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

POC received - acceptable

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555832	A. BUILDING _____ B. WING _____ 12-22-14	11/21/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARA BALDWIN STOCKER HOME	527 S VALINDA AVENUE WEST COVINA, CA 91790

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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during a RECERTIFICATION survey. Representing the Department of Public Health: ID # 05379 ID # 27680 ID # 07598 Total Resident Population: 34 Total Resident Sample: 10 Highest Scope and Severity- E	F 000		
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide a positioning device to maintain proper body alignment and comfort for one (Resident 1) in a total of 10 sample residents. Resident 1 was not provided a positioning device to prevent the resident from leaning to the side against the armrests while sitting in the wheelchair.	F 246	Facility will ensure that residents have the right to reside and receive services with reasonable accommodations of individual needs and preferences. Resident # 7. Wheelchair was replaced with an appropriate size wheelchair. By Hospice All other residents were assessed for proper size wheelchair and/or positioning device. Facility is in compliance. By RPT In-Service provided to licensed Nurses that residents will have appropriate size wheelchairs and/or positioning devices. By DON	11/22/14 12/05/14 12/03/14

2014 DEC 19 PM 4:48
LOS ANGELES COUNTY HEALTH FACILITIES DIVISION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 12-19-2014

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 246	Continued From page 1 This deficient practice had the potential to result in physical discomfort from leaning against the armrest and further complications from improper body positioning. Findings: a. A review of the admission information records for Resident 7 indicated, the resident was initially admitted to the facility on April 4, 2013, and readmitted on January 13, 2014. The resident's diagnoses included hypertension (high blood pressure), diabetes mellitus (high blood sugar) and congestive heart failure (CHF- occurs when the heart can not pump enough blood to provide what the body demands, resulting in a reduction in blood flow to the body and a backup (congestion) of blood into the lungs). The most recent Minimum Data Set (MDS), a standardized comprehensive assessment and care planning tool, dated October 16, 2014, indicated the resident was able to be understood and understand others. Additionally, the resident required limited to extensive nursing assistance to perform most activities of daily living. On November 20, 2014, at 9:30 a.m. and 11:30 a.m., and on November 21, 2014, at 8:30 a.m. and 10 a.m., Resident 7 was observed sitting in the wheelchair in the lobby and or in the activity room with her eyes closed. During these observations, the resident's right upper body was leaning against the armrest of the wheelchair. There was no assistive or positioning device provided to maintain proper body alignment and comfort.	F 246	(Continued) Monthly audit to ensure residents have appropriate wheelchair and/or positioning device. By RPT Results of audit will be monitered to ensure correction is acheived and sustained on a quarterly basis. By QA Committee	

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F 246	Continued From page 2 On November 21, 2014, at 1 p.m., an interview was conducted with Certified Nursing Assistant (CNA) 2. CNA 2 stated the resident had the tendency to lean against to the side the wheelchair and the licensed staff had been made aware of the observations. CNA 2 stated she had not recalled any positioning device was provided to the resident until today. CNA 2 further stated, . Resident 7 gets up daily early in the morning and was taken to the activity room. Then at 1:30 p.m., LVN 1 was made aware of the above observations. However, further review of the medical records indicated that a plan of care was not developed to reflect the resident's poor positioning /body alignment while sitting in a wheelchair that included interventions/approaches to prevent the resident from leaning against the armrest of the wheelchair causing potential complications from poor positioning and poor body alignment. A review of the facility's policy and procedure titled "Repositioning" revised in March 2005, indicated " To provide guidelines for the assessment of repositioning needs, to aid in the development of an individualized care plan for repositioning, to promote comfort to all chairbound residents. Components to assess when a resident is in a chair. Does the resident need intervention to maintain postural alignment.."	F 246		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -	F 325	Facility will ensure that a resident maintains acceptable parameters of nutrional status. (continued)	

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F 325	Continued From page 3 (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that nutritional care and services were provided to one of 10 sampled residents (Resident 4). The registered dietician's (RD) recommendation to start a supplement of Multivitamins with Iron daily was not communicated to the resident's physician and therefore was not acted upon. This had the potential to result in a delay in providing the necessary care and treatment that could lead to malnutrition. Findings: A review of the Admission Record of Resident 4 indicated the resident was originally admitted to the facility on June 6, 2013, and was readmitted on August 21, 2012, with diagnoses that included dysphagia (difficulty swallowing), urinary retention, and history of prostatic malignancy. The Minimum Data Set (MDS), a standardized assessment and care planning tool, dated September 5, 2014, indicated the resident was able to complete the brief mental status interview, understood others and made himself understood, and required limited assistance with most	F 325	Resident # 4 MD was contacted and ordered lab test. MD did not order MVI at this time. By Charge Nurse All other Dietician recommendations have been addressed by resident's MD. By DON In-Service provided to Licensed Nurses that Dietician recommendation will be communicated to resident's MD. By DON Monthly audit to ensure Dietician recommendations have been communicated to MD. By Medical Records Results of audit will be monitored to ensure correction is achieved and sustained on a quarterly basis. By QA Committee	12/02/14 12/15/14 12/03/14

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F 325	Continued From page 4	F 325		

activities of daily living.

A review of a plan of care dated September 5, 2014, indicated the resident has alteration in nutritional status related to risk for dehydration. The care plan goal indicated the resident will have no signs and symptoms of dehydration. The listed nursing interventions included to provide diet as ordered, monitor weight and report significant weight loss and gain to the physician and family, and complete laboratory tests as ordered on December 3, 2014.

According to the RD's nutritional assessment dated September 24, 2014, the resident weighs 128 pounds (lbs) with an ideal body weight of 122 lbs to 150 lbs. The RD's assessment indicated the resident continues to be on restorative nursing assistant (RNA) feeding program for lunch and dinner and has a variable oral intake of 10 to 100 percent with consistent intake pattern. The assessment also included relevant laboratory results dated September 22, 2014, which indicated the resident had a hemoglobin (a protein contained in red blood cells that is responsible for delivery of oxygen to the tissues) level of 10.8 g/dL (14-18 g/dL) and a hematocrit level (measures the volume of red blood cells compared to the total blood volume) of 32.9% (40 to 50%). The assessment further indicated the RD was suspecting anemia related to chronic disease versus iron deficiency anemia, therefore recommended to give Multivitamins with Iron daily.

During an observation on November 20, 2014, at 8:20 a.m., Resident 4 was observed in the dining room eating his breakfast meal.

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F 325	Continued From page 5 During an interview on November 21, 2014, at 10:30 a.m., the MDS nurse reviewed the clinical record and was unable to find a physician's order to administer Multivitamins with Iron. The MDS nurse stated the RD recommendation was not communicated to the resident's physician and was missed. The MDS nurse further stated she will call the physician right away.	F 325		
F 332 SS=E	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that it was free of a medication error rate of five percent or greater. During the medication pass observation, six medication errors were observed out of 25 opportunities for errors, to yield a facility medication error rate of 24 percent. This has the potential to cause discomfort or jeopardizes the resident's health and safety. Findings: a. During a medication pass observation on November 20, 2014, at 8:20 a.m., Licensed Vocational Nurse (LVN) 1 was observed as he prepared and administered the medications of Resident 4. LVN 1 crushed the following medications together: 1. [redacted] 100 milligrams (mg) one	F 332	Facility will ensure that it is free of medication error rates of 5% or more. Resident #4 and #9 No adverse effect observed from medication error. By Licensed Nurse 11/20/14 All other resident's medications was crushed seperately. Liquid medications was given per directions on label. By Licensed Nurse 11/21/14 In-Service to licensed Nurses to ensure that crushed medications be given seperately by GT or PO. Follow directions on label of liquids for indications of shaking before use. By Pharmacy Consultant or DSD 12/03/14 Monthly medication pass audit will be completed to ensure free of medication errors of 5% or more. Audit will be reviewed by DON. BY Pharmacy Consultant or DSD Result of audit will be monitored to ensure correction is achieved and sustained on a quarterly basis. By QA Committee	

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tablet
2. [redacted] 10 mg one tablet
3. Aspirin 81 mg one tablet

LVN 1 was then observed mixing all crushed medications with apple sauce and administering it to Resident 4 by mouth.

During an interview on November 20, 2014, at 10:45 a.m., LVN 1 stated that he crushes the resident's medications together and mixes them with apple sauce because it makes it easier for the resident to swallow. LVN 1 further stated that there is a physician's order indicating medications may be crushed and given with food.

A review of a physician's order dated May 14, 2013, indicated may crush medications and give with food. However, there was no physician's order that indicated it was safe to crush and mix all three medications together with apple sauce. There was no documented evidence the compatibility or potential drug to drug interaction related was cleared either by a physician, pharmacist, and/or recognized journals.

b. During a medication pass observation on November 20, 2014, at 8:25 a.m., LVN 1 was observed as he prepared and administered the medications of Resident 9 through his gastrostomy tube (GT- a tube inserted through the abdomen that delivers nutrition or medication directly to the stomach). LVN 1 crushed the following medications together:
1. Aspirin 81 mg one tablet
2. Pepcid 20 mg one tablet
3. [redacted] 25 mg one and a half tablet
4. [redacted] 75 mg one tablet
LVN 1 was then observed pouring all crushed

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F 332	Continued From page 7 medications in a cup with water and administering them into the resident's GT via gravity all at once. Additionally, during the same medication pass observation, LVN 1 failed to shake the bottle of [redacted] liquid and Multivitamin liquid prior to pouring them into the medication cup. The direction for use label indicated to shake well before use. During an interview on November 20, 2014, at 10:45 a.m., LVN 1 acknowledged that he crushed and mixed all of the resident's medications together and administered them into the resident's GT all at once. LVN 1 further stated he forgot to shake the bottles of Decussate and Multivitamin liquid prior to use. During an interview on November 21, 2014, at 10:30 a.m., the director of nursing (DON) stated that GT medications are supposed to be crushed and given one at a time. The undated facility policy titled "Enteral Tube Medications," indicated medications for enteral administration are obtained in liquid form whenever possible. The pharmacy is consulted to determine the best method for preparing dosage forms for enteral tube administrations when liquid formulations are not available. Prior to crushing tablets for administration through enteral tubes, the "DO NOT CRUSH" list is consulted. The compatibility of mixing medications is determined by consulting the facility drug reference source or pharmacy. The powder from each medication is mixed with water or other suitable diluents if water is unacceptable, before administration.	F 332		
F 441	483.65 INFECTION CONTRDL, PREVENT	F 441	(Continued)	

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F 441 SS=E	Continued From page 8 SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441	Facility will ensure that it provides a program to help prevent the development and transmission of disease and infection. Resident #8, #1, #9, #12 No ill effects observed by not disinfecting BP apparatus between use. By Licensed Nurse 11/20/14 All other residents BP apparatus was disinfected between use. By Licensed Nurse 11/21/14 In-Service to Licensed Nurses to ensure that BP apparatus is disinfected between each use. By Pharmacy Consultant and DON 12/03/14 Monthly audit will be conducted to ensure blood pressure apparatus is disinfected between each use. By Pharmacy Consultant or DSD Results of audit will be monitored to ensure correction is achieved and sustained on a quarterly basis. By QA Committee	

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This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, two of two licensed medication nurses (Med Nurse 1 and Med Nurse 2) observed for medication administration pass failed to ensure resident care instruments (such as stethoscopes, blood pressure (BP) apparatus) were disinfected (to cleanse so as to destroy germs) between resident's use, in order to help prevent the transmission of diseases and infections.
The deficient practice had the potential to spread infections to medically compromised residents.

Findings:

a. On November 20, 2014, during the morning medication pass observation, a licensed nurse (Med Nurse 2) was observed checking the blood pressure measurement on Resident 8 prior to administering the routine medication (Norvasc-use to treat blood pressure) using a stethoscope and a blood pressure (BP) cuff. After the procedure, Med Nurse 2 stored the blood pressure apparatus inside the medication cart (bottom shelf) without disinfecting it. Med Nurse 2 then proceeded to take Resident 1's blood pressure measurement prior to administering the routine blood pressure medication ([redacted]
Med Nurse 2 used the same blood pressure apparatus which she took from the bottom of the medication cart that was not disinfected between its use.

During an interview with Med Nurse 2 on the same date at 9:45 a.m., she stated she forgot and should have disinfected the instruments with

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the Clorox wipes. Med Nurse 2 further stated she usually use her personal stethoscope to take the residents' blood pressure. However, the affected residents had no open areas of the skin or any skin infections/conditions.

During an interview conducted with the DON on the same day at 2 p.m., she stated the facility has no particular policy on disinfecting BP (cuffs) apparatus but the medication nurses should make sure these equipments were disinfected in between use.
According to LiveStrong.Com-http://www.livestrong.com/article/71481-clean-blood-pressure-monitor-cuffs/ " It is crucial to clean blood pressure monitor cuffs thoroughly between each use. This will prevent contaminating equipment with contagious illnesses and increasing nosocomial (originating in a hospital or clinic) infections in your facility."

b. During a medication pass observation on November 20, 2014, at 8:25 a.m., Med Nurse 1was observed as he checked the blood pressure of Resident 9 using a manual blood pressure cuff. After obtaining Resident 9's blood pressure, LVN 1 was observed putting the device back in the medication cart without cleaning or disinfecting the device after it has been used.

During another medication pass observation on November 20, 2014, at 8:50 a.m., Med Nurse 1 was observed as he checked the blood pressure of another resident (Randomly Selected Resident 12) using the same manual blood pressure cuff he used on Resident 9. After obtaining RSR 12's blood pressure, Med Nurse 1 returned the device back in the medication cart without cleaning or

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F 441	Continued From page 11 disinfecting the blood pressure cuff. During an interview on November 20, 2014, at 10:45 a.m., Med Nurse1 stated that he cleaned the blood pressure cuff with disinfectant wipes after use. However, this was not observed during the medication pass observation.	F 441		