

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

POC Accepted  
06/27/2022 HFEN# 42307

PRINTED: 06/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555852	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/25/2022
NAME OF PROVIDER OR SUPPLIER  PARK AVENUE HEALTHCARE & WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 NORTH PARK AVENUE POMONA, CA 91768		
(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 California Department of Public Health during the investigation of a Facility Reported Incident (FRI). Facility Reported Incident number: CA00773530 Representing the Department: Health Facilities Evaluator Nurse: 42307 The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. One deficiency was identified for Facility Reported Incident number: CA00773530. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1), was provided adequate monitoring and supervision by failing to ensure Resident 1 who was at risk for elopement (a resident who is incapable of adequately protecting himself, and who departs the health care facility unsupervised and undetected) did not elope. This failure resulted in Resident 1 eloping and placed Resident 1's safety at risk, potentially causing life-threatening injuries and/or death. Findings:	F 000	The signing of this plan of correction is not an admission or agreement by this facility of the truth of the facts alleged in this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction serves as our written credible allegation of compliance.		
F 689 SS=D		F 689	<u>Corrective action</u> Resident 1 was immediately located and returned to secured unit.  <u>Identification of other residents and corrective action taken.</u> Licensed nurse checked all residents in the secured unit and no other residents were identified.	4/5/22	

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

TITLE

(X6) DATE

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 689	Continued From page 1 A review of Resident 1's, "Face Sheet," indicated, Resident 1 was admitted on 2/8/2022. A review of Resident 1's, "History and Physical," indicated, Resident 1 was admitted with multiple diagnoses including dementia (a general term for loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), psychotic disorder (a mental disorder in which a person's personality is severely confused and that person loses touch with reality), and anxiety (intense, excessive, and persistent worry and fear about everyday situations) and did not have the capacity to understand and make decisions. A review of Resident 1's Minimum Data Set (MDS, an assessment and screening tool), dated 2/15/2022, indicated, Resident 1 was unable to complete the interview for Brief Interview for Mental Status (BIMS) and mood was feeling or appearing down, depressed, or hopeless, moving or speaking so slowly that other people have noticed or the opposite - being so fidgety or restless that she had been moving around a lot more than usual. A review of Resident 1's "Physician's Orders," dated 2/8/2022, indicated, an order to, "monitor episodes of anxiety mb (manifested by) constantly wandering attempts to leave the facility." A review of Resident 1's, "Elopement Evaluation," dated 2/8/2022, indicated, Resident 1 was at risk and had a history of or an attempted elopement while at home and had a history of or attempted leaving the facility without informing staff. The Elopement Evaluation further indicated, Resident 1 had verbally expressed the desire to go home, packed belongings to go home or stayed near an exit door and wandered. A review of the facility's, "Elopement Risk	F 689	<u>Measures to prevent recurrence.</u> An in-service was provided on 03/02/2022-03/09/2022 by Administrator/designee and DSD to staff regarding Policies and Procedures for Wandering & Elopement and proper use of the secured unit locked doors.  Maintenance supervisor / designee will check alarm doors to the secured unit weekly.  Upon Social Services Director / designee will assess for Elopement risk upon admission and will review quarterly and as needed.		

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F 689	Continued From page 2 Residents," list, indicated, Resident 1 was on the list. A review of Resident 1's undated, "Progress Notes," by Registered Nurse (RN) indicated, a Safety Note: Resident 1 was high risk for elopement and required to be in the secured unit. The Progress Note further indicated, Resident 1 was ambulatory and was high risk for elopement. A review of Resident 1's SBAR (Situation, Background, Appearance, Review and Notify), dated, 2/14/2022, and Progress Note dated, 2/14/2022 at 2:56 p.m., indicated, at 1:20 p.m., facility called for code green (facility's code for missing resident) and initiated full search of facility and unable to locate Resident 1. Central Supply designee located Resident 1 at 1:50 p.m. outside of facility. A review of Resident 1's Progress Note by the IDT (Interdisciplinary Team), dated 2/14/2022, at 4:37 p.m., indicated, the IDT had a phone conference with Resident 1's brother due to resident eloping from facility. Resident was located by Central Supplies designee and Resident 1 was transferred from the open unit to the secured unit. A review of the facility's "Interview Record," dated 2/14/2022, at 2:15 p.m., indicated, a staff drove around to conduct search outside the facility for Resident 1, drove and made a turn towards Street 1 when staff spotted Resident 1 walking towards Street 2. A review of Resident 1's, "Care Plan," initiated on 2/8/2022, indicated, Resident 1 was an elopement risk/wanderer related to disoriented to place, impaired safety awareness, wanders aimlessly, significantly intrudes on the privacy or activities. The Care Plan, indicated, the goal was resident's safety will be maintained through the review date of 3/2/2022.	F 689	<u>Monitoring performance and integration into quality assurance system.</u> DON/ADON will monitor 5 staff per week x 4 weeks regarding proper use of locked doors in secured unit to ensure residents is provided adequate monitoring and supervision especially residents that is at risk of elopement.  The Administrator will present the results of the monitoring of staff proper usage of locked doors and discuss during monthly QA&A meeting x3months or until substantial compliance is achieved.		

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F 689	<p>Continued From page 3</p> <p>During an interview on 3/2/2022, at 11a.m., the Administrator stated, Resident 1 was a fairly new resident to the facility, was a high risk for elopement therefore was transferred to the facility from a sister facility (Facility 1) which did not have a secured unit.</p> <p>During an interview on 3/2/2022, at 12:10 p.m., Resident 1 stated, she wanted to go back to her home and remembered eloping facility but did not remember how she got out.</p> <p>During an interview on 3/2/2022, at 1:09 p.m., with Certified Nursing Assistant (CNA), CNA stated, Resident 1 was new so she tended to walk around, checking and wandering but when Resident 1 was usually at the door, was redirected and listened. CNA stated, other staff from other units didn't know the unit and residents, "and when they leave, sometimes they don't watch their back, if a resident is behind you cuz these residents are fast." CNA thought Resident 1 might have followed someone behind and snuck out.</p> <p>During an interview on 3/2/2022, at 2:08 p.m., with Licensed Vocational Nurse (LVN), LVN stated, Resident 1 was an elopement risk and that was why Resident 1 was put in the secured unit. LVN thought Resident 1 might have went out after a staff who was not from the secured unit did not watch the door closed behind them and Resident 1 saw the door open and eloped.</p> <p>During an interview on 3/2/2022, at 3:31 p.m., the Assistant ADM (AADM) stated, residents in the locked unit usually have wandering behavior and are assessed for safety issue.</p> <p>A review of the facility's undated policy and procedure titled, "Wandering &amp; Elopement," indicated, "Facility Staff will reinforce proper procedures for leaving the Facility for residents assessed to be at risk of elopement."</p>	F 689			

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