

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

PRINTED: 06/30/2016
FORM APPROVED
OMB NO. 0938-0391

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|---|---|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056 [REDACTED] | (X2) MULTIPLE CONSTRUCTION [REDACTED] | | (X3) DATE SURVEY COMPLETED C 05/25/2016 |
| NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 230 E ADAMS BLVD LOS ANGELES, CA 90011 | | |
| (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 during the investigation of one entity reported incident. Entity Reported Incident #: CA00478703 - Substantiated Representing the Department of Public Health: Health Facilities Evaluator Nurse #33690 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of the entity reported incident CA00478703. | F 000 | By submitting this POC, University Park Healthcare Center does not admit nor concede the existence or scope and severity of the deficiencies and conditions cited in HCFA 2567 or all of the facts and conclusions as described in the summary statement. However, even to alleged facts, conclusions, determinations or issues which University Park Healthcare Center may question or dispute, University Park Healthcare Center respects the concerns raised thereby. University Park Healthcare Center acknowledges there is always room for improvement and will endeavor to improve where all concerns are raised, whether University Park Healthcare Center agrees or not. This POC is submitted in compliance with federal and state law and University Park Healthcare Center is aggressively implemented actions to improve operations and resident care in accordance with this POC. | | 0 [REDACTED] |
| F 221 SS=D | 483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure restraints were not used without medical justification and physician order for one of four sampled residents (Resident 1). The hem of Resident 1's hospital gown was tied together restricting the resident's movement to his legs. This deficient practice had the potential to result in decreased self-worth, decreased | F 221 | | | |

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

TITLE

(X6) DATE

[Signature]

Administrator

7/6/16

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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056206 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/25/2016 |
| NAME OF PROVIDER OR SUPPLIER UNIVERSITY PARK HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 230 E ADAMS BLVD LOS ANGELES, CA 90011 | | |
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| F 221 | <p>Continued From page 1 mobility, and increased discomfort.</p> <p>Findings:</p> <p>On 3/17/16 at 2:25 p.m., during an interview, the administrator stated that a certified nursing assistant (CNA 3) had found Resident 1 tied up with his own hospital gown. The administrator stated that upon his investigation, CNA 2 confirmed that she did tie Resident 1's gown. The explanation was because CNA 2 wanted to keep the resident warm. CNA 2 was suspended immediately pending the investigation. Upon conclusion of the investigation, CNA 2 decided to terminate her employment from the facility.</p> <p>During an interview, on 3/17/16 at 2:50 p.m., CNA 1 stated the facility staffs were not supposed to tie residents' gowns and/or clothing to restrain the residents.</p> <p>During a telephone interview, on 5/25/16 at 12:45 p.m., the administrator stated if the hem of the gown was tied around the Resident 1's legs, regardless of how tight the hem of the gown was tied, the act was considered a restraint because it restricted the resident's movement of his legs. The administrator stated this was the reason the facility reported the incident to the Department immediately.</p> <p>During a telephone interview, on 5/25/16 at 12:50 p.m., CNA 3 stated that while he was with a licensed vocational nurse (LVN 1) during rounds, he heard Resident 1 shouting for help. CNA 3 stated Resident 1 normally has loud outbursts but on the day of the incident, the resident's shout sounded different so he went to assess the situation. CNA 3 stated that he found Resident 1</p> | F 221 | <p>The facility will ensure that no resident will be put in any physical restraint for the purpose of discipline or convenience.</p> <p>Resident (1) was assessed by the RN supervisor and licensed nurse of the CNA who reported the observation. There was no evidence of swelling, skin discoloration or skin breakdown upon assessment. The RN supervisor followed up with the licensed nurse and CNA to check if any other residents in the facility had a restraint or any hem of gown tied up – with no findings.</p> <p>Administrator and IDT discussed incident and DSD provided in-service training on 03/02/2016 to staff on ensuring that residents remain free from any physical restraint for convenience and/or discipline. The use of restraint should only be used for the safety and well-being of the resident and only after alternatives</p> | | |

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| F 221 | <p>Continued From page 2</p> <p>with his feet tied together with the hem of the gown, which restricted his movement.</p> <p>According to CNA 3, he was upset that Resident 1 was tied up almost like an animal so he quickly freed his legs and went to tell his charge nurse and registered nurse supervisor. CNA 3 stated he found out CNA 2's reason for tying the gown was to keep the resident warm but that was not necessary since Resident 1 had other clothes to put on to keep him warm.</p> <p>A review of Resident 1's Admission Record indicated the resident was initially admitted on 4/13/12 and was re-admitted to the facility on 5/29/15 with diagnoses that included dementia (a group of thinking and social symptoms that interferes with daily functioning) and muscle weakness.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized care screening and assessment tool), dated 2/29/16, indicated the resident was sometimes able to make self-understood or understood others, was severely impaired in cognitive skills, and required extensive assistance (resident involved in activity, staff provide weight-bearing support) in transfer, dressing, toileting, and personal hygiene.</p> <p>A review of Resident 1's "Change of Condition," dated 3/1/16 indicated the resident was reported by a CNA that the resident was tied with the facility's gown around both his legs.</p> <p>A review of Resident 1's physician's "Order Summary Report," for March 2016, indicated the resident did not have an order for use of physical restraints.</p> | F 221 | <p>have been tried unsuccessfully. If use of restraint is necessary, there should be a physician order and consent of use from the resident or responsible party with the risks and benefits explained and understood. Staff will continue to identify any deficient practice in their rounds. Medical records will continue to print out summary orders daily to indicate any orders which have occurred for use of restraint and if any change of condition (COC) has been initiated for the use of restraints. Interdisciplinary committee will review and discuss with the resident and/or responsible party and PMD, if the use of a restraint is recommended. Licensed nurses and department heads will address any observed restraints used on the resident during daily rounds and bring to the attention of the Director of Nursing (DON) and Administrator.</p> <p>The Administrator will raise the findings for the improper use of restraint within the monthly Quality Assurance Utilization Review committee for additional recommendation. If it is determined that we have accomplished the objectives in the POC above and the results are successful, then the facility will consider the matter resolved. The QA/UR Committee will continue to review until such time that the deficiency has been proven to be resolved for two consecutive quarters.</p> | | |

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| F 221 | Continued From page 3 A review of Resident 1's care plan titled, "Observe by CNA, resident gown wrap all around resident leg," dated 3/2/16, indicated to provide other options like undershirts, pants, extra blanket to keep the resident warm. A review of the facility's policy and procedure titled, "Use of Restraints," dated 4/2014, indicated restraints should only be used for the safety and well-being of the residents and only after other alternatives have been tried unsuccessfully. Physical restraints are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. | F 221 | | | |