and Documentation of Medication idicated administration of the documented immediately	F7		The DON and/or the Medical Records Director will report is monthly Quality Assurance Performance Improvement (conception of the Resident Safety committee meeting, and in the Monthly/Quarterly Quality Assurance Utilization Review committee meeting, any persistent probe that are identified regarding Medication Administration, to ensure that corrective action achieved and evaluated for effectiveness.	n the QAPI) / e elems	3/06/2
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