

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

PRINTED: 03/09/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER MARINA POINTE HEALTHCARE & SUBACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 5240 SEPULVEDA BLVD CULVER CITY, CA 90230		
(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 facility-reported incident. Facility-Reported Incident: CA00715087 Representing the California Department of Public Health: Surveyor #42200, Health Facilities Evaluator Nurse. The inspection was limited to the specific complaints and facility-reported incidents investigated and does not represent the findings of a full inspection of the facility. One deficiency was written for facility-reported incident 715087.	F 000	The following Plan of Correction is submitted by the facility in accordance with the pertinent terms and provisions of 42 CFR Section 488 and/or related state regulations, and is intended to serve as a credible allegation of our intent to correct the practices identified as deficient. The Plan of Correction should not be construed or interpreted as an admission that the deficiencies alleged did, in fact, exist; rather, the facility is filing this document in order to comply with its obligations as a provider participating in the Medicare/Medicaid program(s).		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(I) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (I) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to adhere to the current standard of nursing practice and professional standards of quality for one of 1 sampled resident (Resident 1) by failing to: 1. Follow parameters for holding blood pressure (BP) lowering medication per physician's order.	F 658			

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 3/18/2021

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 658	<p>Continued From page 1</p> <p>2. Monitor and assess the resident's orthostatic (related to or caused by an upright posture) blood pressure per physician's orders and facility policy and procedure.</p> <p>3. Follow-up with physician for on-going episode of hypotension.</p> <p>These deficient practices had the potential to result in unidentified orthostatic hypotension (low blood pressure when standing up from sitting or lying position), complications of low blood pressure such falls and loss of consciousness.</p> <p>Findings:</p> <p>A review of the Admission record, indicated Resident 1 was admitted on 4/30/19 and readmitted on 12/1/20 with diagnoses including heart failure (condition in which the heart does not pump blood as well as it should), Myocardial Infarction (heart attack) and atrial fibrillation (an irregular, often rapid heart rate that commonly causes poor blood flow).</p> <p>A review of the History and Physical dated 11/29/20, indicated Resident 1 had a past medical history of Parkinson's disease (tremor, stiffness, slow motion, unstable posture) and substance abuse of cocaine.</p> <p>A review of the Minimum Data Set (MDS), [a comprehensive standardized assessment and care screening tool] dated 11/25/20, indicated Resident 1 had no cognitive (ability to learn, reason, remember, understand and make decisions) impairment.</p> <p>During an interview on 2/10/21 at 1:32 p.m.,</p>	F 658	<p><i>Corrective action(s) for resident(s) found to have been affected by the deficient practice;</i></p> <p>Resident 1 no longer resides at the facility.</p> <p><i>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;</i></p> <p>Residents who have orders for Orthostatic Blood Pressure monitoring and medication hold have the potential to be affected.</p> <p>An Audit was performed by Director of Nursing on 3/11/21 and 3/12/21 to identify residents with orders for Orthostatic Blood Pressure monitoring and Physician notification documentation review for medication hold and significant changes in condition. No other resident was affected.</p>		

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F 658	<p>Continued From page 2</p> <p>Resident 1 stated that he had fallen and broke his arm and back. The resident stated, he had a bad heart and would have dizziness if he stood up too fast. The resident stated that his BP was checked one to three times and would be checked in one position. The resident stated, he was able to walk to the bathroom by himself prior to the fall.</p> <p>During an interview on 2/10/21 at 2:37 p.m., with Licensed Vocational Nurse (LVN 1), LVN 1 stated that Resident 1 had orders to obtain orthostatic BP every week. LVN 1 stated he obtained one BP on 11/22/20 while the resident was lying down and the residents BP was 103/79.</p> <p>During an interview on 2/10/21 at 5:32 p.m., LVN 2 stated that orthostatic BP was measured by obtaining a BP while lying down, sitting down and standing, waiting 1-3 minutes in between position changes. LVN 2 stated, most of the time Resident 1 would be sitting up already in which case, he would take the BP while the resident was sitting down, ask the resident to stand up, retake the BP then have the resident lie down and retake the BP. LVN 2 stated that he obtained the same BP reading in all three positions on 11/1/20 of 124/78. LVN 2 stated, that the resident had an order for Coreg (BP lower medication) with parameters to hold if the systolic blood pressure (SBP, first number which measures pressure of blood exerting against artery walls when the heart beats) was less than 110. LVN 2 stated, the residents SBP was 109 and should have held it per order, however administered it because the BP was borderline.</p> <p>During an interview on 2/12/21 at 8:12 a.m., with Medical Doctor (MD 1), MD 1 stated that Resident 1 had a terrible heart with a history of</p>	F 658	<p>What measures and/or systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>Director of Nursing conducted Licensed Nurses in service on 3/12/21 and 3/13/21 regarding 1) Physician Orders for Parameters to hold Medications 2) Monitor and Assess Orthostatic Blood Pressure 3) Physician Notification for Medication Hold and Documentation for residents with change of condition.</p> <p>Medical Records Staff will perform Daily Audits for resident change of condition / Physician notification documentation and reviewed by Director of Nursing/ Designee.</p> <p><i>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;</i></p> <p>An audit will be conducted by the Medical Records Department on Medication Hold and documentation of Physician Notification Weekly x 1 Month and Monthly thereafter. The audit will be forwarded to the Director of Nursing for review.</p> <p>The Director of Nursing/Designee will bring the results of this audit to the monthly Quality Assurance Program Improvement QAPI meeting monthly x 3 months and then as recommended by the committee.</p>		3/18/2021

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F 658	<p>Continued From page 3</p> <p>drug abuse. MD 1 stated, Resident 1's BP was always low and an order was made to monitor his BP and parameters were ordered on blood lowering medications. MD 1 stated, that low blood pressure would lead to a risk for passing out. MD 1 stated, that if the resident was trending low or hypotensive, that would be considered in adjusting his medications.</p> <p>During an interview on 2/24/21 at 1:27 p.m., with Registered Nurse (RN 1), RN 1 stated that on 11/15/20, Resident 1's BP was 94/64 and the Coreg was documented to be given. RN 1 stated, she normally would have held it if BP was below the parameters. RN 1 stated, that orthostatic BP was checked by obtaining BP while the resident was lying down, having the resident sit up and waiting five minutes, take the BP, assist the resident to stand up if able, wait 5 minutes and retake the BP again. If difference or BP drops below 20 millimeters of mercury (mm HG), the resident would be positive for orthostatic hypotension. RN 1 stated on 11/8/20 and 11/15/20, the BP was taken while the resident was lying down. RN 1 stated, she had to do the medication pass first, and obtained a blood pressure while sitting and standing in the afternoon on 11/8/20 and sitting in the afternoon on 11/15/20. RN 1 stated, it was important to take the blood pressure consecutively in order to determine if there was a drop in blood pressure and by taking it in different times of the day, it would not accurately measure whether resident had orthostatic hypotension.</p> <p>A review of the Weights and Vitals Summary record indicated Resident 1 had Systolic Blood Pressure (SBP) below 100 on 11/3/20, 11/7/20, 11/8/20, 11/9/20, 11/14/20, 11/15/20, 11/17/20,</p>	F 658			

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F 658	<p>Continued From page 4</p> <p>11/20/20, and 11/24/20 and Dystolic Blood Pressure (DBP) below 60 on 11/8/20 and 11/9/20.</p> <p>During an interview on 2/25/21 at 3:49 p.m., with the Director of Nursing (DON), the DON stated, there was no documentation that the doctor was called regarding Resident 1's blood pressure.</p> <p>A review of policy and procedure titled, "Orthostatic Blood Pressure" undated, indicated orthostatic blood pressure should be obtained by having the patient lie down for 5 minutes, measure blood pressure, have the patient sit for 3 minutes, measure blood pressure, have the patient stand for 3 minutes and measure the BP. A drop in BP of equal to or greater than 20 mm Hg or experiencing lightheadedness or dizziness is considered abnormal.</p> <p>A review of policy and procedure titled, "Blood Pressure, Measuring" revised 9/10, indicated that hypotension was defined as BP less than 100/60 mm/hg and should be reported to the physician.</p>	F 658			