

Jan. 22. 2016 4:53PM

FAX No.

P. 010/016

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

No. 7063 P. 9

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555388	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/22/2016
NAME OF PROVIDER OR SUPPLIER CENTURY VILLA, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 301 CENTINELA AVE INGLEWOOD, CA 90302		
(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 a Complaint investigation conducted on 12/29/15. Complaint number: CA00470403 - Unsubstantiated. Complaint number: CA00470385 - Substantiated. There were two deficiencies issued as a result of complaint # CA00470385. The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. Representing the Department: Surveyor ID #: 14042, RN, HFEN Sample size: 3 Highest Severity and Scope: E 483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident's clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate	F 000	F 000 - Please accept this Plan of Correction (POC) as our Credible Allegation Package. The deficiencies enumerated in the Statement of Deficiencies will be corrected to prevent recurrence no later than 01/23/2016. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truths of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the provider, its employees, officers, directors or shareholders. This Plan of Correction is prepared solely because it is required by provisions of the Health and Safety Code. F322 483.25(g)(2) NG TREATMENT/SERVICES-RESTORE EATING SKILLS It is the policy of the facility to ensure that licensed nurses are knowledgeable about monitoring the residents enteral feeding formula as ordered by the physician. A) Upon receiving notification of the deficient practice, the dietician and DON held an in-service with all licensed nurses to educate the licensed nurses on how to calculate the amount of formula infused.		
F 322 SS=E		F 322			

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

TITLE

(X6) 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 322	<p>Continued From page 1</p> <p>treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the licensed nurses were knowledgeable about monitoring the resident's enteral feeding formula as ordered by the physician for one out of three sampled residents (2). This deficient practice placed residents at risk for incorrect dosage of feeding formula with potential to cause weight loss/gain, dehydration, and or fluid overload.</p> <p>Findings:</p> <p>On 12/29/15 at 1:30 p.m., an unannounced visit was made to the facility to investigate allegations of weight loss, dehydration, and infections resulting in the resident's death. The Director of Nursing (DON) was informed of the nature of the visit.</p> <p>On 12/29/15 at 1:50 p.m., during the tour accompanied by the DON Resident 2 was observed receiving continuous nutrition through a gastrostomy tube (GT - Inserted through the</p>	F 322	<p>B) To ensure that no other resident was affected by the deficient practice, the DON and the MDS nurse reviewed all G tube patients in the facility and no other resident was found to be affected by this deficient practice.</p> <p>C) To prevent the deficient practice from recurring, the DON will randomly check all G-tube patients daily as she makes her rounds and will report all negative findings to the administrator.</p> <p>D) The Administrator will submit reports during the quarterly Quality Assurance meeting to discuss findings and to ensure that the current plan of correction is effective.</p> <p>E) This plan of correction was completed on 12/31/2016</p>		

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F 322	<p>Continued From page 2</p> <p>abdomen that delivers nutrition directly to the stomach). The GT was connected to a external mechanical pump. The formula bottle was 1500 milliliters (ml) capacity that was hung on the same day at 5:15 a.m. The mechanical pump indicated there was 650 ml infused at the rate of 60 ml per hour, with 1000 ml of formula left in the bottle.</p> <p>During concurrent interview the DON was asked if the resident received the right amount of formula per physician's order. DON stated she could not calculate the amount. Same day at 2 p.m., in an interview with the licensed vocational nurse 1 (LVN 1) who was in charge of the resident, she stated she accidentally cleared the mechanical pump and was not able to reset the machine and manually calculate to ensure the resident received the right amount of feeding formula. During concurrent interview the director of staff development (DSD) also was not able to manually calculate the correct amount of feeding formula delivered to the resident.</p> <p>A review of the facility census indicated there were 11 residents receiving enteral feeding that was connected to mechanical pumps.</p> <p>A review of Resident 2's clinical records indicated the resident was admitted to the facility on 9/7/09, and readmitted on 3/8/13, with diagnoses which included GT and hypertension (high blood pressure).</p> <p>There was a physician's order dated 7/10/15, for Resident 2 to receive Diabetisource AC 1.2 enteral formula at 60 ml per hour for 20 hours to provide 1200 ml (1440 calories) in 24 hours through a mechanical feeding pump. The start time was at 2 p.m., or until dose was completed.</p>	F 322		
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F 322	Continued From page 3 A review of the Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 8/26/15, indicated Resident 2 had short and long-term memory problems, severely impaired in cognitive skills for daily decision making, totally dependent on the staff for transferring, dressing, toilet use, personal hygiene, and always incontinent (no control) with bowel and bladder functions. A review of the mechanical pumps' Operating Instructions indicated to reset total accumulated volume delivered to 0 - press dose check, then press and hold clear within three seconds. The pump will beep once, pause, beep twice, and displays clears. To review the total volume delivered press dose check. There was no policy addressing how to manually calculate a resident's GT feeding orders.	F 322			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.	F 441	F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS It is the policy of the facility to establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. A. Upon receiving report of the deficient practice, the Director of Staff development held an in-service on 12/30/2016 to educate all staff on infection control and hand washing techniques. B. Upon learning of the deficient practice, the Director of Nursing and Director of Staff Development made rounds to observe licensed staff as they		

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F 441	<p>Continued From page 4</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure the license nurses would sanitize and/or wash their hands before and after each resident contact for one out of three sampled residents (2). The deficient practice has the potential to spread infections to other personnel's, residents, and visitors.</p> <p>Findings: On 12/29/15 at 1:30 p.m., an unannounced visit was made to the facility to investigate allegations of weight loss, dehydration, and infections resulting in the resident's death. The Director of</p>	F 441	<p>C. administered medications and treatments and the CNAs as they provide care and no other resident was affected by the deficient practice.</p> <p>D. To ensure that the deficient practice does not recur, the Director of Nursing, DSD and Administrator will make random rounds to observe staff as they provide care to ensure that this deficient practice does not reoccur.</p> <p>E. The Administrator will report all negative findings to the Quality Assurance committee Quarterly for review and recommendation.</p> <p>F. This corrective action was completed on 12/30/2016.</p>		

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F 441	<p>Continued From page 5</p> <p>Nursing (DON) was informed of the nature of the visit.</p> <p>On 12/29/15 at 1:55 p.m., Resident 2 was observed receiving continuous nutrition through a gastrostomy tube (GT - inserted through the abdomen that delivers nutrition directly to the stomach). The GT formula was connected to a external mechanical pump (controls the rate of the feeding formula) which was hanging on an intravenous pole (IV). At the same time the director of nursing (DON) and the licensed vocational nurse (LVN 1) were observed walking in to the resident's room without first sanitizing and or washing their hands. The DON and the LVN 1 were observed touching the resident, the resident's bed sheets, mechanical pump and the intravenous (IV) pole. Both the DON and LVN 1 were observed left the resident's room without sanitizing and/or washing their hands, stood by the nurses station touching the clinical records, and the counter space.</p> <p>A review of Resident 2's clinical records indicated the resident was admitted to the facility on 9/7/09, and readmitted on 3/8/13, with diagnoses which included GT, and hypertension (high blood pressure).</p> <p>The Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 8/26/15, indicated Resident 2 had short and long-term memory problems, severely impaired in cognitive skills for daily decision making, totally dependent on the staff for transferring, dressing, toilet use, personal hygiene, and always incontinent (no control) with bowel and bladder functions.</p>	F 441			

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F 441	Continued From page 6 A review of the undated facility's policy and procedures titled Handwashing/Hand Hygiene indicated that all personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. If hands are not visibly soiled use an alcohol-based hand rub containing 60-95 percent ethanol or Isopropanol for all the following situations: before direct contact with the residents, after contact with the resident's intact skin, and after contact with objects in the immediate vicinity of the resident.	F 441			