

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/21/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055527	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ '16 APR 27 NO 45		(X3) DATE SURVEY COMPLETED C 04/01/2016
NAME OF PROVIDER OR SUPPLIER LOS PALOS CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1430 WEST 6TH STREET SAN PEDRO, CA 90732		
(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 the investigation of a complaint during an abbreviated standard survey. Complaint number: CA00481920 Representing the Department of Public Health: Surveyor ID: 11912, RN, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00481920.	F 000			
F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy	F 425	Los Palos Convalescent Hospital submits this response and Plan of Correction as part of the requirements under the 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 thirdparty in any civil, criminal action or proceedings against the provider of its employees, 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 a manner adverse to the interest of the provider either by the governmental agencies or third party. <u>Corrective Action for Affected Resident</u> Resident 1 was discharged home on 3/31/16. <u>Procedure for Identifying Potential Affected Residents and Corrective Action</u> The DON reviewed the IV MAR on 3/31/2016 of current residents receiving		4/7/2016

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

TITLE

(X6) DATE

ASSISTANT ADMINISTRATOR

4/27/2016

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 425	<p>Continued From page 1 services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to administer Vancomycin (an antibiotic useful for the treatment of a number of bacterial infections) intravenously (through the vein) as prescribed by the physician for one of one sampled resident (Resident 1) which resulted in the resident missing a dose of medication.</p> <p>Findings:</p> <p>During a complaint investigation on March 29, 2016, at 7 a.m., Resident 1's Admission Record indicated the resident was readmitted to the facility on March 10, 2016, with diagnosis of methicillin resistant staphylococcus aureus infection (MRSA) of the abdominal wound.</p> <p>The resident had a physician's order dated March 10, 2016 for Vancomycin one gram intravenously (IV) every eight hours (6 a.m., 2 p.m., and 10 p.m.), for MRSA.</p> <p>During a review of the IV Administration Record for March 2016, indicated Vancomycin to be administered at 6 a.m., 2 p.m., and 10 p.m., however on March 11, 2016, at 2 p.m., there was no licensed nurse initials indicating the Vancomycin medication was administered to Resident 1.</p> <p>During an interview and record review with the director of nurses, on March 29, 2016, at 2 p.m.,</p>	F 425	<p>IV antibiotics to determine if they are affected by the same concern. No other residents were found to be affected.</p> <p><u>Measures Adopted for Systemic Change</u></p> <p>One on one education was provided to the licensed nurses involved on the IV Meds administration and medication error policy by the DON on 4/2/2016.</p> <p>DON provided an in-service to the licensed nurses on the administration of IV medication and medication error policy on 4/5/2016.</p> <p>IV Nurse Consultant will continue to validate compliance during facility visit. Outcome of audit will be discussed with the DON for further action</p> <p>Medical Records Designee will audit IV administration sheet 5X a week to ensure compliance. Findings will be discussed with the DON and/or designee for follow through. DON is responsible to ensure compliance</p> <p><u>Monitoring of Corrective Action and Quality Assurance</u></p> <p>The facility Administrator and/or DON will provide a summary trend analysis of the findings to the facility's monthly QAPI Committee for their review and recommendations, if any.</p>		

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F 425	Continued From page 2 she was unable to explain as to why the 2 p.m., Vancomycin dose was not administered.	F 425		