

POC ACCEPTED  
03/06/19  
39739

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

PRINTED: 02/15/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056195	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/15/2019
NAME OF PROVIDER OR SUPPLIER  LA BREA REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 505 N. LA BREA AVENUE LOS ANGELES, CA 90036		
(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 two complaints during an Abbreviated survey.  Complaint number: CA00616389 Complaint number: CA00617330  Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 39739  The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for complaint numbers CA00616389 and CA00617330.  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 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;	F 000	La Brea Rehabilitation Center Submit this response and plan correction as part of the requirement under the state and federal law. The Plan of correction is submitted in accordance with the specific regulatory requirements; it shall not be constructed as admission of any alleged deficiency cited or any liability. The provider submits this Plan of Correction with intention that is inadmissible by any third party in civil, criminal action or proceedings against the provider or 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 in a manner adverse to the interest of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as the concept us employed in Rule 407 of the federal rules of evidence code section 1151 and should be inadmissible in any proceedings on that basis.		

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 842	<p>Continued From page 1</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(l)(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-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(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.</p> <p>§483.70(l)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(l)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(l)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services</p>	F 842	<p><b>F842</b></p> <ul style="list-style-type: none"> <li>• RN 1 was counseled and given a one on one in-service on Documentation Principles on 2/20/19</li> <li>• All licensed staff (LVN) and Registered Nurses (RN) were given in-service on Documentation Principles in order to maintain an accurate medical records for all residents on 02/19/19 and 2/20/2019</li> <li>• The Medical records designee shall conduct an audit for resident's record for changes of condition, admission, transfers and when a patient expires weekly to ensure that the documentation is accurate and complete. Findings shall be submitted to the Director of Nursing (DON) and Administrator for a recommendation and resolution with 72 hours</li> </ul>		

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F 842	<p>Continued From page 2 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 record review, the facility staff failed to maintain accurate medical records for one out of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in confusion in the care and services for Resident 1 and placed the resident at risk of not receiving appropriate care due to inaccurate resident medical care information.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the resident was readmitted on December 20, 2017 with diagnoses that included end stage renal disease (kidney failure), dependence on renal dialysis (the removal of waste products and excess fluid from the blood by a machine since the kidneys are no longer able to perform those processes), Type 2 Diabetes Mellitus (high blood sugar) and schizophrenia (serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening</p>	F 842	<ul style="list-style-type: none"> <li>The DON or designee shall conduct a random record review once week. Findings shall be addressed within 72 hours and be will discussed during the Quarterly Quality Assurance meeting for further recommendation</li> <li>02/25/19</li> </ul>		

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F 842	<p>Continued From page 3</p> <p>tool) dated January 2, 2018, indicated the resident has fully intact cognition, is able to make self-understood, and is able to understand others.</p> <p>A review of Resident 1's Nurses Notes dated 01/02/18 at 6:30 a.m. indicated the resident was arousable by verbal stimuli and able to open his eyes when his name was called. The Nurses Notes also indicated Resident 1's skin was warm and dry to touch.</p> <p>A review of Resident 1's Nurses Notes dated 01/02/18 at 7:00 a.m. indicated the resident was non-responsive to painful stimuli and unable to open his eyes when his name was called. The Nurses Notes further indicated the staff was unable to obtain Resident 1's pulse, CPR was started and paramedics were called.</p> <p>A review of Resident 1's Nurses Notes dated 01/02/18 at 7:05 a.m. indicated CPR continued until the paramedics arrived and took over the CPR.</p> <p>A review of Resident 1's Prehospital Care Report Summary (Paramedics Notes) dated 01/02/18 indicated paramedics arrived to the facility at 07:05 a.m. and upon arrival found the Resident 1 to be pulseless, apneic, with skin that was cold to touch. The Prehospital Care Report Summary also indicated the facility staff informed the paramedics that Resident 1 had been unresponsive for thirty minutes.</p> <p>During an interview and concurrent record review of Resident 1's medical chart with the Director of Nursing (DON) on February 15, 2019 at 1:45 p.m., when asked about the discrepancy between Resident 1's Nurses Notes and Paramedics</p>	F 842			

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F 842	<p>Continued From page 4</p> <p>Notes, the DON stated that she cannot give a true explanation since she was not the one who wrote the notes, but her only explanation could be that "when something happens, you cannot always document right away." The DON further stated "you have an idea of the timeline in your head but you are not able to document immediately." According to the DON, "in an emergency situation, you worry about the patient, not the charting." The DON stated Registered Nurse 1 (RN 1) probably charted later with approximate times. When asked about the facility's protocol, the DON stated you are supposed to chart as it happens and "document it when and as you see it."</p> <p>A review of the facility's policy and procedure titled, "Documentation Principles," dated April 2010, stated resident's health records should be current and kept in detail consistent with good medical professional practice based on the service provided to each resident. The policy and procedure also stated complete entries must be accurate, timely, objective, specific, concise, legible, clear and descriptive.</p>	F 842			