

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

PRINTED: 09/06/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/24/2023
NAME OF PROVIDER OR SUPPLIER BELL CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 4900 E. FLORENCE AVE BELL, CA 90201		
(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 one complaint. Complaint number: CA00856638. Representing the Department: HFEN 46505. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were issued for complaint number CA00856638. See Tags F693 and F880.	F 000			
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia,	F 693			

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

TITLE

(X6) DATE

Tim Park Administrator

9/15/23

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.

F693 – Completion Date 09/23/23

By submitting this POC, Bell Convalescent Hospital does not admit nor concede the existence or scope and severity of the deficiencies and conditions cited in HCFA 2567 or all of the facts and conclusions as described in the summary statement. However, even to alleged facts, conclusions, determination or issues which Bell Convalescent Hospital may question or dispute, Bell convalescent Hospital respects the concerns raised thereby. Bell Convalescent Hospital acknowledges there is always room for improvement and will endeavor to improve where all concerns raised, whether Bell Convalescent Hospital agrees or not. This POC is submitted in compliance with federal and state law and Bell Convalescent Hospital is aggressively implementing actions to improve operations and resident care in accordance with this POC.

CORRECTIVE ACTION

This facility shall establish and maintain an appropriate care and treatment for residents with tube feeding and prevent complications including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. On 8/23/23, the charge nurse replaced the g-tube feed following the physician order (1100CC/day, 50CC/hr of water per shift) immediately and labeled it with a correct date.

OTHER RESIDENTS

The DON and the IP Nurse followed up with all the other residents with tube feeding to ensure there was no negative impact from the same problem. There were no other residents found to be affected by the same deficient practice.

SYSTEMIC CHANGES

The DON, IP Nurse and DSD provided in-service to nurses and CNAs on 08/24/23, 08/25/23, 08/29/23, and 09/17/23 on following physician orders for all residents with tube feed including proper labeling, timing of replacement, flushing with water, and monitoring each shift of proper follow up. The IP Nurse shall check on all g-tube sites, formula, date labeling, and proper HOB elevation on a daily basis and log all findings. The DON will oversee the completion of the log on a weekly basis.

MONITORING PERFORMANCE

The DON shall track and report any findings from the log to ensure compliance. This shall be monitored by the DON and administrator as part of their Quality Assurance Performance Improvement process for the next 3 months and update the plan as deemed necessary. The DON shall report to the QAA Committee monthly. All findings will be reviewed by the Administrator and the DON for evaluation of plan effectiveness and further recommendations for any needed followup for efficacy of the plan.

F880 – Completion Date 09/23/23

By submitting this POC, Bell Convalescent Hospital does not admit nor concede the existence or scope and severity of the deficiencies and conditions cited in HCFA 2567 or all of the facts and conclusions as described in the summary statement. However, even to alleged facts, conclusions, determination or issues which Bell Convalescent Hospital may question or dispute, Bell convalescent Hospital respects the concerns raised thereby. Bell Convalescent Hospital acknowledges there is always room for improvement and will endeavor to improve where all concerns raised, whether Bell Convalescent Hospital agrees or not. This POC is submitted in compliance with federal and state law and Bell Convalescent Hospital is aggressively implementing actions to improve operations and resident care in accordance with this POC.

CORRECTIVE ACTION

This facility shall establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. On 8/23/23, the IP nurse immediately covered the catheter with privacy bag and mounted it on the bed.

OTHER RESIDENTS

The DON and the IP Nurse followed up with all the other residents with catheter bags to ensure there was no negative impact from the same problem.

There were no other residents found to be affected by the same deficient practice.

SYSTEMIC CHANGES

The DON, IP Nurse and DSD provided in-service to nurses and CNAs on 08/24/23, 08/25/23, 08/29/23, and 09/17/23 to ensure compliance of infection prevention policy regarding proper handling of catheter and drainage bags. The IP Nurse and the DSD will make rounds on a daily basis to ensure compliance.

The IP Nurse shall provide monthly in-service on IP P&P on proper handling of catheter and drainage bags for next 3 months.

MONITORING PERFORMANCE

The IP Nurse shall report to the QAA committee of any negative findings from the daily rounds on a monthly basis. This shall be overseen by the DON. All findings will be reviewed by the Administrator and the DON for evaluation of plan effectiveness and further recommendations for any needed follow up for efficacy of the plan.

F880 – Completion Date 09/23/23

CORRECTIVE ACTION

This facility shall establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The IP nurse immediately covered the catheter with privacy bag and mounted it on the bed. The DON and the IP Nurse followed up with all the other residents with catheter bags to ensure there was no negative impact from the same problem.

OTHER RESIDENTS

There were no other residents found to be affected by the same deficient practice.

SYSTEMIC CHANGES

The IP Nurse provided in-service to all licensed nurses & CNAs to ensure compliance of infection prevention policy regarding proper handling of catheter and drainage bags. The IP Nurse and the DSD will make rounds on a daily basis to ensure compliance.

The IP Nurse shall provide monthly in-service on IP P&P on proper handling of catheter and drainage bags for next 3 months.

MONITORING PERFORMANCE

This shall be monitored by the DON and reported to the QAA Committee monthly. All findings will be reviewed by the Administrator and the DON for evaluation of plan effectiveness and further recommendations for any needed follow up for efficacy of the plan.

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F 693	<p>Continued From page 1</p> <p>diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interview, and record review, the facility failed to manage a tube feeding pump properly for one out of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to cause dehydration, infection, and weight loss to Resident 1.</p> <p>Findings</p> <p>During a review of Resident 1's face sheet (Admission record), dated 8/23/2023, the face sheet indicated Resident 1 was originally admitted to the facility on 10/25/2022 and readmitted on 8/10/2023 with diagnoses including unspecified convulsions (a sudden, violent, irregular movement of a limb or the body), cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 8/12/2023, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 7/27/2023, the MDS indicated Resident 1 usually understood and was usually able to be understood by others. The MDS indicated Resident 1 required extensive assistance from staff for activities of daily living (ADLs) such as bed mobility, dressing and eating.</p>	F 693			

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F 693	<p>Continued From page 2</p> <p>The MDS indicated Resident 1 was totally dependent on staff for ADLs such as transferring between surfaces, movement on and off the unit, toilet use, and personal hygiene.</p> <p>During a review of Resident 1's physician's orders, dated 8/23/2023, the physician's orders indicated Resident 1's enteral (food or drug administration through the gastrointestinal tract) feed order to be every shift enteral nutrition via pump JEVITY 1.2 at 55 cubic centimeter [(cc) a measure of unit for volume] per hour for 20 hours via pump per Percutaneous endoscopic gastrostomy [(PEG) a procedure to place a feeding tube into the stomach] tube (G-tube) to provide 1100 cc/1320 kilocalories [(kcal) a measure of unit of energy] per day. The physician's orders indicated every shift flush feeding tube at 50 cc per hour of water for 20 hours to provide 1000 cc per day via pump.</p> <p>During an observation on 8/23/2023 at 11:10 a.m., Resident 1's G-tube feed was labeled 8/21/2023 at 10:30 p.m. and her water was labeled 8/21/2023 at 6:30 p.m. Resident 1's G-tube feed bottle was empty.</p> <p>During an interview with Licensed vocational nurse (LVN 1) at 8/23/2023 at 12:30 p.m., LVN 1 stated the G-tube feed was usually changed when the feed was at 200 milliliters [(mL) a unit of measurement for volume] and should not wait until the bottle was empty.</p> <p>During a concurrent observation and interview with LVN 1 at 8/23/2023 at 12:22 p.m. of Resident 1's g-tube feed, LVN 1 stated the bottle was finished and it was off for rest for four hours which usually happen between 9 a.m. and 2 p.m.</p>	F 693			

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F 693	<p>Continued From page 3</p> <p>and the feed would be turned back on at 2 p.m.</p> <p>During an observation on 8/23/2023 at 2:06 p.m., Resident 1's G-tube feed was off and the bottle was empty.</p> <p>During a concurrent observation and interview with LVN 2 on 8/23/2023 at 2:54 p.m., Resident 1's G-tube feed was off and the bottle was empty and LVN 2 was in the process of changing the bottle and water. LVN 2 stated the bottle had to be changed when it was 200 mL but since the bottle was empty, the bottle had to be changed. LVN 2 stated the feed was usually turned off for four hours. LVN 2 stated the feed had to be turned off at 10 a.m. and turned back on at 1 p.m. and if the bottle was empty, the bottle had to be changed immediately because it was the resident's food for the day. LVN 2 stated if the resident's G-tube was off for over four hours, the resident could miss out on their feed and water during that time.</p> <p>During a concurrent interview and review of the photo of the feed bottle with the Director of Nursing (DON) on 8/24/2023 at 1:46 p.m., the DON was shown the photo of the empty feed bottle with the date. The DON stated the photo meant the bottle was last changed at 8/21/2023 at 10:30 p.m. The DON stated the resident could become sick from the formula spoiling and the resident could have not gotten the feed for over four hours. The DON stated not having the feed for over four hours could cause weight loss or dehydration because the water flushes were associated with the tube feed.</p> <p>A review of the facility's policy and procedure (P&P) titled, "Enteral Feedings-Safety</p>	F 693			

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F 693	Continued From page 4 Precautions, " dated 11/2018, the P&P indicated to prevent contamination (the process of making something dirty), to refrigerate prepared or opened ready to feed formulas and discard within 24 hours.	F 693			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(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: §483.80(a)(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; §483.80(a)(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;	F 880			

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F 880	<p>Continued From page 5</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: During an observation, interview, and record review, the facility failed to ensure the staff kept the urinary catheter bag off the floor for one of three sampled residents (Resident 1).</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>This deficient practice had the potential to cause an infection to Resident 1.</p> <p>Findings</p> <p>During a review of Resident 1's face sheet (Admission record), dated 8/23/2023, the face sheet indicated Resident 1 was originally admitted to the facility on 10/25/2022 and readmitted on 8/10/2023 with diagnoses including unspecified convulsions (a sudden, violent, irregular movement of a limb or the body), cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), and dysphagia (difficulty swallowing).</p> <p>During a review of Resident 1's History and Physical (H&P), dated 8/12/2023, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 7/27/2023, the MDS indicated Resident 1 usually understood and was usually able to be understood by others. The MDS indicated Resident 1 required extensive assistance from staff for activities of daily living (ADLs) such as bed mobility, dressing and eating. The MDS indicated Resident 1 was totally dependent on staff for ADLs such as transferring between surfaces, movement on and off the unit, toilet use, and personal hygiene.</p> <p>During a review of Resident 1's physician's orders, dated 8/23/2023, the physician's orders indicated to keep urinary catheter 16 French/10 milliliter [(mL) a unit of measurement] for wound</p>	F 880			

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F 880	<p>Continued From page 7 management.</p> <p>During a concurrent observation and interview on 8/23/2023 at 11:10 a.m. with the infection preventionist (IP), Resident 1's urinary catheter bag was observed on the floor underneath Resident 1's bed without a privacy bag. The IP stated the bag was not supposed to be on the floor, it was supposed to be hanging off the bed. The IP stated the bag needed a privacy bag and it was not acceptable. The IP stated the bag on the floor could cause an infection.</p> <p>During an interview with the Director of Nursing (DON) on 8/24/2023 at 1:46 p.m., the DON stated the urinary catheter bag can never be on the floor because it can be a risk for infection.</p> <p>A review of the facility's policy and procedure (P&P) titled, "Catheter Care, Urinary, " dated 9/2014, the P&P indicated for infection control, to be sure the catheter tubing and drainage bag were kept off the floor.</p>			F 880			