

Poc accepted
HFEN #38551
2/20/2020

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

PRINTED: 02/11/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2020
NAME OF PROVIDER OR SUPPLIER PLAYA DEL REY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7716 MANCHESTER AVENUE PLAYA DEL REY, CA 90293		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the Department of Health during a complaint investigation. Complaint number: CA00667219 Representing the Department of Public Health: Health Facilities Evaluator Nurse (HFEN): 38551 The inspection was limited to the specific FRI investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for Complaint number CA00667219.	F 000	Preparation, submission and/or execution of this Plan of Correction does not constitute an admission or agreement by the Provider 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 provisions of federal and state law.		
F 691 SS=D	Colostomy, Urostomy, or Ileostomy Care CFR(s): 483.25(f) §483.25(f) Colostomy, urostomy, or ileostomy care. The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure one of three sampled residents who had a colostomy (an opening in the large intestine for stool/feces removal) received the necessary colostomy care	F 691	F-Tag 691 CORRECTIVE ACTION(S): Resident number 1 no longer resides in the facility, he was discharged home on 1/1/2020.		

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 691	<p>Continued From page 1</p> <p>and services as prescribed by the physician (Resident 1). The facility failed to ensure Resident 1 had a fitting colostomy bag to prevent leakage and overflow on Resident 1's skin.</p> <p>This deficient practice resulted in Resident 1 not receiving colostomy care timely as prescribed by the physician and the colostomy bag overflowing on the Resident 1's skin, which resulted in Resident 1 feeling embarrassed. physician.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Face sheet indicated Resident 1 was admitted to the facility on 8/29/19 with a most recent admission on 11/30/19. Resident 1's diagnoses included respiratory failure (a disease that cause difficulty breathing) and perforation of intestine (a hole in the wall of the intestine).</p> <p>A review of Resident 1's history and physical (H /P) report, dated 12/10/19 indicated Resident 1 was alert.</p> <p>A review of Resident 1's care plan, dated 11/30/19 indicated Resident 1 exhibited or was at risk for gastrointestinal symptoms or complications related to the presence of a new colostomy. The staff's interventions indicated to change the ostomy as ordered, encourage Resident 1 to consume all fluids during meals, teach the resident ostomy care and document response.</p> <p>A review of Resident 1's care plan, dated 11/6/19 indicated Resident 1 required assistance with</p>	F 691	<p>HOW TO IDENTIFY OTHER RESIDENTS:</p> <p>The facility currently has no residents that have a colostomy at this time. The Center Nurse Executive and MDS nurse identified 2 residents that have Urostomies in the facility as of</p> <p>2/13/20, Care Plans are current and up to date.</p> <p>SYSTEMIC CHANGES:</p> <p>Nurse Educator in-serviced CNAs and licensed nursing staff regarding Ostomy care and ADL care, starting on 2/13/2020. With ongoing education being provided.</p> <p>Addendum: 2/20/20 CNAs and licensed staff were educated on 2/13/20 in regards to changing and emptying Colostomies. Staff were educated on selecting the appropriate colostomy size appliance and accessible at all supply rooms.</p>		

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F 691	<p>Continued From page 2</p> <p>activities of daily living (ADLs) such as bathing, personal hygiene and toilet use. The staff's interventions included to monitor conditions that may contribute to an ADL (activities of daily living) decline and refer to rehabilitation therapy (exercise to build strength).</p> <p>A review of Resident 1's Minimum Data Set (MDS), an assessment and care screening tool, dated 12/6/19 indicated Resident 1 had the ability to understand and be understood by others. The MDS indicated Resident 1 required a one-person physical assist from staff with bed mobility, transferring, moving from one location of the facility to another, dressing, toilet use and personal hygiene. The MDS also indicated Resident 1 had an ostomy.</p> <p>On 12/17/19 at 3:15 p.m., during a telephone interview, Resident 1's family member (FM 1) stated on 12/6/19 Resident 1's colostomy bag was supposed to be changed at 7 p.m., but it was not changed until three (3) hours later at 10 p.m. FM 1 stated the facility did not have the right size of colostomy bags for Resident 1 and the bag overflowed spilling feces on Resident 1. FM 1 stated Resident 1 was embarrassed and ashamed.</p> <p>A review of Resident 1's physician's orders, dated 12/17/19 indicated colostomy appliance change every three (3) days or as needed if leaking or dislodged, cleanse stoma (an artificial opening on the stomach) site with normal saline (NS), pat dry, apply triple antibiotic ointment to perimeter (surrounding) of the stoma for three days and cover with dry dressing.</p> <p>On 12/19/19 at 7:10 a.m., during a concurrent</p>	F 691	<p>Medical records designee will Ensure all residents have an Ostomy will be placed on the facility special needs list. The special needs list will be distributed.</p> <p>MONITORING PROCESS: The Center Nurse Executive and Administrator will track any trends or concerns regarding proper ostomy care. This will be communicated to the QA committee for further evaluation and recommendation monthly. If it is determined that we have accomplished the objective in the POC above and the results are successful, then the facility will consider the matter resolved. The QA committee will continue to review the deficiency has been proven to be resolved for 3 consecutive months and/or advised by the QA Committee.</p>		

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F 691	<p>Continued From page 3</p> <p>observation and interview, Resident 1 who was lying in bed and stated on 12/18/19 his colostomy bag overflowed with feces, two (2) times because the nurse did not apply the bag correctly. Resident 1 stated the colostomy bag was supposed to be changed every 3 days but one time the staff left the bag on for five (5) days because the facility did not have the correct bag. Resident 1 stated the nurses did not answer the call light timely. It took up to 45 minutes which led his colostomy bag to overflow on his skin. Resident 1 stated the bag overflowed and he was afraid to move for fear the bag might burst. Resident 1 stated he felt depressed helpless and did not deserve to be neglected.</p> <p>On 1/25/2020 at 10:49 a.m., during a telephone interview, Licensed Vocational Nurse 1 (LVN 1) stated Resident 1's colostomy had a leak and she changed the bag. LVN 1 stated CNA 2 did not know how to empty the colostomy bag and LVN 1 showed CNA 2 how to perform colostomy care.</p> <p>On 1/27/2020 at 11:42 a.m., during a telephone interview, LVN 2 stated the facility did not have a colostomy bag with a clamp for Resident 1 when Resident 1 requested for his bag to be changed. LVN 2 stated the last bag was used by the treatment nurse and new bags were to be ordered the following day. LVN 2 stated Resident 1 was uncomfortable whenever there was gas in his colostomy bag and would complain.</p> <p>A review of the facility's policy titled, "Ostomy Care" with a revised date of 11/1/19 indicated the staff would use ostomy appliance, appropriate size and type as well as a stoma measuring guide with a drainable pouch, closure or closed bottom of the colostomy.</p>	F 691			

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F 691	Continued From page 4 A review of the facility's policy titled, "Activities of Daily Living (ADLs) with a revised date of 11/1/19 indicated based on each resident's assessment, needs and choices the facility would provide necessary care and services to ensures residents abilities in ADLs did not diminish unless unavoidable.	F 691			