

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

PRINTED: 03/21/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/17/2022
NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2800 N. HARBOR BLVD. FULLERTON, CA 92835		
(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 an ABBREVIATED survey for COMPLAINT No. CA00774740. Inspection was limited to the specific complaint investigated and did not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyor 38669, HFEN. FOR COMPLAINT No. CA00774740: THE DEPARTMENT WAS UNABLE TO SUBSTANTIATE THE COMPLAINT ALLEGATION(S) AND FOUND NO VIOLATION OF THE REGULATIONS. HOWEVER, DURING THE INVESTIGATION, THE DEPARTMENT DETERMINED THERE WAS A VIOLATION OF THE REGULATIONS UNRELATED TO THE COMPLAINT ALLEGATION(S). FINDINGS WERE CITED AT F842 FOR RESIDENT 1. GLOSSARY OF ABBREVIATIONS: POLST - Physician's Orders for Life Sustaining Treatment (an order to guide emergency treatment for someone) CPR - cardiopulmonary resuscitation (a lifesaving action used in emergencies when someone is not breathing, or their heart is not beating) DNR - do not resuscitate (allow natural death) RN - Registered Nurse DON - Director of Nursing	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is	F 842			

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

[Signature]

TITLE

ADMINISTRATOR

(X6) DATE

3.31.22

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.

[Handwritten note in green highlighter:]
Doc accepted #38699
3/4/22

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F 842	Continued From page 1 resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.	F 842			

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F 842	Continued From page 2 §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and medical record review, the facility failed to ensure the accuracy of the medical record for one of two sampled residents (Resident 1). * Resident 1 had two conflicting physician 's orders for code status. This failure posed the risk of the resident receiving emergency measures against her wishes. Findings: Medical record review for Resident 1 was initiated on 3/2/22. Resident 1 was admitted to the facility on 3/24/18. Review of the Physician's Orders for Life Sustaining Treatment (POLST) dated 3/24/18, showed the options for the attempt of resuscitation/CPR and full treatment were	F 842			

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F 842	Continued From page 3 checked off. However, review of Resident 1's Order Summary Report showed a physician ' s order 10/22/21, for DNR with comfort measures only. On 3/16/22 at 1545 hours, an interview and concurrent medical record review was conducted with RN 1. RN 1 was asked how the staff would respond to a resident found not breathing and unresponsive. RN 1 stated they would check the POLST located in the resident's medical record to determine the resident ' s code status. RN 1 verified Resident 1's POLST dated 3/24/18, showed Resident 1 had chosen a full treatment with CPR; however, another active physician's order showed Resident 1 was DNR. RN 1 verified the two physician ' s orders for Resident 1 were conflicting and did not match. RN 1 stated they should have called the family to clarify and sent a new POLST out to be signed. On 3/16/22 at 1555 hours, an interview was conducted with the DON. The DON verified the above findings.	F 842			



RE: St. Elizabeth POC for FRI No. CA00774740

- Resident 1 was discharged from the facility 1/14/22
- Medical Records Director conducted and completed an audit 3/18/22 of all current residents to ensure that all POLST filed in the resident's record is current and has accurate physician's orders reflecting wishes as stated in POLST. No residents were found affected by deficient practice.
- IDT will review within 48 hours during Daily Clinical Stand Up Meeting POLST of all new admissions to ensure it is filled out timely and corresponding order is obtained. Medical Records Director will conduct a weekly audit of POLST and accurate orders of all current residents to ensure accurate POLST document is in the resident's record and has accurate order. DON or Designee conducted an in-service with IDT Licensed nurses and Medical Records Director on 3/23/22 regarding policy and procedure on End of Life Documentation including POLST and obtaining accurate orders.
- Findings of reviews and audits will be discussed during monthly QAPI meeting for actions, follow up and to ensure compliance for at least one year.