

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

PRINTED: 05/22/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/22/2017
NAME OF PROVIDER OR SUPPLIER GRAND PARK CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2312 WEST 8TH STREET LOS ANGELES, CA 90057		
(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 (DPH) during a Complaint investigation. Complaint #: CA00534479 - Substantiated Representing the DPH: Surveyor# 19152 RN, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:	F 309	F309 #1 On May 6, 2017, An assessment of this resident was completed by the RN Supervisor. Assessment was reported to the Attending Physician. RN Supervisor also notified the physician that gurney transportation was not available to take the resident to Dialysis Center. The Attending Physician gave orders to transfer resident to the hospital for Hemodialysis. On May 9, 2017, the Hospital called stating that the resident is ready to return. Transportation arrangements were made and confirmed by the SSD to ensure that resident will not miss dialysis appointments. #2 On May 10, 2017 and May 11, 2017, A review of the Medical Records for all residents with orders for dialysis was completed by the ADON, RN		

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

TITLE

(X6) DATE

Saul Chagman RN

D.O.N

6/1/17

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 309	<p>Continued From page 1</p> <p>(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.</p> <p>(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility's nursing staff failed to ensure a resident (Resident A) was transported to a dialysis appointment. This deficient practice caused the resident to miss one scheduled dialysis appointment placing the resident at risk for infection and fluid overload.</p> <p>Findings:</p> <p>A review of Resident A's Admission Records indicated she was admitted to the facility on April 16, 2017, with diagnoses including chronic kidney disease (a progressive loss in kidney function over a period of months or years), dependence on renal dialysis (a process for removing waste and excess water from the blood when the kidneys do not function properly).</p> <p>A Physician's Order, dated April 16, 2017, indicated Resident A was to go to a hemodialysis appointment on Tuesday, Thursday and Saturday at 9:30 a.m.</p>	F 309	<p>Supervisors and SSD to confirm transportation arrangements. No issues were identified.</p> <p>#3 For all new and future Hemodialysis residents that will be admitted to the facility, transportation arrangements will be made prior to admission by the SSD and will be confirmed by the RN Supervisor. On a monthly basis the Business office will notify the Director of Nursing of any changes in insurance so arrangement for transportation can be made accordingly.</p> <p>#4 Director of Nursing will monitor compliance by reviewing Hemodialysis log book monthly which will be provided by the ADON to ensure that future problems will be eliminated. Log book will be kept by the RN Supervisors in both stations for future reference. Findings will be reported to the QA committee and Administrator quarterly for evaluation and further recommendations.</p> <p>#5 In-service education was given to all Licensed nurses by the Director of Nursing on May 12, 2017 and May 22, 2017 regarding Hemodialysis transportation & how to discuss & communicate with the Physician for timely intervention.</p>	05/22/17	

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Communication Records for Dialysis Residents indicated Resident A was transferred to her dialysis appointment on April 20, 2017, April 22, 2017, April 25, 2017, April 27, 2017, April 29, 2017 and May 2, 2017. There was no written documentation to show the resident went to her dialysis appointment on May 4, 2017.

Licensed Nurse's Progress Notes, dated May 4, 2017, at 11 p.m., indicated resident's dialysis schedule was Tuesday, Thursday and Saturday, but transportation not available tomorrow (Saturday, May 6, 2017). The physician was called with a new order to transfer the resident to a general acute care hospital (GACH) emergency room for hemodialysis.

A Care Plan, dated April 16, 2017, indicated Resident A needed hemodialysis on Tuesday, Thursday and Saturday, related to end stage renal disease and was at risk for shortness of breath, chest pains, edema, elevated blood pressure, infection of the access site, nausea and vomiting, weight fluctuations and fluid loss/gain. The goal for the resident was to have no complications related to hemodialysis daily. Approaches used included have resident ready at least one hour prior to transportation (pick up). Transportation; name of company, phone number or arrangements of was not mentioned on the care plan.

On May 10, 2017, at 12:45 p.m., the Assistant Director of Nursing (ADON) stated Resident A had been readmitted to the facility yesterday, May 9, 2017, but she had a fever and they were sending her to the hospital today.

On May 10, 2017, at 12:55 p.m., Resident A was

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observed lying in bed. She was alert and oriented by at least three (name, date, place). She appeared to be anxious manifested by fidgeting, a worried expression on her face, inability to concentrate and labored breathing. She stated she did not feel well, could not understand what I was asking and did not want to answer anymore questions.

On May 10, 2017, at 2:50 p.m., during an interview, Licensed Vocational Nurse 1 (LVN 1) stated Resident A was scheduled for a dialysis appointment on May 4, 2017, but when she spoke to the social services designee (SSD) she was told transportation was not available because of an insurance issue. She stated she and the director of nursing (DON) searched all around for transportation but none was available, that's when the physician was called and orders were given to transfer her to a GACH the next day for dialysis. LVN 1 stated she called the GACH and verified that they dialyzed the resident at least one time possible again before she was readmitted to the facility. When the resident was readmitted to the facility on May 9, 2017, she verified that transportation was available for her future dialysis appointments.

On May 10, 2017, at 3 p.m., during an interview, the SSD stated she began working at the facility in May but was sick and not at work on May 2 and 3. She was told by the previous SSD that the resident's insurance had changed and the new insurance would not cover transportation when she returned to the facility transportation had not been obtained for the resident and when she needed to go to her dialysis appointment on May 4, 2017, transportation was not available. She stated they were planning on paying for

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transportation but no one was available to transport the resident with that short of a notice and because she weighed over 300 pounds they needed a bariatric gurney that also needed to be ordered. The physician was called and an order was obtained to transfer the resident to a GACH for dialysis. On return they had a transportation company in place for her dialysis appointment on May 11, 2017.

A Social Service Director Job Description, dated 1995, indicated the duties of the social service director includes assistant he residents in their transportation needs for appointments.

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