

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

PRINTED: 03/31/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555099</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/30/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKEWOOD HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>12023 LAKEWOOD BLVD. DOWNEY, CA 90242</b>		
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following reflects the findings of the Department of Public Health during a COVID-19 Focused Survey for Infection Control for Complaint # CA00771234.</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the Department of Public Health on behalf of the Center for Medicare &amp; Medicaid Services (CMS) on 1/31/22 .</p> <p>The facility was found to be in compliance with 42 CFR 483.80 infection control regulations practices and has implemented the CMS and Centers for Disease Control and Prevention recommended practices for COVID-19.</p> <p>The inspection was limited to the COVID-19 Focused Infection Control Survey and does not represent the findings of a full inspection of the facility.</p> <p>Total Residents: 276</p> <p>Representing the Department of Public Health: Health Facilities Evaluator Nurse ID: 16282, RN, HFEN</p> <p>There was a deficiency identified as a result of the COVID-19 Focused Infection Control Survey on 1/31/22.</p>	F 000	<p>Lakewood Healthcare &amp; Wellness Centre submits this response and Plan of Correction as part of the requirements under the state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facility's allegation of compliance.</p> <p>"Preparation, submission 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 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."</p>		
F 695 SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who</p>	F 695			

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 695	<p>Continued From page 1</p> <p>needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview the facility staff failed to ensure one sample resident (Resident A ) was not provided respiratory exercise with the use of the Incentive Spirometer and respiratory assessment as ordered.</p> <p>This deficient practice potentially had a direct effect on Resident A's change of behavior/ mental status from alert and oriented to mumbling to himself, found non responsive and pronounced deceased at the facility.</p> <p>Findings</p> <p>An intake was received in the Department to notify of a Covid-19 related death on 1/31/22.</p> <p>A review Resident A's Admission Record indicated an admission date of 1/24/22, diagnosis included COVID-19 ( ) ,pneumonia (infection that inflames air sacs in one or both lungs, which may fill with fluid) and pleural effusion (a buildup of fluid between the tissue that line the lungs and the chest).</p> <p>A review of the Order Summary Report date range 1/24/22 - 1/25/22, for Resident A included:</p> <p>- Incentive Spirometer (IS) 10 breaths Q2H (every 2 hours) while awake . Respiratory assessment:</p>	F 695	<p><b>F695 Respiratory Treatment and/or Care</b></p> <p>How corrective action(s) will be accomplished for those residents found to have been affected by deficiency practice</p> <ul style="list-style-type: none"> <li>• Resident A expired on 1/28/2022</li> <li>• On 4/1/2022, the DNS provided 1:1 in-service with the RT (Respiratory Therapist) supervisor regarding the following: <ul style="list-style-type: none"> <li>◆ Incentive spirometry upon admission/readmission, and any change of condition, if indicated</li> <li>◆ Comprehensive respiratory assessment and action plans</li> <li>◆ Alternative measures to provide when incentive spirometry is refused.</li> <li>◆ Any alternative measures provided will be documented on the resident's incentive spirometer administration record.</li> <li>◆ Any further refusals will be communicated to the charge nurse</li> </ul> </li> </ul>		

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F 695	<p>Continued From page 2</p> <p>RR (respiratory rate), HR (heart rate), O2 (oxygen) and LPM, max IS (incentive spirometer) volume and flow, # (number) of IS breaths, IS effort (good, fair, poor), productive cough (Y/N), Cough Effort (strong, moderate, weak), Duration (time spent with resident) every 2 hours for lung expansion for 14 days</p> <ul style="list-style-type: none"> <li>- CPR (cardio pulmonary resuscitation)</li> <li>- monitor blood pressure (B/P) , pulse rate, respiratory rate, temperature, oxygen (O2) SAT (saturation) and symptoms every 4 hours for Covid screening/monitoring</li> </ul> <p>(Per Wikipedia, an Incentive Spirometer is a handheld medical devices used to help patients improve the functioning of their lungs. By training patients take slow and deep breaths, this simplified spirometer facilitates lung expansion and strengthening. Per Healthline the incentive spirometer is commonly used to break up mucus buildup that build up in the lungs in people with pneumonia).</p> <p>A review of Resident A's Clinical Admission Evaluation dated 1/24/22 dated 11:55 p.m., indicated an oxygen saturation (O2 sat) of 95% on room air, respiration- 17, B/P 104/58 and pulse 70. Resident A was alert, oriented x4, with respirations regular and unlabored.</p> <p>A review of Resident A's Plan of Care for COVID(+) dated 1/25/22 included interventions to monitor for any changes and notify MD (physician), monitor changes in respiratory changes, temperature and any covid related symptoms, if worsen , notify MD and medications as ordered.</p> <p>A review Resident A's Progress Notes indicated</p>	F 695	<p><b>How the facility will identify other residents having potential to be affected by the same deficient practice</b></p> <ul style="list-style-type: none"> <li>On 4/7/2022, IDT reviewed 14 residents with incentive spirometer orders, no other resident has been affected by the same deficient practice</li> </ul> <p><b>What measures will be put in place or what systemic changes will you make to ensure that the deficient practice does not recur</b></p> <ul style="list-style-type: none"> <li>On 4/1/2022, RT supervisor provided in-service to RT staff regarding the following: <ul style="list-style-type: none"> <li>Incentive spirometry upon admission/readmission, and any change of condition, if indicated</li> <li>Comprehensive respiratory assessment and action plans</li> <li>Alternative measures to provide when incentive spirometry is refused.</li> </ul> </li> </ul>		

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F 695	<p>Continued From page 3</p> <p>the following dates and times the incentive spirometer was not used per order:</p> <ul style="list-style-type: none"> <li>- 1/25/22 at 10:22 p.m., clinical suggestions indicated Resident A had been advised to lie flat. ( reason not indicated)</li> <li>- 1/26/22 at 2:34 a.m., note test for incentive spirometer, Resident A could not follow directions</li> <li>- 1/28/22 12:01a.m., the incentive spirometer was noted as not used throughout the shift due to refusal or asleep. There was no explanation regarding the refusal. At 12:23 a.m., Resident A was found talking to himself. At 3:04 a.m., resident was awake in be, incentive spirometer not used, At 4:10 a.m., Resident A was still mumbling to self, resident refused incentive spirometer and vital signs. At 5:15 a.m., Resident A was noted to be asleep. At 5:50 a.m., the Certified Nurse Assistant (CNA) assigned was making rounds, resident A was unresponsive with pupils nonreactive to light, no B/P, and a weak thready pulse.</li> </ul> <p>The respiratory assessment was incomplete or not conducted as ordered from 1/25/22 through 1/28/22.</p> <p>A review of the facility's policy and procedure for Incentive Spirometry, revised 9/10/19, indicated the following:</p> <p>Purpose: provide Residents with a tool to facilitate a sustained slow deep breath to help recover or maintain optimal lung function.</p> <p>Policy: Utilize incentive spirometry properly for Residents who have acute or chronic lung disease or other conditions, as ordered by the physician.</p> <p>Procedure: Instruct Resident to repeat exercises as prescribed by the physician,</p> <ul style="list-style-type: none"> <li>- Document the following information in the Resident's medical record:</li> </ul>	F 695	<ul style="list-style-type: none"> <li>Any alternative measures provided will be documented on the resident's incentive spirometer administration record.</li> <li>Any further refusals will be communicated to the Charge Nurse</li> <li>On 3/31/2022 - 4/5/2022, DNS/designee provided in-service to license nurses regarding incentive spirometry policy and procedure.</li> <li>RT Supervisor/designee will coordinate daily, with nursing, for residents requiring any incentive spirometry upon admission/readmission, and any change of condition, if indicated.</li> <li>MRD/designee will conduct daily audit of respiratory assessments on new admissions/readmissions, and any change of condition, if indicated. Any incomplete or missing respiratory assessments will be reported to the RT supervisor/designee and DNS.</li> <li>RT Supervisor/designee will perform rounds, to monitor residents with incentive spirometer if it is in place, and identify if any resident has refusal or any difficulty, and</li> </ul>		

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F 695	<p>Continued From page 4</p> <p>*Date and time incentive spirometry was performed</p> <p>*Maximum incentive spirometry volume and flow achieved and number of breaths</p> <p>*Resident's tolerance of the procedure</p> <p>*If the Resident refused the procedure, the reason(s) why and the alteration intervention</p> <p>A review of Residen A's Respiratory Assessment dated 1/25/22 indicated clear breath sounds of right an left lobes, no assessment of the left lower lobe. Respirations were normal with an O2 SAT of 94% on room air (RA) and fair cough effort. The repiratorynorders included an Incentive spirometer 10 breaths Q2 hours, while awake, monitor oxygen saturation. There was no action plan. An additional Respiratory Assessment dated 2/25/22 indicated Resident A refused any respiratory interventions, with no RT assessment performed. IS provided and left at bedside.</p> <p>A review of the Downey Fire Department Incident Report for Resident A, dated 1/28/22 time at 5:58 a.m., indicated on the scene at 6:09 a.m., upon arrival male pt (Resident A) was in the care of staff with a c/c of DOA (dead on arrival). Pt (Patient/Resident A) was assessed, death was determined and Pt was left in the care of the staff.</p> <p>On 2/25/22 at 6:10 a.m., during an interview Staff 1 stated Resident A was alert and spanish speaking. Resident A refused the incentive spirometer and was unable to use the incentive spirometer do to cognition and inability to understand instructions. Staff 1 stated Resident A had no medications to be administered and staff 1 did not monitor Resident a's O2 saturation 1/27 or 1/28/22 during the night shift.</p>	F 695	<p>provide alternative intervention as indicated, daily for 7 days then weekly x 4 weeks then monthly x 3 months</p> <ul style="list-style-type: none"> <li>RT supervisor/designee will report to DNS if there are any trends or issues regarding incentive spirometer use daily for 7 days then weekly x 4 weeks then monthly x 3 months</li> </ul> <p><b>How the facility plans to monitor its performance to make sure the solutions are sustained and to ensure deficient practice will not recur</b></p> <ul style="list-style-type: none"> <li>DNS/designee will report any issue or trends regarding incentive spirometry to the Quality Assurance and Performance Improvement Committee for review and recommendations monthly for 3 months</li> <li>The Administrator and Director of Nursing are responsible for monitoring and sustaining compliance</li> </ul> <p><b>Completion Date: 5/8/2022</b></p>	5/8/2022	

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F 695	Continued From page 5 On 3/2/22 at 2:34 p.m., Staff 3 stated she provided care for Resident A on 1/25/22, when the resident refused respiratory treatments therefore she left the incentive spirometer at Resident A's bedside. There was no respiratory plan of action or any other interaction by respiratory therapy provided due to the resident refused.	F 695			