

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

PRINTED: 10/10/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056334	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/10/2019
NAME OF PROVIDER OR SUPPLIER BEACHWOOD POST-ACUTE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 15TH STREET SANTA MONICA, CA 90404		
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F 000	INITIAL COMMENTS Surveyor: 40995 The following reflects the findings of the California Department of Public Health during the Investigation of a complaint. Complaint number: CA00650742 Representing the Department: 40995, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00650742.	F 000	This plan of correction as submitted shall serve as provider's letter of credible allegation in reference to the survey findings. Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907.		10/18/19
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Surveyor: 40995 Based on interview and record review, the facility failed to administer two medications (Arginaid	F 686			

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

TITLE

(X6) DATE

[Signature] *[Signature]* *[Signature]* 10/18/19

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 686	<p>Continued From page 1</p> <p>[arginine-based powder designed to support the unique nutritional needs of people with chronic wounds (e.g. pressure injury)] and Prostat AWC [a ready to drink medical food with 17 grams of protein and added arginine, vitamin C, citrulline, and zinc for advanced wounds]) that aided in the healing of pressure ulcers (a skin breakdown or injury resulting from sheer, friction and prolong unrelieved pressure or being in one position for a long time), as endorsed by the physician and registered dietitian, for one of three sampled residents (Resident 1). This deficient practice placed Resident 1 at risk of delayed wound healing and a worsening pressure ulcer/injury.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the resident was admitted to the facility on 7/30/19 with diagnoses that included, but were not limited to, stage 4 pressure ulcer (presents as full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures), chronic respiratory failure (a long-term condition that happens when the lungs cannot get enough oxygen into the blood), and chronic obstructive pulmonary disease (a chronic inflammatory lung disease that causes obstructed airflow from the lungs).</p> <p>A review of Resident 1's History and Physical Examination, dated 7/31/19, indicated the resident does not have the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS-a comprehensive screening and care planning tool), dated 8/13/19, indicated the resident required extensive assistance (resident</p>	F 686	<p>RD reviewed physician orders for Resident 1. Resident was readmitted to the facility on 9/4/19. Arginaid and Pro Stat AWC orders were active post admission. Completed 10/14/19.</p> <p>RD reviewed nutritional recommendations for all patients for the previous 30 days to ensure that proper nutritional interventions were implemented per RD recommendations and MD approval. No other residents were affected by omission of orders. Completed 10/18/19.</p> <p>DON completed an in-service with licensed nurses regarding communicating with MD regarding RD recommendations and implementation of RD recommendations in the electronic medical record. Completed 10/18/19.</p> <p>Medical Records Director or designee to review input of RD recommendations in the electronic medical record at least 3x a week X 4 weeks then 1 X a week X 3 months to ensure that RD recommendations are carried out properly. Any findings will be reported to the DON immediately. On-going.</p> <p>Medical Records Director to report any findings regarding RD recommendations not being carried out properly the quarterly quality assurance meeting. On-going</p>		

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F 686	<p>Continued From page 2</p> <p>involved in activity, staff provide weight-bearing support) in bed mobility (how the resident moves to and from the lying position and turning side to side) and personal hygiene (how the resident maintains personal hygiene). The MDS also indicated the resident required total dependence on staff for bathing. A review of Resident 1's MDS also indicated the resident had a stage 4 pressure ulcer upon admission to the facility.</p> <p>A review of the Resident 1's Nutritional Assessment, dated 7/31/19, indicated the Registered Dietitian (RD) recommended the following interventions for wound management: increase the rate of Osmolite 1.5 (a therapeutic nutrition that provides complete, balanced nutrition for long- or short-term tube feeding for patients with increased calorie and protein needs) at 55 milliliters (mL) an hour for 20 hours, Arginaid twice a day, discontinue Prostat Sugar Free 30 mL (liquid protein nutritional supplement that delivers the highest concentration of protein and calories in the smallest serving and is ideal for those with increased protein needs, poor appetite, pressure injuries and protein-energy malnutrition), and add Prostat AWC 30 mL daily.</p> <p>A review of Resident 1's nursing progress notes, dated 8/1/19, indicated, "Received RD recommendations, reviewed by ...[Attending Physician], [Attending Physician] in agreement with RD. New orders as follows: 1. Increase rate of Tube Feeding: Osmolite 1.5 to 55 ml/hr x 20 hrs ... d/c[discontinue] Prostat 30 mL QD [daily], add Prostat AWC 30 mL QD ...add Arginaid BID [twice daily] r/t [related to] wound management. Orders noted and carried out."</p> <p>A review of Resident 1's physician order report</p>	F 686			

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F 686	<p>Continued From page 3</p> <p>(POR) indicated Resident 1 was prescribed a one-time dose of Arginaid, with a start and end date of 8/1/19. The POR also indicated the resident was prescribed Prostat Sugar Free on 7/30/19, which was discontinued on 8/1/19. The POR indicated Prostat Sugar Free 30 mL was reordered on 8/9/19 until the resident was transferred to the general acute care hospital (GACH) on 8/15/19.</p> <p>A review of Resident 1's Medication Administration History indicated the resident received Arginaid once on 8/1/19 at 9:00 a.m. The resident also received Prostat Sugar Free 30 mL on 7/31/19 through 8/1/19 at 9:00 a.m., and again from 8/10/19 through 8/15/19 at 9:00 a.m.</p> <p>A review of Resident 1's care plan for the stage 4 pressure ulcer indicated interventions included RD consult and supplements/vitamin as ordered.</p> <p>During an interview with the Registered Nurse (RN), on 9/20/19 at 11:58 a.m., the RN confirmed she spoke to the Attending Physician about the RD's recommendations who agreed with the orders. The RN confirmed she inputted the orders as recommended. The RN was unable to answer why the orders were different from the RD's recommendations.</p> <p>During an interview with the Director of Staff Development (DSD), on 9/25/19 at 12:29 p.m., the DSD stated, "I think when [the RN] put in the order for the Arginaid, she only put it for one time, but it was supposed to be for BID." The DSD also stated, "For the Prostat Sugar Free, I think she discontinued the order on 8/1/19 and was supposed to put in the order for the Prostat AWC, but forgot to put it. The [treatment nurse] added</p>	F 686			

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F 686	<p>Continued From page 4</p> <p>the Prostat Sugar-Free on 8/9/19 instead." The DSD confirmed Resident 1 did not receive Alginaid twice a day from 8/1/19 until 8/15/19, and also did not receive any form of Prostat from 8/2/19 until 8/9/19.</p> <p>During an interview with the RD, on 9/20/19 at 12:00 p.m., the RD stated she wanted to change the Prostat Sugar Free to the Prostat AWC because it was better for wound healing. The RD stated, "There's a general Sugar Free Prostat that is not optimal for wound healing." The RD was uncertain why the orders for Prostat and Alginaid were not inputted the way she had recommended. The RD stated receiving Prostat Sugar Free and not Prostat AWC, as well as not receiving the Alginaid twice a day, could affect the chances of Resident 1's wound healing. She could not state what exact effects this would have since the resident was still meeting her protein needs through her tube feeding.</p> <p>A review of the facility policy, titled "Administering Medications," dated 4/2007, indicated, "Medications must be administered in accordance with the orders, including any required time frame."</p>	F 686			