

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

P.O. Accepted 3.14.2022

PRINTED: 03/01/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ by 44633 B. WING _____		(X3) DATE SURVEY COMPLETED  02/16/2022
NAME OF PROVIDER OR SUPPLIER  TARZANA HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5650 RESEDA BLVD TARZANA, CA 91356		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of two complaints.  Complaint Number: CA00767199 and CA00767265  Representing the California Department of Public Health: Surveyor 42311, Health Facilities Evaluator Nurse  The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.  Two deficiencies were written as a result of a Complaint Numbers: CA00767199 and CA00767265.	F 000			
F 760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the resident was free from any significant medication error for one of three sampled residents (Resident 1). Licensed Vocational Nurse 1 (LVN 1) did not hold the medications furosemide (water pill, removes excess of fluid in the body), lisinopril (for elevated blood pressure) and metoprolol (for elevated blood pressure) on five days as ordered by the physician when Resident 1's systolic blood pressure (SBP - measures the pressure in the	F 760			

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

Kordell Erickson

TITLE

Administrator

(X6) DATE

03/14/22

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.

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F 760	<p>Continued From page 1</p> <p>arteries when heart beats) was below 110 millimeters of mercury (mmHg).</p> <p>This deficient practice had the potential to result in significant drop in Resident 1's blood pressure.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the facility admitted the resident on 09/20/2018 with diagnoses including heart failure, diabetes mellitus (a disorder in which the body does not produce enough or respond normally to insulin, causing blood sugar [glucose] levels to be abnormally high) and hypertension (a condition in which the force of the blood against the artery walls is too high).</p> <p>A review of Resident 1's History and Physical exam, dated 03/27/2019, indicated the resident did not have capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 12/24/2021, indicated the resident needed extensive assistance for personal hygiene, bed mobility, and transfers, and was totally dependent to staff for dressing and toilet use.</p> <p>A review of the Physician's Orders for Resident 1, dated 08/31/2021, indicated:</p> <ol style="list-style-type: none"> <li>1. Lasix (furosemide) 20 milligrams (mg) one tablet by mouth once a day for edema (swelling) and hold if SBP is less than 110.</li> <li>2. Lisinopril 5 mg one tablet by mouth once a day for edema, hold if SBP less than 110.</li> <li>3. Metoprolol Succinate (medication to treat high</li> </ol>	F 760	<p><b>How corrective action was accomplished for those residents found to have been affected by the deficient practice.</b></p> <ul style="list-style-type: none"> <li>o The resident's vital signs were retaken and did not show any adverse side effects.</li> <li>o The resident did not return to the facility after seeing the cardiologist.</li> </ul> <p><b>How the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <ul style="list-style-type: none"> <li>o The facility audited residents with Metoprolol, Lisinopril and Lasix orders for parameters compliance.</li> </ul> <p><b>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur.</b></p> <ul style="list-style-type: none"> <li>o The DNS conducted 1:1 education to LN 1. The DNS/designee also educated the nursing staff regarding proper medication administration on 02/11/22</li> <li>o The DNS instructed Nursing staff on medication administration focusing on Medication parameters on 03/11/22</li> <li>o The policy was reviewed and no changes were indicated.</li> </ul> <p><b>How the facility plans to monitor its performance to make sure the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluate</b></p> <ul style="list-style-type: none"> <li>o The DNS/designee will review Metoprolol, Lisinopril, and Lasix orders weekly to confirm they were given within parameters.</li> <li>o The pharmacy will conduct random medication administration 1xmonth for the next 3 months.</li> <li>o The results from both audits will be forwarded to the QAPI for further actions or adjustments of the POC.</li> </ul>		03/9/22

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F 760	<p>Continued From page 2</p> <p>blood pressure) 25 mg, one tablet by mouth once a day for hypertension, hold if SBP less than 110 or heart rate less than 60.</p> <p>A review of Resident 1's Medication Administration Record (MAR), dated 12/2021, indicated LVN 1 documented administering Lasix, lisinopril, and metoprolol on the following dates:</p> <ul style="list-style-type: none"> <li>- 12/13/2021- Resident 1's blood pressure was 109/60mmHg</li> <li>- 12/20/2021- Resident 1's blood pressure was 98/56 mmHg</li> <li>- 12/21/2021- Resident 1's blood pressure was 98/56 mmHg</li> <li>- 12/22/2021- Resident 1's blood pressure was 98/55 mmHg</li> <li>- 12/28/2021- Resident 1's blood pressure was 109/68 mmHg.</li> </ul> <p>On 02/11/2022 at 02:05 p.m., during an interview with LVN 1 and concurrent review of Resident 1's Physician's Orders and the MAR, LVN 1 stated she should not have given the medications on the days the resident's SBP was below 110 mmHg.</p> <p>On 02/11/2022 at 02:20 p.m., during and interview, Director of Nursing (DON) stated LVN 1 should have held the Lasix, lisinopril and metoprolol since SBP was below 110 mmHg. DON stated LVN 1 did not follow the physician's order and could have resulted on complication from low blood pressure.</p> <p>A review of facility's policy and procedure titled, "Medication-Administration -General Guidelines," dated 10/2017 and reviewed on 09/10/2021, indicated, "Medications are administered in accordance with written orders of the attending physician. The residents MAR are initialed by the</p>	F 760			

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F 880 SS=D	<p>person administering the medication, in the space provided under the date and on the line for that specific medication dose administration. Initials on each MAR are verified with a full signature in the space provided in the MAR.</p> <p><b>Infection Prevention &amp; Control</b> CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p><b>§483.80 Infection Control</b> The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p><b>§483.80(a) Infection prevention and control program.</b> The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p><b>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</b></p> <p><b>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</b> (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure one of three staff, Certified Nursing Assistant 1 (CNA 1), wore a protective gown and gloves when entering</p>	F 880	<p>How corrective action was accomplished for those residents found to have been affected by the deficient practice.</p> <ul style="list-style-type: none"> <li>o The CNA was immediately in-serviced for allegedly not wearing PPEs when emptying the indwelling catheter bag. The resident did not show any adverse effects.</li> </ul> <p>How the facility identified other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <ul style="list-style-type: none"> <li>o The other residents who are in the designated transmission-based precautions have the potential to be affected by the alleged deficient practice.</li> </ul> <p>What measures will be put into place or what systematic changes the facility will make to ensure the deficient practice does not recur.</p> <ul style="list-style-type: none"> <li>o The LN conducted 1:1 education to CNA on 1/10/22</li> <li>o The Admin/DSD also educated the nursing staff regarding proper PPE usage whenever entering the yellow zone cohort resident rooms and care areas on 01/13/22</li> <li>o The policy was reviewed and no changes were indicated.</li> </ul> <p>How the facility plans to monitor its performance to make sure the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated</p> <ul style="list-style-type: none"> <li>o The DSD/designee and or IP will randomly audit staff weekly to ensure they are able to correctly identify the appropriate PPE/ precautions per CDC guidelines and policies. The IP/designee will be completing the audits and the results of the audits will be analyzed by the IDT at the QAPI meeting to evaluate the effectiveness of the above plan x3 months.</li> </ul>	03/9/22	

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F 880	<p>Continued From page 5</p> <p>Resident 2's room, who was on isolation for possible Coronavirus Disease 2019 (COVID-19, highly contagious respiratory infection from a virus that spread from person to person through droplets released when an infected person coughs, sneezes or talks).</p> <p>This deficient practice has the potential to result in the spread of the COVID-19 to all residents and staff.</p> <p>Findings:</p> <p>On 01/10/2022 at 02:20 p.m., during an observation of the Yellow Zone (an area in the facility where residents with possible exposure to COVID-19, newly admitted or readmitted residents are placed) CNA 1 was kneeling on the floor by the foot of the bed holding the urine drainage bag without wearing a gown and gloves.</p> <p>On 01/10/2022, at 02:33 p.m., during an interview, Director of Nursing (DON) stated CNA 1 should have worn gloves and a gown before going inside Resident 2's room.</p> <p>On 01/10/2022 at 02:40 p.m., during an interview, CNA 1 stated she knew she should have worn gloves and gown but could not explain why she did not use them.</p> <p>A review of facility's policy and procedure titled, "Infection Prevention and Control Manual Interim Policy for Optimizing the Supply of Isolation Gowns- COVID -19 pandemic" dated 03/17/2019 indicated "Gowns should be used for high-contact resident care activities such as providing hygiene, changing bed linens, incontinent care or toileting, device care and wound care".</p>	F 880			

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F 880	Continued From page 6  A review of facility's policy and procedure titled, "Sequence for Putting on Personal Protective Equipment (PPE)" reviewed on 09/10/2021 indicated "The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE. 1. Gown, 2. Mask, 3. Goggles and 4. Gloves.	F 880			