

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

PRINTED: 08/04/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055559	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2023
NAME OF PROVIDER OR SUPPLIER BAY CREST CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3750 GARNET STREET TORRANCE, CA 90503		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of one complaint. Complaint number: CA00850810. Representing the Department: HFEN 45028. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was written for complaint number CA00850810. See Tag F550.	F 000	"Preparation and/or execution of this plan of correction, does not constitute admission or agreement by the provider, of the truth of the facts alleged or the conclusions set forth in this statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety code section 1280 and 42CFR et seq".		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the	F 550	This Plan of Correction constitutes the facility's credible allegation of compliance.		

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 550	<p>Continued From page 1</p> <p>provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents were not left wet for an extended period for one of four sampled residents (Resident 2).</p> <p>This deficient practice resulted in Resident 2 laying in an incontinence (involuntary leaking of urine from the bladder) brief (an absorbent pad which is worn to soak up urine) soiled with urine for one hour and 56 minutes, feelings of unimportance, humiliation, and had the potential for further skin breakdown.</p> <p>Findings:</p> <p>During a review of Resident 2 's Admission Record ([FS] Face Sheet), the FS indicated Resident 2 was admitted to the facility on</p>	F 550	<p>Complaint number CA00850810.</p> <p>F550 Residents Rights</p> <p>How corrective actions will be accomplished for those residents found to have been affected by the deficient practice:</p> <ul style="list-style-type: none"> •On 8/9/23, the DON assessed resident and no negative psychosocial concerns were noted. •Resident 2 assessed on 8/1/23 by LVN. Resident was noted with MASD to groin area which was present upon admission on 7/10/23. 		

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F 550	<p>Continued From page 2</p> <p>4/5/2023 with diagnosis including fistula (abnormal connection between two body parts) of stomach and duodenum (first part of the small intestine), post-polio syndrome (a disorder of the nerves and muscles which causes muscle weakness, pain in the muscles and joints [part of the body where two or more bones meet to allow movement], and tiredness) and visual loss.</p> <p>During a review of Resident 2 's History and Physical (H&P) dated 4/5/2023, the H&P indicated Resident 2 had the capacity to understand and make medical decisions.</p> <p>During a review of Resident 2 's Minimum Data Set ([MDS] a standardized assessment and care-screening tool), dated 7/6/2023, the MDS indicated Resident 2 had the ability to understand and be understood by others. The MDS indicated Resident 2 required two-person physical assist from staff for bed mobility, transfer, locomotion on/off the unit, dressing, toilet use, and personal hygiene. The MDS indicated Resident 2 had frequent urinary incontinence.</p> <p>During a concurrent observation and interview on 7/26/2023 at 11:36 a.m. in Resident 2 's room, Resident 2 was observed pressing the call light for help with an incontinent brief change. Resident 2 stated there was always a delay in the staff answering the call lights. Resident 2 could not specify which shift the delay occurs and indicated it varies depending on the day and which staff are working that day. Resident 2 stated she went 12 hours without her incontinence brief being changed and on one occasion, her incontinence brief was changed once in a 24-hour period. Resident 2 stated she sometimes must yell for help since she is not able</p>	F 550	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be take</p> <p>•On 8/14/23, DON checked residents using incontinence briefs and no other resident found to be affected by this alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes will the facility to ensure that the deficient practice dos not recur</p> <p>•1:1 Inservice and education was completed by the Administrator in Training (AIT) and the Director of Staff Development (DSD) on 8/10/23 with CNA 1, CNA 3, and CNA 4 on the imperativeness of answering call lights and changing residents in a timely manner. Progressive disciplinary action was taken with CNA 2.</p>		

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F 550	<p>Continued From page 3</p> <p>to get out of bed herself. Resident 2 stated she has even asked the nursing staff to put two incontinence briefs on her so when she urinates, so she does not soil the bed.</p> <p>During an observation on 7/26/2023 at 11:38 a.m. while in Resident 2's room, Certified Nursing Assistant (CNA 1) was observed answering Resident 2's call light. Resident 2 informed CNA 1 she needed her incontinent brief changed. CNA 1 then informed Resident 2 she will find the CNA assigned to her to assist Resident 2.</p> <p>During an observation on 7/26/2023 at 12:07 p.m. while in Resident 2's room, CNA 2 was observed asking Resident 2 what she needed. Resident 2 informed CNA 2 she needed her incontinent brief changed because it was full of urine. CNA 2 informed Resident 2 she would be right back.</p> <p>During an observation on 7/26/2023 at 12:13 p.m. while in Resident 2's room, CNA 4 was observed informing Resident 2 she will help change Resident 2's incontinence brief. CNA 4 then left Resident 2's room.</p> <p>During an observation on 7/26/2023 at 12:33 p.m. while in Resident 2's room, CNA 3 was observed passing a lunch tray to Resident 2's roommate. CNA 3 did not offer to change Resident 2's incontinence brief.</p> <p>During an observation on 7/26/2023 at 12:36 p.m. while in Resident 2's room, CNA 4 was observed delivering Resident 2 her lunch tray. CNA 4 did not offer to change Resident 2's incontinence brief.</p> <p>During an observation on 7/26/2023 at 12:44 p.m.</p>	F 550	<ul style="list-style-type: none"> •On 8/9/23-8/10/23 Director of Staff Development (DSD) and DON in serviced CNAs and LVNs about the expectation of answering call lights, and providing incontinence care in a timely manner. •Department managers/designee will complete person centered room rounds daily which includes asking the residents if their call lights are being responded to in a timely manner. If issues of lagged call light response times and not being changed in a timely manner are voiced, the department manager will notify the DSD/Administrator/designee for appropriate follow-up with the responsible CNA. •DON/Administrator/designee will conduct random rounds daily () to observe for all lights and follow up if incontinence care is being provided timely using the Call Light Log. Any issues will be followed up by the administrator/designee. 		

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F 550	<p>Continued From page 4</p> <p>while in Resident 2 ' s room, Licensed Vocational Nurse (LVN 1) was observed asking Resident 2 about her pain medication. LVN 1 did not offer to change Resident 2 ' s incontinence brief.</p> <p>During a concurrent observation and interview on 7/26/2023 at 1 p.m. while in Resident 2 ' s room, Resident 2 was observed eating lunch. Resident 2 stated she was so uncomfortable eating and being soiled but she was so hungry and didn ' t want her food to get cold.</p> <p>During an interview on 7/26/2023 at 1:11 p.m. with CNA 4, CNA 4 stated CNA 2 had to leave early for an emergency and CNA 4 is now assigned to Resident 2. CNA 4 stated CNA 2 did not inform her if she changed Resident 2 ' s incontinence brief. CNA 4 stated she did not return to help CNA 2 change Resident 2 ' s incontinence brief because CNA 2 never told her to go back to Resident 2 ' s room. CNA 4 stated she was not aware Resident 2 ' s incontinent brief was never changed. CNA 4 stated it is unacceptable for Resident 2 to have had to sit in a soiled incontinence brief for so long.</p> <p>During an interview on 7/26/2023 at 1:20 p.m. with LVN 1, LVN 1 stated she was not informed by CNA 2 that Resident 2 needed her incontinence brief changed. LVN 1 stated had she had known; she would have changed Resident 2. LVN 2 stated when a resident calls for help, or has the call light answered, all staff are responsible for answering the call light timely. LVN 2 stated if the call light is answered by a staff member who is not assigned to the resident, it is all staffs responsibility to help each other out so residents don ' t have to sit in a soiled incontinence brief for an extended period.</p>	F 550	<p>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system, and for its effectiveness. The POC is integrated into the quality assurance system; and</p> <ul style="list-style-type: none"> •Results from person-centered Room Rounds and grievance reports will be discussed during daily stand-up meeting. Any reports involving delayed call light responses time and incontinence care will result in the immediate notification to the DSD/designee. The DSD/designee is to then follow up with the appropriate CNA. 		

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F 550	<p>Continued From page 5</p> <p>During an observation on 7/26/2023 at 1:32 p.m. in Resident 2 ' s room, CNA 4 was observed changing Resident 2 ' s incontinence brief. Resident 2 waiting for a total of one hour and 56 minutes for her incontinence brief to be changed.</p> <p>During an interview on 7/26/2023 at 2:39 p.m. with CNA 1, CNA 1 stated she told CNA 2 that Resident 2 needed her incontinence brief changed.</p> <p>During an interview on 7/27/2023 at 12:16 p.m. with CNA 2, CNA 2 stated she did not change Resident 2 during her shift on 7/26/2023 from the time she came in at 7 a.m. to when she left at around 12:30 p.m. that day.</p> <p>During an interview on 7/27/2023 at 12:35 p.m. with Treatment Nurse (TN 2), TN 2 stated a resident with a current diagnosis of Moisture-associated skin damage (MASD, is the general term for inflammation or skin erosion caused by prolonged exposure to a source of moisture such as urine, stool, sweat, wound drainage, saliva, or mucus) is at risk for further skin breakdown if a resident sits in moisture or urine for an extended period. TN stated, when a resident asked for their incontinence brief to be changed, it needs to be done in a timely manner, not hours later.</p> <p>During a review of the facility ' s Grievance/Concern Form (GF), dated 4/25/2023, the GF indicated there was a concern with call lights not being answered timely.</p> <p>During a review of the facility ' s Resident Council Minutes (RCM), dated 5/18/2023, the RCM</p>	F 550	<p>Review will be done daily for 3 months and immediate corrective action will be taken as needed or until compliance is achieved. Administrator/designee will bring any findings to the Quality Assurance (QA) team during the monthly Quality Assurance and Performance Improvement (QAPI) meeting for further evaluation/recommendation and to provide feedback and program modification if needed for 3 months or until compliant.</p> <p>Include dates when corrective actions will be completed. The corrective action completion dates must be acceptable to the state agency. •The dates when corrective actions will be completed by is 8/14/23</p>		

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F 550	<p>Continued From page 6</p> <p>indicated the main concerns made during the meeting included call lights not being answered timely.</p> <p>During a review of the facility ' s GF dated 7/10/2023, the GF indicated there was a concern with resident not being changed during the 7 a.m. to 3 p.m. shift.</p> <p>During a review of the facility's undated Policy and Procedure (P/P) titled "Perineal Care," the P/P indicated the purpose was to prevent infections and skin irritation.</p> <p>During a review of the facility's P/P titled "Activities of Daily Living (ADLs), Supporting," revised 3/2018, the P/P indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently including appropriate support and assistance with hygiene and toileting.</p> <p>During a review of the facility ' s P/P titled "Resident Rights," revised 12/2021, the P/P indicated employees shall treat all residents with kindness, respect, and dignity.</p> <p>During a review of the facility's P/P titled "Answering the Call Light," revised 9/2022, the P/P indicated answer the resident call system immediately. The P/P indicated if the resident needs assistance, indicate the approximate time it will take for you to respond. The P/P indicated if the resident ' s request is something you can fulfill, complete the task within five minutes if possible. The P/P further indicated if you are uncertain as to whether or not a request can be fulfilled, or if you cannot fulfill the resident ' s request, ask the nurse supervisor for assistance.</p>	F 550			

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