CENTERS FOR MEDICARE & MEDICAID SERVICES

OSAGE HEALTHCARE & WELLNESS CENTRE

PRINTED: 12/29/2016 FORM APPROVED OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIÉR/CLIA IDENTIFICATION NUMBER

056143

(X2) MULTIPLE CONSTRUCTION A. BUILDING _____

(X3) DATE SURVEY COMPLETED

> C 12/12/2016

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS CITY STATE, ZIP CODE

1001 SOUTH OSAGE AVE INGLEWOOD, CA 90301

'X4\ ∶D PREFIX TAG

SLAMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC ICENTIFYING INFORMATION)

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PROVIDER'S PLAN OF BOR FION (BACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DIEFIC ENCY:

COMPLETION DATE

FOCO INITIAL COMMENTS

The following reflects the findings of the Department of Public Health during an investigation of a Complaint during an Appreviated Survey

Complaint Number: CA00512418 - Substantiated

Representing the Department of Public Health:

Surveyor ID: 34180 RN, HFEN Surveyor ID: 35385, RN, HFEN

The inspection was limited to the specific Complaint and does not represent a full inspection of the facility

Three deficiencies were written for Complaint Number: CA00512418

F 323 483 25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT SS=E HAZARDS/SUPERVISION/DEVICES

> (d) Accidents. The facility must ensure that -

- (1) The resident environment remains as free from accident hazards as is possible; and
- (2) Each resident receives adequate supervision and assistance devices to prevent accidents

F 900

Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the **CENTINELA SKILLED NURSING &** WELLNESS CENTRE (OSAGE) of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.

F 323 CORRECTIVE ACTION(S):

- 1.) Licensed nurse obtained an order Resident to go out-onpass, as Resident is selfresponsible, from attending physician on 12/5/16.
- 2.) Resident 7 initially had an order to go out-on-pass for therapeutic pass with a company or family dated 12/4/16 @ 8:45am. However, the out-on-pass order was clarified and changed to allowing Resident 7 to go outon-pass as Resident deemed

LABORATURY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(XE) DATT

Any deficiency statement ending with an asterisk (1) 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. It deficiencies are cited, an approved plan of correction is requisite to continued program participation

F 323

FORM CMS-2567-02-99) Previous versions Obsolete

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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Resident 7 was at the nurses' station and informed registered nurse 1 (RN 1) he wanted to leave the facility and go out on a pass (a process where residents are allowed to leave the facility. for brief periods during the day) to attend an outside church service. RN 1 stated the resident is not allowed to leave the facility alone and required a chaperone (one delegated to ensure proper behavior) while out on pass. At the same time Licensed vocational nurse 1 (LVN 1) had also informed Resident 7 that his physician ordered a chaperone or family member to accompany the resident while out on pass. Resident 7 was observed pacing around the nursing station and continuously asking staff if he could leave the facility, when RN 1 and LVN 2 asked Resident 3 could Resident 7 accompany her for the day. Resident 3 stated that she was going to the store and when she returns Resident 7 could go with her.

Resident 7 was observed, at the nursing station and stated he was happy and thankful to the staff for allowing him to leave the facility. At 10:10 a.m., EVN 1 was asked about Resident 7's location in the facility. EVN 1 stated Resident 7 is currently in the dining room. A review of the lout on pass" book, indicated Resident 7 had signed himself out of the facility at 10:30 a.m.

A review of the admission record indicated Resident 7 was originally admitted to the facility on 12/25/13 and re-admitted on 11/17/16 with diagnoses that included toxic encephalopathy (altered mental state caused by disease, damage or maifunction of the brain), muscle weakness, dementia (a condition characterized by a group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning) without behavioral disturbances.

F 323

their respective family member or responsible person that will both sign then, out.

- 5.) In-service provided by Director of Nursing on 1/4/17 to all staff in regards to Outon-Pass vs Wandering and Elopement in accordance with facility's policy and procedure, with emphasis on
 - making sure that Resident has an outstanding order for outon-pass from their attending physician.
 - 6.) Interdisciplinary team members (IDT) interviewed Resident 7 on 1/4/17 about his preferences / wishes for going out-on-pass and stated that Resident only wanted to go out-on-pass on the weekend to go to church and have lunch or dinner with a friend, which is his regular customary routine. Resident is self-responsible and no family involvement. Attending physician aware and agreed.

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

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F 323 Continued From page 3

abnormalities of the gait (manner of walking) and mobility, and diabetes (when the body fails to produce insulin and causes prolonged elevated blood sugar)

A review of the elopement risk assessment dated 11/7/16 indicated that Resident 7 had a score of four which indicated the resident was not at risk for elopement.

A review of Resident 7's plan of care titled."

Altered thought process manifested by:
Confusion,/Disorientation, Forgetfulness." dated on 11/17/16 indicated to provide verbal reminders which assist resident in crientation, explain all procedures and repeat instructions, and make simple instructions.

A review of another plan of care titled "Psychosocial" dated 11/17/18 indicated Resident 7 had a problem with a change in health status, in the area of level of independence. The interventions included to orient resident to new environment, assess for negative emotions, anger, anxiety and depression. Redirect behavior provide education concerning residents. It ignts, provide to resident, responsible party, and staff regarding special care needs.

A review of the admission assessment dated 11/17/16 indicated Resident 7 required extensive assistance with bathing, dressing, hygiene, tolleting, eating, transferring, amoutating and bed mobility.

A review of the physician's orders dated 11/27/16, at 7:00 a.m., indicated Resident 7 may go out on a therapeutic (a cure or remedy) pass for four hours. Another physician 's order dated 12/4/16 at 8:45 a.m., indicated Resident 7 may go

F 323 HOW TO IDENTIFY OTHER RESIDENTS:

 All Residents who goes outon-pass based on Log where checked if outstanding order for out-on-pass are in place. No other Resident was affected.

SYSTEMIC CHANGES:

- 1.) Social Service Designee will check facility Out-on-pass Log daily to ensure that Resident who signs out to go out-on-pass have an outstanding written order from their attending physician in their clinical record.
- 2.) Social Service Designee will check Out-on-pass log to ensure that it is completed, indicating the time out weekly, destination, name of person accompanying resident, and phone number to call in case of emergency and the time expected..
- Director of Nursing will provide in-services to nursing staff regarding Out-on-Pass & wandering vs. elopement, in accordance to facility's policy, with emphasis on making

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F 323	family member A review of the M comprehensive a tool) dated 11/29/cognitively intact with one person a A review of the ph 12/2/16, indicated precautions for R During an interverse Resident 3 was a accompanied har because she was para-transit compand did not inform that she had an erburing an intervient 1 stated that she including the facility retirement area of East and West bus able to locate Resoluting an intervient a was asked if it is to allow residents of any lower shaperone for any facility/out on passidents of the saked if the resident in the facility was asked if the resident in the facility was asked if the resident in the facility out on passidents.	inimum Data Set (MDS- a ssessment and care screening 16 indicated Resident 7 was and required minimal assistance issist for activities of daily living hysician's progress notes dated to continue with safety esident 7 www. on 12/4/16 at 10:15 a m., sked if Resident 7 had. Resident 3 stated "No", taking Access (a bublic lany for persons with disabilities) in the transportation company extra rider. If wo on 12/4/16 at 10:20 a.m., RN issearched the entire facility ity's parking lot and the fithe facility located between the uildings. However, RN 1 was not sident 7 RN 1 stated she histrator, the Director of Nursing tivities and had stopped resident. We on 12/4/16 at 10:50 a.m., LVN is the facility's standard practice to act as a companion prother resident while but of the statisty's policy indicated that a cility may act as a chaperone or		323	sure that attending phyto include whether the Resident should be accompanied by a respector while out on paray leave the facility unaccompanied. In the absence of a specific of that indicates the Residency go out on pass unaccompanied, the Remay be accompanied by responsible person. MONITORING PROCESS Findings will be present and discussed with QA Committee monthly x 6 months for further resolvand recommendations.	oonsible ass or e rder dent esident by a		
	a companion for a	another resident while out an cility, RN 1 stated 1 No 1						

During an interview on 12/4/16 at 12:45 p.m. the

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F 323	from the facility bed the facility. The Adr Resident 7 was at a During an interview stated Resident 7 v place and time with At 3:40 p.m., the Direturned to the facilicalled. At 5:00 p.m., Resid facility During an interview Resident 7 had just During an interview Resident 7 stated the name of the resident 3 was obstained to be same time LVN 5 st intoxicated with alconormal behavior an leave the facility put At 8:05 p.m., Resident 3 was obstant at 8:05 p.m., Resident 3 benown. Resident 3 benown. Resident 3 benown. Resident 3 benown. Resident 3 was admitted to a schema to the facility put At 8:05 p.m., Resident 3 benown. Resident 3 benown. Resident 3 benown the admitted to a schema to the facility put Areview of the admitted to the facility put Areview of the admitted to the facility put Areview of the admitted to the facility put Areview of the admitted to the facility put Areview of the admitted to the facility put Areview of the admitted to the facility put Areview of the admitted to the facility put Areview of the admitted to the facility put Areview of the Areview of the MDS ar	d Resident 7 did not elope cause he signed himself out of ministrator further stated that church and was not missing on 12/4/16 at 1:35 p.m., RN 1 vas alert and oriented to name, periods of forgetfulness ON stated Resident 7 had not lity and the local police was ent 7 had not returned to the at 6:25 p.m. LVN 5 stated returned to the facility on 12/4/16 at 5:40 p.m., nat he did not attend church noh, but could not remember taurant. On 12/4/16 at 7:00 p.m., lerved to be intoxicated. At the rated Resident 3 was sholl, which was not her did not pass, ent 3 becoming increasingly duted deep cleaning in her egan swearing and stated drinking, is there a law against inssion record indicated nitted to the facility on 3/30/16, included chronic obstructive (COPD - a lung disease dishortness and breath) and		323			

PRINTED: 12/29/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BULDING 056143 B WING 12/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE, ZIP CODE 1001 SOUTH OSAGE AVE OSAGE HEALTHCARE & WELLNESS CENTRE INGLEWOOD, CA 90301 PROVIDER'S FLAN OF CORRECTION ICACH CORRECT VE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USD IDENTIFYING INFORMATION) :X4):D PREFIX COMPLETION DATE PREEX TAG TAG DEFICIENCY F 323 Continued From page 6 F 323 required extensive assistance from facility staff in dressing, tolleting, and personal hyglene. A review of the recapitulated physician's orders for 8/2016, 9/2016, 10/2016, 11/2016 and 12/2016 did not indicate an out on pass order for Resident 3 A review of the nurses notes dated 11/24/15 timed at 3:45 a.m. indicated Resident 3 left the facility without an out on pass order. The resident was administered Norco (a controlled medication used to refleve pain) and Benadryl (a medication used for allergies and causes drowsiness) at 8:30 a.m. prior to leaving the facility. A review of the change of condition curses notes: dated 12/4/16 and timed between 3 p.m.-11 p.m., indicated Resident 3 had an episode of alcoholic intex cation and stated "I drink every single day." A review of the facility's out on pass sheet including the date and time in and out of the facility and the destination indicated Resident 3. had been leaving the facility from 9/4/16 to 12/4/16 at various times of the day. Date Time Dut in Destination 9/4/16 11:00am 5:50pm unknown 5:30 pm doctors appt. 9/5/18 10:30am & pharmacy 9/8/16 1:30 pm blank blank 9/10/16 2:35 pm 7:00 pm 9/14/16 blank blank 11:10 am 4:30 pm 8:15 pm 9/16/16 blank 9/18/16 11:30 am blank blank 1:50 pm 9/22/16 11.45 am blank 8:25 pm 9/23/16 11:15 am blank

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F 323 Continued From page 8

responsible person while out on pass or may leave the facility unaccompanied. In the absence of a specific order that indicates the resident may go out on pass unaccompanied, the resident must be accompanied by a responsible person.

REGULATORY OR USC IDENTIFYING INFORMATION;

F 441 483.80(a)(1)(2)(4)(e)(f) INFECTION CONTROL. SS=J PREVENT SPREAD, LINENS

(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- (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 (facility assessment implementation is Phase 2);
- (2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
- (i) A system of surveillance designed to identify possible communicable diseases or infections. before they can spread to other persons in the facility:
- (ii) When and to whom possible incidents of communicable disease or infections should be reported;
- (iii) Standard and transmission-based precautions

F 323 F 441 CORRECTIVE ACTION(S):

1.) All 6 Residents identified with rashes on body were immediately placed on presumptive contact isolation precaution 12/2/16, and will remain on contact isolation precaution until cleared by Dermatologist.

2.) In-services was immediately provided and initiated on 12/2/16 by Director of Nursing to direct patient-care staff on 3-11 shift and will continue to provide series of in-services with regards to infection control management, placing emphasis on care & management of skin rashes with unknown etiology. In service will continue until all staff are captured and completed. No direct-care staff will provide Resident's care until they have been

provided in-service.

FORM CMS-2567(02-99) Previous Versions Obsciete

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F 441	Continued From p	page 9	f 441 - x	1:1 in-service/training was	
		prevent spread of infections:	3.)	provided to treatment nurs	
	·				
	1 ,	wisolation should be used for a -		(LVN) involved on 12/2/16	Бу
	rasident; including) but not maited to		the Director of Nursing	
	(A) The type and o	duration of the isolation.		Designee in regards to Skin	الماماد
		ne infectious agent or organism		care & management, with	1212116
	involved, and			emphasis on notifying the	, , , , ,
	V	that the solation should be the issible for the resident under the		physician & Director of	
	circumstances.	sside for the resident didel the		Nursing regarding skin rash	nes
	C/I GUTTI Start GUT.			not responding to current	
	(v) The pircumstar	nces under which the facility		treatment order.	
	1 1	loyees with a communicable			
		d skin lesions from direct ents or their food, if direct	4.)	Dermatologist was called o	on
		nit the disease; and	•	12/2/16 to evaluate all 6	
				Residents identified with	. 1 1
		ene procedures to be followed		rashes on body, and	h/2/16
	by staff involved in	direct resident contact.		Dermatologist arrived at t	he VIII
	Mi A quetam fer re	ecording incidents identified		facility on 12/2/16.	iic
		PCP and the corrective		Tachity on 12/2/10.	
	actions taken by th		-	N. Dozamośnienie (d. 1481) d 4	
	•	•	Э.	Dermatologist identified 4	
	/ · ·	nnel must nandle, store.		Residents with undiagnose	
	process, and trans spread of infection	sport linens so as to prevent the		rashes on body & suspecte	
	apread of three total			scables, Skin scraping orde	ered '''
	(f) Annual review.	The facility will conduct an		immediately on 12/2/16.	
		s IPCP and update their			
	program, as neces		6.)	Skin Mapping and	
		ENT is not met as evidenced		surveillance initiated and	
	by: Based an intervier	w and record review, the facility		completed to all 6 Resider	its 1011
		e cause of skin rashes for four		identified with skin rashes	on 1/1/4/4
		idents (Residents 1, 2, 3, 4).		12/2/16.	, 141
	who doubloped cki	in raches while residing in the			

facility from September 2016 to December 2016.

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10 12 36 a m = 12 30 2016 = 19 49

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	12/29/2016 APPROVED 0938-0391
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F 441	contracted scables physician to have stand 4 had not receither skin rashes with symptoms of scablifialed to ensure and control practices are 2, 3, and 4, who had not been seen not tested for scabl DSD, licensed nurs who were aware of residents failed to formatologist, as it Additionally, the MI before and after directly and 4. Also, the for "Prevention and California in Longter report an outbreak or one confirmed of case) of suspected These deficient pracesult in ineffective scables and a lack placed all residents.	nt 1's family member and was diagnosed by her cabies. Also, Rasident 1-2-3 avad appropriate treatment for hich resembled signs and es. Additionally, the facility dimaintain accurate infection to surveillance for Resident 1, ad a rash for more than 90 of responding to treatment and by a Dermatologist and was ies. Additionally, the facility's less LVN 3-LVN 4 and LVN 5, the skin connitions of the follow-up with the facility's policy. On 1 failed to wash his hands rect contact with Resident 1, 2 facility failed to follow its policy. I Control of Scabies in erm Facilities" by failing to (Two or more confirmed cases ase and at least two suspected cases to the Department incloses had the potential to control of the transmission of of immediate action and is staff, and visitors at risk of	Ė	441	Skin scraping order don Director of Nursing to a Residents on 12/3/15. For skin scrapping of 4 Resident with suspected scabies done received of 12/3/16, and all were for negative. California Department of Public Health was called 12/3/16 @ 11:15am and 11:20am. 4 Residents were reported to CDPH Communicable disease physician Dr. Bam Schwon 12/3/16 at 2:30pm. Standition, a letter was fa California Department of Public Health at (888)39 3778.	all 4 Result d on ound of d on d rith	12/3/14
	exposure to scable Findings:	J.		9.)	Another skin scraping procedure done by		
	the facility to invest not addressing or o scables. The allega	ennounced visit was made to igate allegations the faculty is correcting the problem of ations indicate staff, visitors adontracted scapies.			Dermatologist to all 4 Residents with suspecte scabies on 12/3/16, resu were received on 12/4/ 4 Residents were found	ults 16. All	Holle-

 $(\underline{\varphi}_{i},\underline{\varphi}_{i})$, which is a set of the second constant of th

negative.

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

PRINTED: 12/29/2016 FORM APPROVED OMB NO 0938-0391

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F 441 Continued From page 11

A review of the admission record indicated Resident 1 was originally admitted to the facility on 9/01/16, and re-admitted on 9/19/16, with diagnoses that included sepsis (an infection in the blood), encephalopathy (altered mental state caused by disease, damage or maifunction of the brain) and dementia (a condition characterized by a group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning)

A review of the Minimum Data Set- (MDS - a comprehensive assessment and care screening tcoi) dated 11/16/16, assessed Resident 1 as having intact cognitive patterns were required. extensive to total dependence with one to two person physical assistance with transfers, dressing, toilet use and personal hygiene

A review of the admission skin assessment dated 9/2/16, indicated Resident 1 had an upper back rash.

A review of a clan of care for Resident 1 titled "Skin Rash" dated 9/2/16, included to administer treatment as ordered, monitor rash and advise the physician of progress and/or complications. and obtain a dermatologist consultation and follow-up as needed.

A review of the physician's orders dated 9/2/15, at 7 a.m., indicated to apoly Triamcinolone (a medication used for reducing tching, redness, and swelling associated with many skinconditions) cream daily for 30 days.

A review of the physician's progress notes dated 9/7/16 indicated Resident 1 had a rash with

F 441 10.) A series of in-services provided by the Director of Nursing Designee to all staff initiated on 12/2/16, in regards to Skin care & management, with emphasis on notifying the charge nurse of any Resident with a skin rash.

11.) All 4 Residents found with rashes and found negative with scabies, per skin scraping results declared clear by their respective attending physician on 12/4/16. Isolation precaution orders were discontinued on 12/4/16, as per attending physician's ordered.

12.) ADDENDUM: The Public Health Nurse and the Public Health Nurse Supervisor visited the facility on 12/8/16 and provided the following recommendations that were immediately implemented by the facility staff on 12/8/16. The recommendations are as follows:

The facility identified the index case

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FORM CMS-2567(02-99). Previous Versions Obsolete

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/29/2016 FORM APPROVED OMB NO 0938-0391

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	extremities (arms: (itching). The physindicated Resident (suspicious) of solid with Elimite (an an paralyze and kill mincluding an additional suggested to treat and Resident 3) as A review of the phy 2:30 p.m., indicated to Resident 1's entitle treatment once A review of the nur 9/7/16 indicated Redry to touch. On 9/p.m., Resident 1 re A review of Reside indicated the reside back rash with Tria 9/2/16 to 9/4/16, 9/9/24/16 and 9/25 to treatment record in treated with Elimite 9/22/16. A review of the ony at 9 a.m., indicated back rash with Tria daily for 30 days. A review of the nursalm, indicated Resimproving but had	sician's orders dated 9/7/16, at ditto apply Elimite Oream 5 % ire body one time and repeat in 14 days of itching ses' notes dated from 9/2/16 to sident 1's skin was warm and 8/16, between 3 p.m. to 11 serived Elimite treatment, not 1's treatment records and was treated for an upper moinclone cream 0.1 % from 6/16 to 9/20/16, 9/22/16 to 9/30/16, Additionally, the dicated Resident 1 was non 9/8/16 and again on sician's orders dated 10/3/16 to treat Resident 1's upper moinclone bintment 0.1 % ses' notes dated 10/3/16 at 9 dent 1's back rashes were			Line Em Sca line Res affe Res ide sus scal Not dire visit the rep nur faci effo visit mei susp	ebies outbree e Listing for ployees obies outbree e listings for sidents ected ected bies. Sidents ected ecting staff of tors entering facility to ort to licens se(s). The lity made thors & family mbers of the pected ected	ak 4 & g sed ct y e 4	

at 9 a.m., indicated to discontinue the

Triamcinolone treatment, Resident 1's upper back

the second of th

or scabies.

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conditions of the skin) consult for Resident 1 handwashing in between However, there was no documented evidence the Dermatclogist consult was ever idone. A review of the nurses' weekly summary for			AND HUMAN SERVICES		FORM APPE	
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### PACH Continued From page 13 rash was resolved. Further review of Resident 1's treatment record indicated the treatment was resolved on 107/4/16. A review of the nurses' notes on the following dates: 10/6/16, 10/12/16 10/14/16 for the 11 pm, to 7 a.m. shift, indicated Resident 1. A review of the nurses' notes dated 11/16/15 for the 11 pm, to 7 a.m. shift, indicated Resident 1 had and bitateral (both sides) underarms. A review of the nurses' notes dated 11/12/16, at 530 pm, indicated Resident 1 had both underarms were in the healing process A review of the skin) consult for Resident 1 however, there was no documented evidence the Dermatologist consult was ever done. A review of the nurses' weekly summary for	OSAGE	HEALTHCARE & WEI	LLNESS CENTRE			
F 441 Continued From page 13 rash was resolved. Further review of Resident 1's treatment records indicated the resident was treated for an upper back rash with Triamcinclone ointment 0.1 % from 10:3/16 to 10:1/4/16. The treatment record indicated the treatment was resolved on 10/14/16. A review of the nurses' notes on the following dates: 10/6/16, 10/19/16 and 10/20/16 indicated that Resident 1 had a general body rash. After further review there was no treatment record for November 2016 for Resident 1. A review of the nurses notes titled change of condition dated 1/1/2/16 for the 3 p.m. to 11 p.m. shift indicated Resident 1 had red bumps to the left hand and both underarms. A review of the nurses' notes dated 11/16/15 for the 11 p.m. to 7 a.m. shift, indicated Resident 1's red bumps to the left hand and both underarms were in the healing process. A review of the physician's orders dated 11/22/16, at 5.30 p.m. indicated to obtain a Dermatologist consult was ever done. A review of the physician's orders dated 11/22/16, at 5.30 p.m. indicated to obtain a Dermatologist to hand hygiene, with emphasis on proper handwashing in between procedure.	PREFIX	(EACH CEFICIENC)	Y MUST BE PRECEDED BY FULL	PRES	X - EACH CORRECTIVE ACTION SHOULD BE COM- CPCSS-REFERENCED TO THE APPROPRIATE S	PLET ON 1
rash was resolved. Further review of Resident 1's treatment records indicated the resident was treated for an upper back rash with Triamcinplone ointment 0.1 % from 10/3/16 to 10/14/16. The treatment record indicated the treatment was resolved on 10/14/16. A review of the nurses' notes on the following dates: 10/6/16, 10/12/16, 10/13/16, 10/17/16 10/18/16, 10/19/16 and 10/20/16 indicated that Resident 1 had a general body rash. After further review there was no treatment record for November 20/16 for Resident 1. A review of the nurses notes titled change of condition dated 11/12/16 for the 3 p.m. to 11 p.m. shift indicated Resident 1 had red bumps to the left hand and bilateral (both sides) underarms. A review of the nurses' notes dated 11/16/45 for the 11 p.m. to 7 a.m. shift, indicated Resident 1's red bumps to the left hand and both underarms were in the healing process A review of the physician's orders dated 11/22/16, at 5.30 p.m. indicated to obtain a Dermatologist on sult for Resident 1 However, there was no documented evidence the Dermatologist consult for Resident 1 However, there was no documented evidence the Dermatologist consult was ever done. A review of the purses' weekly summary for	F 441	Continued From pa	age 13	F.	* * *	
A review of the nurses' weekly summary for		Further review of R indicated the reside back rash with Tria from 10/3/16 to 10/micated the freath 10/14/16. A review of the nur dates: 10/6/16, 10/10/18/16, 10/19/16 Resident 1 had a g After further review record for Novemb A review of the nur condition dated 11/shift indicated Resileft hand and bilated A review of the nur the 11 p.m. to 7 air red bumps to the keyere in the healing A review of the phy at 5 30 p.m. indical (a medical doctor the conditions of the sill However, there was	tesident 1's treatment records ent was treated for an upper moinclone ointment 0.1 % (14/16). The treatment recordinant was resolved on ses' notes on the following 12/16, 10/13/16, 10/17/16 and 10/20/16 indicated that leneral body rash. If there was no treatment er 2016 for Resident 1. ses notes titled change of (12/16 for the 3 p.m. to 11 p.m. ident 1 had red bumps to the trait (both sides) underarms. ses' notes dated 11/16/15 for m. shift, indicated Resident 1's left hand and both underarms process (sician's orders dated 11/22/16, ted to obtain a Dermatologist hat treats disease and kin) consult for Resident 1 is no documented evidence the		employee(s) • Treatment provided to affect Residents. • All affected Residents & employees were simultaneously being treated. • Moving forward, the facility will notify the local health officer of any and all of outbreaks. 13.) 1:1 in-service provided to Dermatologist by Director of Nursing Designee on 1/3/17 in regards to hand hygiene, with emphasis on proper handwashing in between	ıl Blız
0/7/48 0/7/48 then 0/44/48 9/14/48 then 9/21/48		A review of the nurses' weekly summary for Resident 1 for the following dates: 8/31/16 thru			HOW TO IDENTIFY OTHER RESIDENTS:	

1.) Resident's skin check/ sweep initiated and completed on 12/2/16. No other Residents affected.

FORM CMS-2587(02-98) Previous Versions Obsclete Event IC TODX11

the treatment book.

9/28/16 thru 10/5/16 and 11/16/16 thru 11/23/16

assessment, but there was a notation to refer to

indicated there was no documented skin-

A review of Resident 1's Surveillance Data

Facility D. CA910000004

If continuation sheet Page, 14 of 37

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICA: DISERVICES

PRINTED 12/29/2016 FORM APPROVED

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AMEER'X Lang	EACH DEF'S EN	ITATEMENT OF DEFICENCIES FOY MUST BE PRECEDED BY FIVE RUBO IDENT FYING THE CRIMATION.	.C FREF 7.57	PROVIDER I PLAN OF JO HEACH FOR BE TIME NOTICE HIT FOR SHATTER VOID FOR THE PROVINCE	# SHOULD BE CONFLETELS.	

F 441 Continued From page 14.

Collection Form, completed by the DSD dated on 12/2/16, indicated the resident had no current maculopapular (red. flat area of the skin covered. with bumps) and/or itching rash During an interview on 12/1/16, at 8:30 a.m., the Director of Staff Development (DSD) stated there is no documentation in the facility's surveillance. Infection log Indicating Resident 1 had a rash or suspected scables and stated Resident 1 should have been added to the surveillance log. The DSD stated that she was informed by Resident. I's family member (FM 1) two to three weeks. prior that the resident had a history of scables. The OSD further stated that she had performed a visual inspection of Resident 1's skin and the resident was treated prophylactically with Elimite cream

During an interview on 12/1/16 at 1.55 a.m. Licensed Vocational Nurse (LVN 4) stated Resident 1 had a red spotty rash on both arms. two weeks ago and was treated. However no labswere performed to confirm scables and she didnot initially check the resident's skin. LVN 4 stated Resident 1's FM 1 took the resident to her private. dermatologist. She further stated she did not follow-up on the facility's dermatology consult. order dated 11/22/16 LVN 4 further stated that Resident 1 was not placed on contact isolation during that time.

During an interview on 12/1/16, at 3:00 p.m., LVN 3 (treatment nurse) stated that she would potify the physician about any resident with a rash or suspected scables. She further stated if the rash was not improving she would suggest a dermatology consult for further skin evaluation. UVN 3 further stated that Resident it's family. member had taken the resident to an outside

Flad. 2.) All direct patient-care employees scheduled on 12/2/16 on 3-11 shift were interviewed and assessed for signs/ symptoms of rashes.

No affected employees reported on 3-11 shift.

3.) Completion of interviews and assessment of all direct patient-care employees completed on 12/5/16. No affected employees reported. With symptoms of scabies.

SYSTEMIC CHANGES:

- 1.) Director of Nursing will make rounds weekly with the Treatment nurse to review all wounds and skin abnormalities.
- 2.) Treatment nurse will do skin sweep weekly and any findings of rashes noted on Resident's body will be reported to Infection Control Preventionist for proper identification and management within 24 hours upon identification.

FORM CMS-3567 92-39) Previous versions (absorate

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

PR NTED: 12/29/2016 FORM APPROVED OMB NO. 0938-0391

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F 441 Continued From page 15

dermatologist and had no knowledge of the outside dermatologist results and was not sure if a skin scrapping were performed. LVN 3 was asked if Resident 1 currently had a rash and was seen by a dermatologist, LVN 3 stated "No" and stated Resident 1 was not receiving skin treatment for the month of November 2016. When asked if any employees involved with the resident's care were treated prophylactically. LVN 3 stated all employees were offered prophylactic treatment, but had never received the treatment.

During an interview on 12/2/16 at 7:40 a m , LVN 5 stated that Resident 1 had a red itchy rash on her stomach and left arm last month (November) and was treated with a cream that is placed on the entire body at night then showered off in the morning LVN 5 stated that she was not aware of any other residents with skin rashes LVN 5 further stated that she personally had developed a small red rash on her left wrist area but believed that it was from laundry detergent, LVN 5 stated she was never offered prophylactic treatment and asked LVN 3 before leaving work on 12/1/16 about the bump on her left wrist. LVN 3 stated the bump on LVN 5's left wrist was similar to the rash on Resident 3

During a shower observation on 12/2/16 at 9 a.m., Resident 1 had no rash. During an interview on 12/2/16, at 2:16 p.m., LVN 3 stated that she should have followed-up on the findings, but did not. LVN 3 further stated she was responsible for performing weekly skin checks/sweeps on all residents and had stopped after the prior DON left the facility in July 2016 LVN 3 stated she was offered prophylactic treatment from the prior DON but never used it

= 441

- 3.) Infection Control
 Preventionist will conduct
 Surveillance Data Collection
 for proper identification,
 interventions and reporting.
- Any newly admitted Resident with an undiagnosed rash will be placed on contact isolation until a diagnosis is made.
- S.) Any existing Resident with a newly identified rash will be placed on contact isolation until a diagnosis is made.
- 6.) In addition to the attending physician, the Medical Director will be informed of any Resident with suspected or confirmed scabies for guidance.

MONITORING PROCESS:

 Findings from weekly skin sweep will be presented and discuss with QA Committee monthly X's 6 months for review and further recommendations and resolutions.

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

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F 441 Continued From page 16

During a telephone interview on 12/2/16 at 4.49 p.m., FM 1 stated initially Resident 2 had a bad rash, then Resident 1 developed a rash and a week after visiting Resident 1, FM 1 had developed a red and itchy rash all over her body and under her breast folds. According to FM 1's Dermatologist report dated 10/5/16, FM 1 had a confirmed case and diagnosis of scabies. On 10/19/15 and 11/2/16 the Dermatology report indicated FM 1 was receiving treatment for scabies.

During an observation on 12/3/16, at 3.45 p.m., the facility's darmatologist was observed performing a skin scrapping to Resident 1's right thigh, MD 1 failed to perform hand washing before and after direct contact.

A review of the facility's policy dated 1/1/12 and titled "Skin and Wound Management" indicated the certified nurse assistants (CNA) will complete body checks on resident's ion shower days and report unusual findings to the licensed nursa. Treatments for skin problems, wounds, and non-pressure ulcers will be assessed and documented by a licensed nurse. A licensed nurse will report any changes in the resident's skin condition to the attending physician, Director of Nursing Services (DNS), the interdisciplinary Team (IDT)-skin committee and the responsible party. The licensed nurse will document the status of all skin conditions at least weekly or as otherwise indicated in the resident's care plan. document all notifications following a change in the resident's skin condition and update the resident's care plan as necessary.

b. On 12/2/16 at 8:01 a.m., Resident 2 (Roommate of Resident 1) was observed with a

F 441

2.) Patterns or concerns observed will be discussed with QAA committee for further suggestions and recommendations.

FORM CMS-2667(02-69) Previous Versions Obsolete

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Facility D. CA910000004

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

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,				1001	SOUTH OSAGE AVE		
OSAGE	HEALTHCARE & WE	LLNESS CENTRE		INGL	-EWOOD, CA 90301		
/X4) ID	SHUMARY 57	ATEMENT OF DEFICIENCIES	HD.		PROVIDER'S PLAN OF GORREC	TON	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION;	PREF TAC	≓IX	(EACH CORRECTIVE ACTION SHOU DROSS-REFERENCED TO THE APPR DEFICIENCY:	ULD 3E	COMPLETION DATE
F 441	Continued From pa	ace 17	F	441			
	•	on the thighs, hands and feet					
		t hand and fingers were patchy					
•	•	nt 2 was observed scratching					
	her left foot, left lov	ver leg and right upper thigh					
	A raviant of the age	nission record indicated					
		admitted to the facility on					
		25/16 with diagnoses that					
		s (skin) abscess (a collection of					
	pus that has built u	p within the tissue of the body)					
		ash and other nonspecific skin-					
	eruption (outbreak	or flare-up).					
	A review of the MD	Sidated 8/9/16 Indicated					
		derately impaired cognition					
	and required limited	d and one person assistance					
<u> </u> 	with activities of da	ily living.					
! !	A review of the chy	sician's history and physical (H					
		indicated the resident had					
<u> </u> -	,	characterized by dry, itchy					
	patches and crusting	ng on the following dates.					
		2/16, 9/8/16, 9/14/16, 9/22/16,					
: 		6. According to the H & P					
		rashes had improved.					
		nt 2's physician's orders treatment of skin rashes on					
	the following dates:						
	•	ne 2.5 % cream twice a day to					
	both upper arms fo	-					
!	8/3/16-Triamcinolor	ne 1 % cream twice a day to					
[, ,	ritching for 30 days					
	8/3/16- Dermatolog						
		(vitamins A and D-a medicated					
		eal diaper/skin rash) cream					
	itching, diagnosis: o	ind as needed for rashes and —					
	•	ent with Dermatologist Dr. on					
	8/31/16 at 9:00 am.						

DEPARTMENT OF HEALTH AND HUMAN SERVICES.

PRINTED: 12/29/2016 FORM APPROVED

CENTERS FOR MEDICA	RE & MEDICAID SERVICES		OMB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X3) DATE SURVEY COMPLETED
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OSAGE HEALTHCARE & W	VELLNESS CENTRE	1001 SOUTH CSAGE AVE	

INGLEWOOD, CA 90301

SUMMARY STATEMENT OF DEFICIENCIES
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F 441 Continued From page 18

8/23/16- General body dermatitis apply Triamcinolone 0.1 % cream every other day for 30 days and alternate with Calamine and Praxomine (a topical medication used for itching that have a numbing effect). 9/7/16-Elimite 5 % cream from neck to toes in pm, then shower in the am for prophylaxis repeat in 14 days

9/22/16-Generalized body rashes, apply Fluncinonide (a topical medication used for to relieve itching, redness, dryness, crusting, scaling, inflammation, and discomfort) 0.1% ointment daily for 30 days. 10/19/16-Generalized body rashes, apply Triamcinolone C 1 % ointment on M-W-F, then Fluorinonide 0.5 % ointment on T-TH-S-Sun for 30 days.

11/21/16- Generalized body rashes apply Triamcinologe 0.1 % ointment daily for 30 days. 11/22/16- Dermatologist consult related to red bumps all over body. 11/30/16-Generalized body rashes apply Fluocinonide 0.5 % pintment daily for 30 days and Benadry! (medication used to treat allergic reactions) cream daily as needed.

A review of the nurses' admission assessment dated 8/2/16 indicated Resident 2 had generalized body rashes to both arms and hands. An admission assessment dated 9/22/16 indicated Resident 2 had generalized body rashes from the head to the toes. Another admission assessment dated for 11/29/16 indicated that Resident 2 had a generalized dry and scaly rash. A review of the nurses' notes on the following dates indicated Resident 2: 9/8/16 timed at (3 p.m. 11 p.m.) -Refused Elimite. treatment

F 441

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

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F 441	Continued From p	age 19	F 44*			
	prophylaxis treatm 11/21/16 timed at discontinued diphe blocks allergic and milligrams (mg) by needed for itching	,-Generalized body rashes,				

The nurses' notes dated from 9/10/16 through 10/31/16, 11/30/16, 12/1/16 and 12/2/16 indicated Resident 2's skin was warm and dry to touch.

11/22/16 at 5 p.m.-Had red bumps all over dody, physician notified, and dermatologist consult was

A review of the treatment records dated for 8/10/16 indicated Resident 2 had a general body rash characterized by elevated red bumps with complaints of itching. On 8/3/16 through 8/22/16 the resident was treated with Triamcinclone 0.1 % cream twice a day and A&D cintment daily as needed for itching.

On 8/23/16 through 8/30/15 Resident 2 was treated with Triamcinclone 0.1 % cream every other day to the body

A review of the treatment records dated 9/29/16 indicated Resident 2 had generalized, scattered, irritated, red flat skin rashes. According to the treatment record on 10/6/16 the resident's rash was improving well and on 10/13/16 the resident had multiple pinkish/brownish flat rashes.

Resident 2's treatment record dated 11/21/16 through 11/30/16 indicated the resident was treated with Triamcinolone 0.1% ointment daily

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 441	Continued From	page 20	F 441		
	for generalized b				
	"change of condi- between 3 p.m -1 red bumps on the areas on the left complaints of pai Dermatologist wa- the nurses notes dated 11/24/16 at p.m., Rasident 2 itching A review of Resid Collection Form, 12/2/16, indicated	sing assessment document titled ion." dated 11/22/16 and timed 1 p.m., indicated Resident 2 had a left arm and hip area, and rediforearm. The resident had no nor discomfort and the is consulted. Further review of titled" change of condition and timed between 3 p.m 14 had red raised spots and was sent 2's Surveillance Data completed by the DSD, dated the resident had no current addor tohing rash.			
	and titled "At Risl related to history dermatitis indical treatment as order effectiveness/de- frequently, obtain	lent 2 plan of care dated 8/2/16, c for Skin Break/Ulcer formation of skin toars/ulcers/chronic ed to administer medication and ered and monitor for ayed healing. Provide skin care lab tests as ordered and and symptoms of infection.	1		
	2 titled "Skin Ras target date of 9/3 will be resolved v 30 days. The inte treatment as ord- the physician of p Dermatological of	irt term plan of care for Resident h" and dated on 8/3/16 with a /16 indicated the resident's rash rithout complications daily within triventions were to administer ered, monitor rash and advise progress and/or complications onsultation and follow-up as y Dermatologist of non-responsi-			

etc.

PRINTED: 12/29/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER STATEMENT OF DEFICIENCIES. (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A 35/L0 NO _____ С 056143 8 WING 12/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, ZIP CODE 1001 SOUTH CSAGE AVE OSAGE HEALTHCARE & WELLNESS CENTRE INGLEWOOD, CA 90301 PROMDER'S PLAN OF CORRECTION BE CLUDHR NOT CHARROTHERS, BE CHORROTHER OF CORRESPONDERS BEIGGE CORRESPONDERS CORRESPONDERS SUMMARY STATEMENT OF DEFICIENCIES FX5: COMPLETION DATE 16.5 LEACH DEFICIENCY MUST BE PRECEDED BY FULL ⊃HF≒iX PRESIX. REGULATORY OR LISC (DENTIFY NO INFORMATION) TAG TAG F 441 Continued From page 21 F 441 A review of plan of care for Resident 2 titled "Scables" and dated on 9/7/16 indicted the resident will be free of scables with intervention. that included; provide Elimite 6 % cream from the neck to the toes. Encourage and/or assist the resident with hand washing, check skin daily during care and notify the physician as necessary. Place the resident on contact isolation, wash all clothing and bed linen. Provide education to resident, responsible party and staff regarding special care needs. A review of another plan of care for Resident 2 dated on 9/22/16, 11/30/16 and titled "Skin-Short Term Non-Pressure Ulder" for generalized body rashes the goals indicated skin condition will heat within 30 days and the resident will be free from further skin breakdown. The interventions included to administer medication and treatment as ordered and monitor for effectiveness. Provide good skin care and provide education to resident. responsible party and staff regarding special care needs. A review of another plan of care for Resident 2. titled "Alteration in Skin Integrity: Generalized Rashes to the body' and dated on 12/1/16 had no indicated interventions. During an observation on 12/3/16, at 3:45 p.m., MD 1 was observed performing Resident 2's skin. scrapping to the resident's left hand MD 1 failed to perform hand washing before and after resident care.

During an interview on 12/1/16 at 1.55 p.m., LVN 4 stated Resident 2 had a generalized rash with red scratches and red bumps all over her body. LVN 4 stated that resident was re-admitted to the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES.

PRINTED: 12/29/2016 FORM APPROVED OMB NO. 0938-0391

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OSAGE HEALTHCARE & WELLNESS CENTRE

INGLEWOOD, CA 90301

PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DUE CIENCY

COMPLETION DATE

F 441 Continued From page 22

facility several times and could not recall how long the rash existed. LVN 4 further stated the resident no longer have a rash

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISO IDENTIFYING INFORMATION

During an interview on 12/1/16 at 3:10 p.m., LVN 3 stated Resident 2 was sent to a GACH for skin evaluation six months ago. When asked of the skin evaluation results, LVN 3 stated "I do not know."

During an interview on 12/2/16 at 8 30 a.m., LVN 3 stated she had performed all treatments on Resident 2 ever since her admission to the facility, LVN 3 stated Resident 2's have a generalized scattered flat, red rash all over her body. The resident's hands are patchy and white. and improving, LVN 3 stated that no Dermatology consult was conducted due to a disconnected telephone number and the Dermatologist was no longer contracted with the facility.

During an interview on 12/2/16 at 1:55 p.m., LVN 3 provided Resident 2's general acute care hospitals (GACH) dermatological report dated on 1/28/16 which indicated a diagnosis of dermatitis. LVN 3 stated that she should have followed-up on the findings, but did not, LVN 3 further stated shawas responsible for performing weekly skin checks/sweeps on all residents and stopped after the prior DON left the facility in July 2016. LVN 3. stated she was offered prophylactic treatment from the prior DON but never used it.

During an interview on 12/2/16 at 2 p.m., the Director of Nurses (DON) stated there was no endorsement regarding scables during her transition when acquiring the role of the facility is DON

A review of the facility's 1/1/12 policy and

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PRINTED: 12/29/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES. FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER, SUPPLIER, CLIA (DENTIFICATION NUMBER) (XZ) MULTIPLE CONSTRUCTION IX3: DATE SURVEY COMPLETED A BUILDING ______ C 056143 a wind. 12/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 1001 SOUTH OSAGE AVE OSAGE HEALTHCARE & WELLNESS CENTRE INGLEWOOD, CA 90301 PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID Đ COMPLET ON DATE PREFX PREFIX TAG TAG DEFICIENCY) F 441 Continued From page 23 F 441 procedure titled "Skin and Wound Management" indicated the IDT-Skin Committee would document discussion and recommendations for: Non-pressure ulcers, wounds and other skin conditions that do not respond to treatment. ii. Non-pressure ulcers, wounds and other skin conditions that worsen or increase in size iii. Complaints of increased pain, discomfort or decrease in mobility by a resident. Signs of ulcer sepsis, presence on exudates. odar ar necrosis. v. Residents refusing treatment. A review of the admission record indicated Resident 3 was admitted to the facility on 3/30/13. with diagnosis which included chronic obstructive pulmonary disease (COPD - a lung disease causing a cough and shortness and breath) and pneumonia (infection of the lungs). A review of the MDS dated 11/1/16 indicated the resident had no cognitive impairment and required extensive assistance from facility staff in dressing, toileting, and personal hygiene A review of Resident 3's physician's orders indicated care/treatment on the following dates. 9/7/16 - apply Elimite 5% cream from the neck to the toes in the pm, then shower in am for prophylaxis. Repeat in 14 days. 9/23/16 - Benadryl (medication used to treat sneezing, runny nose, itching and other allergies) 25 milligrams (mg) every 6 hours as needed for itching. 10/19/16 - apply Triampinologe 0.1% ointment

every day for 30 days.

A review of the nurse's admission notes dated 10/18/16 indicated Resident 3's skin was dry/flaking, warm and dry to touch.

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PRINTED: 12/29/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 X3) DATE SURVEY X** PROVIDER/SUPPLER/CL'A IDENT FIGATION NUMBER (X2) MULTIPLE CONSTRUCTION. STATEMENT OF DEFICIENCIES CCMPLETED AND PLAN OF CORRECTION. A BUILDING С 056143 12/12/2016 STREET ACCRESS, CITY STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1661 SOUTH CSAGE AVE OSAGE HEALTHCARE & WELLNESS CENTRE INGLEWOOD, CA 90301 PROVIDER'S PLAN OF CORRECT ON FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY! SUMMARY STATEMENT OF DEFICIENCIES JEACH DEFICIENCY MUST BE PRECEDED BY FULL (X41::D IXS COMPLETION PREE X REGULATORY OR USD IDENTIFYING INFORMATION; 'AG TAG F 441 Continued From page 24 F 441 A review of the Non-Pressure Sore Skin Problem Report dated 10/19/16 indicated Resident 3 had scattered, white pinkish/brownish flat generalized body rashes. A review of the Weekly Skin Progress Report on the following dates indicated: 10/26/16 - Multiple red spots, some brownish old skin from rashes, Improved. 11/2/16 - Improved, less rashes noted 11/10/16 - Resolving 11/15/16 - Resolved A review of Rasidant 3's treatment record dated. 9/7/16 and 9/22/16 indicated the resident was treated with Elimite 5% cream from the neck to the toes in the evening (pm), then shower in the morning (am) for prophylaxis. Repeat in 14 days A review of Resident 3's treatment record dated 9/22/16 through 9/30/16 indicated the resident was treated with triamcinolone 0.1% ointment and leave open to air (LOA) every day for generalized multiple white patchy skin. Resident 3's treatment record dated 10/1/16 through 10/31/16 indicated the resident was treated with triamcinolone 0.1% ointment and LOA every day for generalized multiple white patchy skin. A review of Resident 3's treatment record dated 10/19/16 indicated the resident had generalized body rashes and perianal irritation

Resident 3's clinical record.

Upon further review there was no treatment record for the month of November 2016 in

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

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F 441 Continued From page 25

A review of Resident 3's Surveillance Data Coffection Form, completed by the DSD, dated 12/2/16, indicated the resident had no current maculopapular and/or itching rash.

A review of Resident 3's care plan dated 9/7/16 and titled "Pruritus/Itching" indicated the resident had itching related to an unknown cause. Interventions included assess/observe for itching/persistent rubbing or scratching of the skin, applying amoillient creams or ointments frequently to prevent dryness, administer medication/treatment as ordered, report to MD for related changes in condition. Elimite 5% cream one time as prophylaxis.

During an observation on 12/3/16 at 8.55 a.m., LVN 2 was observed giving CNA 6 Elimite 5% cream to apoly to Resident is 1, 2, and 3

During an observation or 12/3/16, at 4:05 p.m., the facility's Dermatologist was observed performing skin scrapping on Resident 3's right thigh. The Dermatologist did not perform hand washing before or after direct resident care During an interview on 12/1/16 at 2:45 p.m.. Resident 3 stated that she was admitted to the facility in August 2016. The resident stated that she did not have a rash at the time of admission. but developed a bumpy rash ell over her back, buttocks and body two weeks after admission to the facility, due to Resident 1 who had a rash and was itching "like crazy" and is currently itching Resident 3 stated that she was not in direct contact with Resident 1, however we used the same shower room. Resident 3 further stated that she was treated with two different types of cream and currently using the prescribed cream to her body. The resident stated she requested to be

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

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F 441 Continued From page 26

seen by a dermatologist and was inquiring about the prescribed body cream, and was told by LVN 3 that the facility's dermatologist will return to the facility next year (2017). Resident 3 stated that she had asked if the facility would check her labs perform a skin scraping or skin cultures, LVN 3 stated "No." The resident stated that she did not receive any body inspections and continues to have a rasin with itching.

During an interview, on 12/1/16, at 3.15 p.m., LVN 3 stated that Resident 3 did not have scables skin scrapings. LVN 3 stated that Resident 3 had not been seen by a Dermatologist and was aware of the facility's policy indicated to refer to a dermatologist for a skin assessment with a diagnosis of suspected scables. LVN 3 stated that Resident 3's rash had since resolved and she performed a body check on the resident every shower day.

During an interview on 12/2/16 at 7:40 a.m., LVN 5 stated that she believed that Resident 3 had complaints of a rash but did not have a rash in November 2016. LVN 3 further stated that Resident 3 revealed a rash to her during the night 12/1/16.

During an interview on 12/2/16 at 2:16 p.m., EVN 3 stated that she should have followed-up on the findings, but did not. EVN 3 further stated she was responsible for performing weekly skin checks/sweeps on all residents and stopped after the prior DON left the facility in July 2016. EVN 3 stated she was offered prophylactic treatment from the prior DON but never used it.

During an interview on 12/3/16 at 8:59 a.m., Resident 3 stated site was itchy all over her body.

F 441

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/29/2016 FORM APPROVED OMB NO 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IXI) PROVIDER SUPPI, ERICLIA X2) MILETIPLE CONSTRUCTION X31 DATE SURVEY IDENTIFICATION NUMBER. COMPLETED A BUILDING С 9 WING _ 056143 12/12/2016 STREET ASCRESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 1001 SOUTH OSAGE AVE OSAGE HEALTHCARE & WELLNESS CENTRE INGLEWOOD, CA 90301 SUMMARY STATEMENT OF DEFICIENCIES -(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENT FYING INFORMATION: PROVIDER'S PLAN OF CORRECTION (X4)::D ID. (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX TAG TAG DEFICIENCY) F 441 Continued From page 27 F 441 During an interview on 12/4/16 at 7,00 p.m., Resident 3 stated she was still itching and cream. applied to her body on 12/3/16, which she then showered off. A review of Resident 4's admission record indicated the resident was re-admitted to the facility on 10/3/15 with diagnosis which included dementia (memory loss) and hypertension (high blood pressure). A review of the MDS dated 10/27/16 indicated Resident 4 had mild cognitive impairment and required limited assistance with one person physical help in performing activities of daily living (ADLs) such as dressing, toileting, eating, and A review of Resident 4's physician's orders indicated care and treatment of skin rashes on the following dates: 9/26/15 - Apply A&D cintment daily to Resident 4's lower legs for two weeks for dry skin. 11/3/16 - Apply Fluocinonide 0.05% dintment daily for three days for a generalized body rash and multiple red spots. 11/22/16 - Dermatologist consult related to red bumps noted all over the cody 12/2/16 - Appointment with Or (Dermatologist) on 12/9/16 at 10:15 a.m. A review of Resident 4's Nursing Care Notes dated 11/22/16 indicated a call was placed to the MD to notify of red bumps all over the residents. body. MD ordered dermatologist consult. A review of Resident 4's Change of Condition. Notes dated 11/22/16 indicated the resident was

monitored every shift from 11/23/16 11 p.m.-7 a.m. shift through 11/25/16 7-3 shift for red bumps and marks on the body and lower legs

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

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F 441 Continued From page 28

A review of the nurses' Weekly Summary for Resident 4 between the following dates: 7/6/16 thru 7/13/16 7/13/16 thru 7/20/16, 7/20/16 thru 7/27/16, 7/27/16 thru 8/3/16, 8/3/16 thru 8/10/16, 8/10/16 thru 8/17/16 8/17/16 thru 8/24/16, 8/24/16 thru 8/31/16 8/31/16 thru 9/7/16, 9/28/16 thru 10/5/16, 10/5/16 thru 10/12/16, 10/12/16 thru 10/19/16, 10/19/16 thru 10/26/16 10/26/16 thru 11/2/16, 11/2/16 thru 11/2/16, 11/2/16 thru 11/2/16, and 11/23/16 thru 11/30/16 there was no documented skin assessment, but there was a notation to refer to the treatment book.

A review of Resident 4's Treatment Record indicated the resident was treated with A&D ointment to both legs for dryness on 9/26 through 9/30/16.

A review of the Treatment Record indicated Resident 4 was treated with Flucocimide 0.05% ointment and LOA daily from 11/3 through 11/30/16 for generalized body rash with multiple red spots.

A review of Resident 4's Surveillance Data Collection Form, completed by the DSD, dated 12/2/16, indicated the resident had no current maculopapular and/or itching rash.

A review of Resident 4's care plan dated 10/5/15, revised on 10/16, titled "Skin" indicated to administer medication and treatment as ordered and monitor for effectiveness/delayed healing, care and reposition with care rounds, provide activities that allow for skin improvement, provide skin care frequently, and clean resident's skin after each episcde of incontinence.

F 441

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 44 1	p.m., Resident 4 wa arms, legs, back, b During an interview 3 stated that she sh findings, but did not responsible for per checks/sweeps on the prior DON left til stated she was offer from the prior DON left til stated she was offer from the prior DON left til stated she was offer from the prior DON During an observation of the resident contact. During an observation of the resident contact. During an observation of the hallway to trans shower. They stated in-service and were infection control politically an interview p.m., CNA 2 stated	iservation on 12/2/16 at 1.40 as observed with a red rash to reasts, and stomach. I on 12/2/16, at 2:16 p.m., LVN tould have followed-up on the tould have followed-up on the tould have followed-up on the stated she was brining weekly skin all residents and stopped afterne facility in July 2016. LVN 3 ared prophylactic treatment but never used it. I on on 12/3/16, at 3:55 p.m., if performing Resident 4's skin sident's left forearm. MD 1 and washing before or after towns and gloves. CNA's 2, 7, by were allowed to step into port the resident to the dithey never received an enaware of the facility's acy and procedures. With CNA 2 on 12/2/16 at 1:45 the facility was making her hower every day since the end	F 44		

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showers.

During an interview on 12/2/16 at 1:55 p.m., LVN 3 stated Resident 4 had an improved spotted. pink colored rash for a month. LVN 3 stated the resident was not pending dermatology appointment but had received pintment and daily

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F 441	Continued From p	page 30	F 4	41	
	procedure titled 'S indicated the licen status of all skin o otherwise indicate	cility's 1/1/12 policy and Skin and Wound Management' ised nurse would document the conditions at least weekly or as it in the resident's Care Plan sident's Care Plan as	•		
	During a face to fa	ace interview on 12/2/16 at			

12:30 p.m. CNA 1 stated that she started itching around the first week in October 2016 after caring for Resident 2. CNA 1 stated that she had a rash under her breast, over her entire back, both wrist and ankles. Observed two evenly lined discolored red spots on the CNA 1's right wrist. CNA1 stated that she was informed by LVN 3 that Resident 2 did not have scables because she had been tested for scables. However, the previous nurse who cared for Resident 1 had tested positive for scables.

During an interview on 12/2/16 at 12:55 p.m., CNA 2 stated that she began working at the facility on 9/20/16. Soon after working at the facility, CNA 2 stated that she developed small black spots on her left arm, right wrist, under her breast and was itching badly. The CNA stated that she had assisted CNA 1 with Resident 2 and Resident 4 and believed that she was exposing the rash to the residents.

During an interview on 12/2/16 at 1:20 p.m., CNA 3 stated that she had a "bad" itchy rash over her entire back and was offered a cream for the itching on two separate occasions from the previous Administrator and DON, but had never received the cream for itching.

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	4 stated that she or foot and left arm. Ohad informed her the CNA 4 further state currently itching. During an interview facility's newly apport that he had assess The residents are a curtil it is confirmed scrapping would be Dermatologist furth be placed on contain would be performed are negative and the principal responding to scraping would be governed as the stated that she skin scrapings on Figure 1 by the facility's new perform skin scrapings, the trained by the DCN labs' scables scrap DSD further stated a skin scraping price During an interview.	on 12/2/16 at 1:30 p.m., CNA urrently have a rash on her left INA 4 stated the previous DON hat Resident 2 had scables, indithat her daughter was on 12/2/16 at 8:30 p.m., the printed Dermatologist stated ed Resident 1, 2, 3, and 4, approached as having scables and a stat (immediate) skin a drdered. The facility's er stated the resident's would contisulation and skin scrapings of the skin scraping results a resident's skin is worsening to treatment, a repeat skin performed and a skin biopsy of the skin scraping to the skin scraping to the skin scraping to the skin scraping to the skin scraping to the skin scraping to the skin scraping to the skin scraping results a resident's skin is worsening to the skin scraping results a resident's skin is worsening to the DON performed the tesident 1 and was authorized by appointed Dermatologist to ngs on the residents. When along or knowledge to perform DSD stated that she was only after reading the clinical ing collection instructions. The that she had never performed or to 12/2/16.					
:	the scables skin so facility she did not o to perform the skin	ng. The DON stated that when raping kits arrived to the sall the facility's Dermatologist scrapings. The DON further not read the facility's policy.					

because there were instructions on scables skin

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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034] (D pages 78.5	EACH DEFICIEN	STATEMENT OF DEFICIENCIES IOMMUST BEINREDEDED BY FLLIC CLECILLENT FMING IMPORMATION	ា កានក្នុគម កានក្នុ	DEFICIENCY STAND IN CORRECTION XX PROMOCEN'S PLANDED OF THE APPROACH SERVING CAP PROMOCEN'S PROMOCEN'S PROMOCEN'S PROMOCEN'S PROMOCEN'S PROMOCEN'S PROMOCEN'S PROMOCEN'S PRO		
F 441	accuracy of scat- DON stated that trained to perform	page 32 le (ab. When asked about les skin scraping collection the she and the DSD were not a skin scrapings and would call matologist to perform new skin	F 441			
	During an intervie	iw on 12/3/16 at 3.15 μ m , the				

facility's newly appointed Dermatolog st stated that he had the ability to authorize and/or certify anyone to perform skin scrapings for scapies and had instructed the DON and the DSD to perform skin scrapings on Resident 1, 2, 3 and 4. The Dermatclogist was asked how are scables. confirmed, the dermatologist stated mainly by a clinical presentation which included a general or localized rash. The nursing staff scrapped the scaly areas of the skin fesions where the rash was more visible. The Dermatologist further stated a positive skin scraping is indicative of scables, a negative skin scraping is indicative that the mite was not captured. A skin blopsy would be more accurate for diagnosing scables. The facility did not report the suspected cases of scables to the Department in accordance to the facility's policy and procedure titled. Prevention and Control of Scables in California in Langterin Facilities. The policy notes when there are two or more confirmed cases or one confirmed case and at least two suspected case of scaples it should be reported to the Department.

Because of the facility's failure to ensure and maintain accurate infection control practices and surveillance for Resident 1, 2, 3, and 4, who had a rash for more than 90 days, which was not responding to treatment and had not been seen by a Dermatologist and was not tested for scabies and because the facility's licensed nurses.

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DEPARTMENT OF HEALTH	AND HUMAN SERVICES	
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LVN 3, who was aware of the skin conditions of the residents failed to follow-up with the Dermatologist, and the because of the facility's failure to follow their policy on prevention and control of scables, an immediate jeopardy was called on 12/2/16 at 3:22 p.m., with the administrator and the Director of Nurses.

The administrator presented an acceptable planof correction action to the surveyor on 12/9/16. which consisted of the following. All six residents identified with rashes on body were immediately placed on presumptive contact isolation precaution on 12/2/16 and will remain on contact solation precaution until cleared by Dermatologist.

- a. In-Services was immediately provided and initiated on 12/2/16 by the DON to direct patient-care staff on 3 p.m. to 11 p.m. shift and will continue to provide a series of in-services with regards to infection control management, placing emphasis on care and management of skinrashes with unknown etiology.
- b. In-Service will continue until all staff are captured and completed. No direct-care staff will provide Resident's care until they have been provided in-service.
- c. 1:1 in-service training was provided to treatment nurse (LVN) involved on 12/2/16 by the DON Designee in regards to skin care and management, with emphasis on notifying the physician and DCN regarding skin rashes not responding to current treatment order.
- d. A series of in-services provided by the DON Designee to all staff nitiated on 12/2/16, in regards to Skin Care and management, with emphasis on notifying the charge nurse of any

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

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PRINTED: 12/29/2016 FORM APPROVED OMB NO. 0938-0391

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Resident with a ski e. Resident's skin o	n rash. check/sweep initiated and	F .	44*.	·	
affected. f. All direct patient- 12/2/16 on 3 p.m and assessed for s affected amployees g. Completion of in direct patient-care 12/5/16. No affecte symptoms of scabi h. DON will make re Treatment Nurse to abnormalities. i. Treatment Nurse any findings of rasi will be reported to to Preventionist for pr management within j. Infection Control Surveillance Data (identification, intervice) k. Any newly admitt undiagnosed rash v isolation until a diag l. Any existing resid rash will be placed diagnosis is made. m. In addition to the Medical Director wi with suspected or o guidance. On 12/9/16 at 12:44	f. All direct patient-care employees scheduled on 12/2/16 on 3 p.m11 p m. shift were interviewed and assessed for signs/symptoms of rashes. No affected employees reported on 3 p.m11 p m. g. Completion of interviews and assessment of all direct patient-care employees completed on 12/5/16. No affected employees reported with symptoms of scabies. h. DON will make rounds weekly with the Treatment Nurse to review all wounds and skin abnormalities. i. Treatment Nurse will do skin sweep weekly and any findings of rashes noted on Residents body will be reported to the Infection Control Preventionist for proper identification and management within 24 hours upon identification. j. Infection Control Preventionist will conduct Surveillance Data Collection for proper identification, interventions and reporting k. Any newly admitted resident with an undiagnosed rash will be placed on contact isolation until a diagnosis is made. l. Any existing resident with a newly identified rash will be placed on contact isolation until a diagnosis is made. m. In addition to the attending physician, the Medical Director will be informed of any resident with suspected or confirmed scabies for guidance. On 12/9/16 at 12:44 p m., the administrator and the director of nurses were informed the				

PRINTED: 12/29/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 (X1) PROVIDER/SUPPLIER/OLIA IDENT FIGATION NUMBER STATEMENT OF DEFICIENCIES XII MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF GORRECTION COMPLETED A BLIDING С 056143 12/12/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY ISTATE, ZIP CODE 1001 SOUTH OSAGE AVE OSAGE HEALTHCARE & WELLNESS CENTRE INGLEWOOD, CA 90301 SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC DENTIFYING INFORMATION) Ю PROVIDER'S PLAN OF CORRECTION (X4) (D (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PREFIX PREFIX TAG TAG DATE F 441 Continued From page 35 F 441 During an observation, on 12/3/16, at 3:45 p.m., the MD was observed performing skin scrappings on Residents 1, 2, 3, and 4. MD 1 denned but failed to perform handwashing ettiquette before and after contact with each of the residents. The DON provided assistance to MD 1 A review of the facility's 2/13 policy and procedure titled "Hand Hygiene" indicated for facility staff, visitors, and valunteers must perform hand hygiene procedures in the following circumstances:

- 1. Before eating:
- 2. After using the bathroom;
- 3. When soilded with visible dirt or debris;
- 4. After unprotected (ungloved and

damaged gloves) contact

with bland, other bodily fluids,

secretions, excretions. mucdul

membranes, npn-intact skin, intact skin soiled with blood and other body fluids, wound

and and

drainage and soiled dressings;

5. After contact with intact and non-intact skin, clothing and environmental surfaces of residents with active diarrhea even if gloves are worn;

6. Before and after food preparation;

7. Before and after assisting residents

with dining if direct contact with food is anticipated or accurs.

The facility's policy and procedure further stated hand hygiene is always the final step after

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