

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

4/13/2020  
POC accepted  
36331

PRINTED: 03/31/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/31/2020
NAME OF PROVIDER OR SUPPLIER  FIRESIDE CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 847 THIRD STREET SANTA MONICA, CA 90403		
(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 California Department of Public Health during the investigation of a complaint.  Complaint number: CA00673974  Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 36331  The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for complaint numbers CA006773974.	F 000	Submission of this Plan of Correction is not legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interests against the facility, the administrator, or any employees, agents, or other individual who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth by the survey agency. The submission of the plan of correction within the time frame should in no way be considered or construed as agreement with the allegations of non-compliance of admissions by the facility. This plan of correction shall constitute this facility's credible allegation of compliance as outlined by Section 1280 of the California Health and Safety Code.		
F 777 SS=D	Radiology/Diag Svcs Ordered/Notify Results CFR(s): 483.50(b)(2)(i)(II)  §483.50(b)(2) The facility must- (i) Provide or obtain radiology and other diagnostic services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to verbally notify the physician that one of five sampled residents (Resident 1) had a colonic ileus (a functional defect of the large intestine that can cause major digestive issues and abdominal	F 777 F777	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;  It is the policy and practice of Fireside Health Care Center to promptly notify the resident's physician of test results that are outside of the clinical reference range. Resident (1), affected by the alleged deficient practice; is no longer a resident of the facility. The licensed nurse on duty provided the resident's physician the results of the x-ray via fax. The licensed nurse was afforded a 1:1 in-service provided by the Director		

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

TITLE

DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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 777	<p>Continued From page 1</p> <p>pain) based on a radiology (branch of medicine concerned with the use of radiant energy [such as X-ray] or radioactive material in the diagnosis and treatment of disease) report.</p> <p>This failure resulted in no orders received from the physician for Resident 1 who was later found unresponsive and dead.</p> <p>Findings:</p> <p>On 1/31/20, an unannounced visit was made to the facility to investigate a complaint.</p> <p>A review of the Record of Admission Indicated Resident 1 was re-admitted on 10/7/19 with diagnoses including Infection of Intervertebral disc (Inflammation that develops between the Intervertebral discs of your spine), atrial fibrillation (Irregular and often rapid heart rate that can increase your risk of strokes, heart failure and other heart-related complications), and atrial flutter (type of heart rhythm disorder in which the heart's upper chambers beat too quickly).</p> <p>A review of Resident 1's Minimum Data Set (MDS - an assessment and care planning tool), dated 8/30/19, Indicated Resident 1 had clear speech, ability to express ideas and wants, and clear comprehension. The MDS indicated Resident 1 required extensive assistance with dressing, toilet use, and personal hygiene.</p> <p>A review of the Interdisciplinary (combining or involving two or more academic disciplines or fields of study) progress note, dated 10/14/19 at 10:56 a.m., indicated Resident 1 was complaining of nausea and vomiting and was given Zofran 4 mg tablet every 6 hours by mouth as needed for</p>	F 777	<p>of Nursing regarding the facility's policy, procedure and practice of reporting abnormal X-ray and Diagnostic test results.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>The facility has determined that all residents have the potential to be affected by the alleged deficient practice. Therefore, actions were taken to implement systems to reduce the risk of future occurrence which included:</p> <p>An audit of current residents who received x-rays within a 90-day period was conducted on 4/4 &amp; 6/2020 to ensure the physician was properly notified of the results, and documentation was completed to support notification; and there was no deficient practice noted.</p> <p>Under the direction and leadership of the Director of Nursing on 4/2-3/2020, the licensed nurses were educated on the policy, procedure and timeframe for notifying a physician of</p>	<p>4/4/20 4/6/20</p> <p>4/2/20 4/3/20</p>	

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F 777	<p>Continued From page 2</p> <p>nausea and vomiting as ordered by the physician.</p> <p>A review of the clinical record indicated Resident 1 had a kidney, ureters, and bladder series (KUB - an X-ray study that allows the doctor to assess the organs of your urinary and gastrointestinal systems). KUB series result, dated 10/14/19, indicated Resident 1 had a colonic ileus with no sign of obstruction. Result was faxed to the physician 10/14/19 at 10:18 p.m.</p> <p>A review of the interdisciplinary (combining or involving two or more academic disciplines or fields of study) progress note, dated 10/15/19 at 1:24 a.m., indicated at 12 midnight Resident 1 was found unresponsive, no pulse, unable to obtain blood pressure, and no respirations. Skin was warm/cool to touch. Resident 1 was a full code and Cardiopulmonary resuscitation (CPR - a lifesaving technique useful in many emergencies, including a heart attack or near drowning, in which someone's breathing or heartbeat has stopped) was initiated at 12:02 a.m. Paramedics were called and pronounced Resident 1 dead at 12:31 a.m.</p> <p>A review of the certificate of death indicated Resident 1 died on 10/15/19 at 12:31 a.m. The death certificate indicated the immediate cause of death was cardiac arrest (heart suddenly stops beating), atrial fibrillation, and coronary artery disease (CAD - a serious condition caused by a buildup of plaque in your coronary arteries).</p> <p>During an interview on 3/6/20 at 1:40 p.m., the director of nursing (DON) stated she cannot find in the medical record a physician order for the KUB series. DON stated the KUB result was abnormal and should have been called to the</p>	F 777	<p>laboratory/diagnostic results and those that are abnormal.</p> <p>What measures we will put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p> <p>A concerted corrective action plan for monitoring shall be conducted with Medical Record's Department and Nursing Administration which will commence on 4/6/2020 to ensure the alleged deficient practice will not reoccur. The Medical Record's Department shall audit the physician's order and nurses' notes twice weekly for 4 weeks, once weekly for 8 weeks to ensure appropriate notification to the physician of x-ray results are noted in the nurse's notes per policy and procedure.</p> <p>The Director of Nursing or designee will review the weekly audits for any trends, patterns and additional follow-up.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility.</p>	4/6/20	



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F 777	<p>Continued From page 3</p> <p>physician. The DON further stated the lack of calling the physician with the abnormal result may cause Resident 1 to experience an adverse effect.</p> <p>During an interview on 3/31/20 at 10:50 a.m., and concurrent record review, the DON stated the facility received the faxed results on the KUB series on 10/14/19 at 8:55 p.m.. The DON stated the KUB results were faxed to the physician on 10/14/19 at 10:18 p.m.. The DON stated there was no documented evidence there was a follow up from the staff by calling the physician. The DON stated staff did not follow protocol by not calling the physician because a situation of this nature, staff needed to verbally speak and get verbal inputs from the physician.</p> <p>A review of Resident 1's care plan titled "Cardiac Distress" indicated Resident 1 is at risk for cardiac distress related to cardiac artery disease, hypertension, atrial fibrillation and atrial flutter. Nursing interventions included laboratory as ordered and report finding to physician promptly, report any significant abnormal vital signs to physician promptly, and medication as ordered, monitor/report effectiveness and side effects.</p> <p>A review of the facility policy titled, "Lab and diagnostic Test Results -Clinical Protocol," revised on September 2012, indicated "A nurse will identify the urgency of communicating with the Attending Physician based on physician request, the seriousness of any abnormality, and the individual's current condition .... Nursing staff will consider the following factors to help identify situations requiring prompt physician notification concerning lab or diagnostic results: ... The result is something that should be conveyed to a</p>	F 777	<p>must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluation for its effectiveness. The POC is integrated into the quality assurance system; and</p> <p>The Director of Nursing will monitor the outcomes of the data and report any trends during monthly QAA/QAPI meetings for 3 months and the plan will be adjusted if indicated for further recommendations or corrective action by the QAA/QAPI Committee until substantial compliance is obtained.</p> <p>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the state agency.</p> <p>Completion Date: 4/1/20</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>FIRESIDE HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>947 THIRD STREET</b> <b>SANTA MONICA, CA 90403</b>		
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F 777	Continued From page 4 physician regardless of other circumstances (that is, the abnormal result is problematic regardless of any other factors) .... Direct voice communication with the physician is the preferred means for presenting any results requiring immediate notification, especially when the resident's clinical status is unstable or current treatment needs review or clarification."	F 777			