

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

PRINTED: 10/11/2022
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055622	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2022
NAME OF PROVIDER OR SUPPLIER LA HABRA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1233 WEST LA HABRA BOULEVARD LA HABRA, CA 90631		
(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	<p>INITIAL COMMENTS</p> <p>The following reflects the findings of the California Department of Public Health during an ABBREVIATED survey for COMPLAINT No: CA00803058.</p> <p>Inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.</p> <p>Representing the Department of Public Health: Surveyor 36872, HFEN.</p> <p>FOR COMPLAINT No. CA00803058: THE DEPARTMENT WAS ABLE TO PARTIALLY SUBSTANTIATE THE COMPLAINT ALLEGATION(S). FINDINGS WERE CITED AT F678 FOR RESIDENT 1.</p> <p>GLOSSARY OF ABBREVIATIONS AND BRIEF DEFINITIONS: CNA- Certified Nursing Assistant CPR - Cardio-Pulmonary Resuscitation (a lifesaving procedure performed to restore blood and oxygen circulation) DNR - Do Not Resuscitate DON - Director of Nursing LVN - Licensed Vocational Nurse MD - Medical Doctor Oxygen saturation level - a measure of how much oxygen the blood is carrying POLST - Provider Orders for Life Sustaining Treatment (summarizes a patient's wishes for end of life treatment in the form of medical orders)</p> <p>F 678 Cardio-Pulmonary Resuscitation (CPR) SS=D CFR(s): 483.24(a)(3)</p>	F 000	<p>Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employees, agents or other individuals who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>The plan of correction is prepared and/or executed solely because it is required by the provision of Federal and State Law</p> <p style="text-align: center;">S.I _____ Initials</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		
			<p style="text-align: center;">Administrator 10/24/22</p>		

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 home_s, 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.

Spoke to the admin 10/24/22 at 0930, POC is accepted by HFEN 36872

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

PRINTED: 10/11/2022
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055622	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2022
NAME OF PROVIDER OR SUPPLIER LA HABRA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1233 WEST LA HABRA BOULEVARD LA HABRA, CA 90631		
(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 678	<p>Continued From page 1</p> <p>§483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and medical record review, the facility failed to provide the emergency basic life support, CPR and call 911 (paramedics) immediately upon determining one of two sampled residents (Resident 1) was unresponsive and not breathing. This had the potential for not providing the necessary care and services to the resident</p> <p>Findings:</p> <p>Closed medical record review for Resident 1 was initiated on 9/15/22. Resident 1 was admitted to the facility on 8/18/22, under hospice care and had expired in the facility on 9/7/22 at 1935 hours.</p> <p>Review of Resident 1's POLST dated 8/18/22, showed, "Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B) and Full Treatment in Section B were marked. The POLST was signed by the physician on 8/18/22, and Resident 1's family member on 8/27/22.</p> <p>Review of Resident 1's History and Physical examination dated 8/19/22, showed Resident 1 did not have capacity to understand and make decision, and the surrogate decision maker was Resident 1's family member.</p> <p>Review of Resident 1's Physician's Orders dated</p>	F 678	<p>A) How corrective action (s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Residents on Hospice Care have been identified and records reviewed by the Medical Records Designee (MRD) and Director of Nursing (DON) to confirm preferred intensity of care according to POLST (Physician's Order for Life Sustaining Treatment) and/or Advance Directive is established and recorded</p> <p>B) How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>Medical Records Designee (MRD) has conducted an audit on 9/20/22 of all the resident's POLST and/or Advance Directive and found no other residents noted to have been affected by the deficient practice</p>	<p>10/21/22</p> <p>10/21/22</p>	

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

PRINTED: 10/11/2022
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055622	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2022
NAME OF PROVIDER OR SUPPLIER LA HABRA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1233 WEST LA HABRA BOULEVARD LA HABRA, CA 90631		
(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 678	<p>Continued From page 2</p> <p>8/18/22 showed an order for a full code status as per the POLST.</p> <p>Review of Resident 1's Nurse Progress Notes dated 9/7/22, showed the following documentation by LVN 1:</p> <ul style="list-style-type: none"> - At 1939 hours, Resident expired at 1935 hours, after confirmation from the RN, LVN, and CNA present. The hospice had been notified. -At 2011 hours, the MD declared Resident 1 had expired. -At 2018 hours, LVN 1 documented that at 1930 hours, LVN 1 was notified by Station 2's charge nurse that Resident 1 was unresponsive under the care of the hospice, Resident 1 was deemed to be DNR, the hospice had been notified, and the MD was made aware. The MD declared Resident 1 had expired at 1935 hours, called the family member, and notified of the event. The family member and hospice nurse were on the way to the facility. <p>On 9/15/22 at 1050 hours, an interview and concurrent closed medical record review for Resident 1 was conducted with the DON. The DON was asked to describe the event surrounding Resident's 1 death. The DON stated at approximately 1935 hours, LVN 1 called her to check on Resident 1. The DON immediately came and saw Resident 1 had no vital signs and was not breathing. The DON stated LVN 1 notified the family, physician, and hospice nurse. The DON did not know what Resident 1's code status was and stated she was told by LVN 1 that Resident 1 was DNR. The DON stated it was not until LVN 1 spoke with Resident 1's family that they knew he was a full code.</p> <p>On 9/21/22 at 1015 hours, a telephone interview</p>	F 678	<p>C) What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur.</p> <p>Code status of new admissions will be discussed at the Daily Clinical Meeting to ensure completion of the Attending Physician's order according to the completed POLST and/or resident's Advance Directive. Any discrepancies will be reviewed, clarified, discussed and verified corrected</p> <p>DON provided an educational in-service to the Licensed Nurses and IDT on 10/17/22 and 10/19/22 on Change of Condition Policy and Procedures and on changes of condition that require to perform cardio pulmonary resuscitation (CPR) consistent with the Physician Orders for Life Sustaining Treatment (POLST) and/or Advance Directive</p> <p>Medical Records Designee (MRD) will conduct an audit on code status order of Attending Physician and POLST as scheduled. MRD audit will be brought to the attention of the DON and IDT for follow up and completion</p>	<p>10/21/22</p> <p>10/21/22</p> <p>10/21/22</p>	

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

PRINTED: 10/11/2022
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055622	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2022
NAME OF PROVIDER OR SUPPLIER LA HABRA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1233 WEST LA HABRA BOULEVARD LA HABRA, CA 90631		
(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 678	<p>Continued From page 3</p> <p>was conducted with LVN 1. LVN 1 was asked to describe his interaction and observations of Resident 1 and the events surrounding the resident's death on 9/7/22. LVN 1 stated he was the desk nurse and saw Resident 1 was awake and had no distress at 1500 hours. LVN 1 stated at approximately 1930 hours, LVN 2 came to him and said there was something going on with the resident. LVN 1 stated he and LVN 2 came to the room and observed no reading of the pulse oximetry and blood pressure. LVN 1 stated Resident 1 had a pulse and the resident's respiratory rate was slow. LVN 1 stated he asked the DON to check to confirm his findings. LVN 1 stated the DON came in a few minutes and the resident was declared to expire. LVN 1 stated he notified Resident 1's family member, physician, and hospice nurse. LVN 1 stated the family member called back and told him his father was a full code. LVN 1 stated he checked the chart and confirmed Resident 1 was full code.</p> <p>On 9/27/22 at 1100 hours, a telephone interview was conducted with LVN 2. LVN 2 was asked to describe her interaction and observations of Resident 1 and the events surrounding the resident's death on 9/7/22. LVN 2 stated she saw Resident 1 was sleeping in bed, and a CNA stated Resident 1 was okay. LVN 2 stated she checked Resident 1 approximately 1900-1920 hours and observed there was no reading on his oxygen saturation level. LVN 2 stated she checked for the resident's vital signs and he had none. LVN 2 stated he was unresponsive and not breathing. LVN 2 stated she called LVN 1 to check, who also called the DON. LVN 2 stated the DON came, checked the resident, and said Resident 1 had expired. When asked if LVN 2 knew what Resident 1's code status was, LVN 2</p>	F 678	<p>D) How the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>Recapitulation of resident's CPR status/POLST/Advance Directive audits by MRD will be reported by DON to the QA Committee for review and evaluation on compliance monthly for the next three months</p>		

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

PRINTED: 10/11/2022
FORM APPROVED
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055622	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/06/2022
NAME OF PROVIDER OR SUPPLIER LA HABRA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1233 WEST LA HABRA BOULEVARD LA HABRA, CA 90631		
(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 678	<p>Continued From page 4 stated no.</p> <p>On 9/27/22 at 1334 hours, a telephone interview was conducted with CNA 1. CNA 1 was asked to describe the event surrounding Resident 1's death. CNA stated around 1600 hours, Resident 1 was awake and had no distress. CNA 1 stated between 1800-1815 hours, she came to Resident 1's room and saw the resident's eyes were open and he was in no distress. CNA 1 stated when she came back around 1930 hours, LVN 1 told her to clean the resident because he had passed away.</p> <p>On 9/29/22 at 1050 hours, a telephone interview was conducted with LVN 1. When asked if LVN 1 knew that Resident 1 was a full code, LVN 1 stated no. LVN 1 stated Resident 1 was on hospice services, so he thought Resident 1 was a DNR. LVN 1 stated if he knew Resident 1 was a full code, he would have acted immediately by having LVN 2 call 911 and would perform CPR.</p>	F 678			