

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

PRINTED: 02/27/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056063		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/27/2020	
NAME OF PROVIDER OR SUPPLIER  INFINITY CARE OF EAST LOS ANGELES				STREET ADDRESS, CITY, STATE, ZIP CODE 101 S FICKETT STREET LOS ANGELES, CA 90033			
(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><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the California Department of Public Health during the investigation of complaints reported incident.</p> <p>Complaint number: CA00870461</p> <p>Representing the Department HFEN #40773</p> <p>The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.</p> <p>One deficiency was written as a result of complaint CA00570461</p>			F 000	<p><b>PLAN OF CORRECTION</b></p> <p>F000</p> <p>Infinity Care of East Los Angeles makes every effort to comply with State and Federal regulations. Nothing in this plan of correction is an admission otherwise. Infinity Care of East Los Angeles has submitted this plan of correction to comply with all regulatory obligations and does not waive any objections contained therein. This Plan of Correction constitutes Infinity Care of East Los Angeles' written credible allegation of compliance for the deficiency noted.</p>		3/06/20
F 760 SS=D	<p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its: §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to administer three medications:</p> <p>a. Coumadin (a medication used to treat or prevent blood clots); b. Lantus Insulin (a long lasting medication used to help control the blood sugar levels); and c. Pravastatin (a medication used to treat high level of cholesterol) for one of two sampled residents (Resident 1) at the scheduled time and as ordered by the resident's physician.</p> <p>This failure had the potential to result in harm or injury, by further complicating the health for</p>			F 760	<p>F760</p> <p>On 1/20/2020, RN 1 resigned from Infinity Care of East Los Angeles immediately following a period of suspension due to the incident noted. Care duties for Resident 1 were reassigned to other nursing staff members familiar with Resident 1's clinical and psychosocial needs.</p>		3/06/20

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

**TITLE**

**DBI DATE**

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 760	<p>Continued From page 1 Resident 1.</p> <p>Findings:</p> <p>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.</p> <p>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.</p> <p>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 document administration of medication by initialing on the resident's Medication Administration Record (MAR). LVN 1 stated if there was no initial on the MAR, then it means that administration of medication did not occur.</p> <p>During 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 2020, indicated that a Registered Nurse 1 (RN 1) did not administer the following medications scheduled for administration at 9 p.m. on 1/14/2020:</p> <p>a. Lantus 30 units subcutaneous (SQ), an. Injection of medication into the fat layer between</p>	F 760	<p>From 3/2/2020 to 3/5/2020, the Director of Nursing (DON) in-serviced facility's nursing staff (RNs and LVNs) regarding Policy and Procedure: <i>Administering Medications as well as Policy and Procedure: Adverse Consequences and Medication Errors.</i></p> <p>DON emphasized that medications must be administered exactly as ordered by residents' physicians, as stated in facility's policy and in accordance with professional standards. DON additionally stated that time of administration is a critical component of medication administration and must be adhered to as specified in a resident's physician's orders.</p>	3/06/20	3/06/20

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F 760	<p>Continued From page 2</p> <p>the skin and muscle) for Diabetes (a disease that affect how your body uses blood sugar);</p> <p>b. Pravastatin 20 milligram (mg) by mouth (PO) every night (QHS) for hyperlipidemia; and</p> <p>c. Coumadin 9 mg PO QHS for embolism (blood clots)</p> <p>During an interview on 1/16/20, at 3:15 p.m., RN 1 stated she did not administer Coumadin 9 mg PO and Lantus 30 units SQ on 1/14/20 at 9 p.m. RN 1 stated, "I forgot." RN 1 stated that Coumadin is a blood thinner medication given for pulmonary embolism (blood clot in the lungs causing blockage) and for deep vein thrombosis (DVT, blood clot inside a blood vessel), and that Lantus is a long lasting insulin. RN 1 further stated there is a potential for a blood clot formation when Coumadin was not administered as ordered. RN 1 stated that if Lantus was missed it could lead to metabolic acidosis (too much acid in the blood) and significant increase in blood sugar.</p> <p>A review of Resident 1's Face Sheet (a record of admission) indicated an initial admission to the facility on 9/19/12 with diagnoses that included peripheral venous insufficiency (blood backflows, causing swelling, pooling of blood, and bulging of the veins under the skin.), diabetes, and embolism and thrombosis of the lower extremities (blood clots in the vein).</p> <p>A review of Resident 1's Minimum Data Set (MDS- a care and assessment screening tool), dated 10/25/19, indicated Resident 1 was independent with bed mobility, transfers, dressing, eating, toilet use, and personal hygiene.</p>	F 760	<p>DON similarly counselled nursing staff regarding the adverse consequences of medication errors. In addition, DON reviewed the following items with facility nursing staff: the definition of a medication error and examples of common medication errors.</p> <p>From 1/17/2020 to 3/06/2020, Medical Records Personnel reviewed the Medication Administration Record (MAR) for all residents, including Resident 1, and identified no additional deficient practice during this period.</p> <p>Medical Records personnel, as well as nursing supervisors on each shift, will continue to conduct daily audits of the MAR for all residents, including Resident 1, in order to ensure medications are administered exactly as ordered by the residents' physicians.</p>	3/06/20	3/06/20

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F 760	<p>Continued From page 3.</p> <p>A review of Resident 1's monthly physician's order for January 2020 indicated the physician ordered the following medications for Resident 1:</p> <ul style="list-style-type: none"> <li>a. Lantus 30 units SQ QHS for Diabetes</li> <li>b. Pravastatin 20 mg PO QHS for hyperlipidemia; and</li> <li>c. Coumadin 9 mg PO QHS for embolism.</li> </ul> <p>A review of the facility's policy and procedure titled, "Medication Administration Record (MAR), dated 8/4/07, indicated licensed personnel shall initial all administered medications.</p> <p>A review of the facility's undated policy and procedure titled, "Documentation of Medication Administration," indicated administration of medication must be documented immediately after (never before) it is given.</p>	F 760	<p>The DON and/or the Medical Records Director will report in the monthly Quality Assurance Performance Improvement (QAPI) - Resident Safety committee meeting, and in the Monthly/Quarterly Quality Assurance/Utilization Review committee meeting, any persistent problems that are identified regarding Medication Administration, to ensure that corrective action is achieved and evaluated for effectiveness.</p> <p>END OF PLAN OF CORRECTION</p>	<p>3/06/20</p> <p>3/06/20</p>	