

Accepted
SLT
1/7/16

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

PRINTED: 12/23/2015
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056334 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 12/23/2015 |
| NAME OF PROVIDER OR SUPPLIER GOLDSTAR REHABILITATION & NSQ CTR OF SANTA MONICA | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1340 15TH STREET SANTA MONICA, CA 90404 | |
| (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 Public Health during an Abbreviated Standard Survey conducted exited on 11/3/15. Complaint Intake #: CA00457682 - Substantiated Representing the Department of Public Health: Evaluator ID # 14042, RN - HFEN The inspection was limited to the specific complaint investigation and does not represent the findings of a full inspection of the facility. | F 000 | | |
| F 315 SS=D | Highest Scope and Severity: D 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide adequate urinary catheter (a hollow flexible tube that is used to drain urine from) care to prevent urinary infections for two out of three sampled residents | F 315 | 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Once identified, the catheter drainage bags for Residents 1 and 2 were emptied according to policy. All residents in the facility with catheter drainage bags have the potential to be affected. Staff were in-serviced regarding emptying catheter drainage bags at least every 8 hours. The DON or designee will perform random checks over the next 30 days to ensure the inservice was effective. The results will be reported to the QA committee and evaluated for effectiveness. Completed by: January 22, 2016 | 1/22/16 |

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 315 | <p>Continued From page 1</p> <p>(1, 2). Residents 1 and 2's urinary catheter drainage bag were not emptied as per plan of care and policy, allowing the drainage bags to remain full impeding urine drainage and resulting in pain to the bladder (an organ that collects urine produced by the kidney) area and increasing the risk for urinary tract infections (UTI) from prolonged time of urine in the bladder.</p> <p>Findings:</p> <p>On 9/21/15 at 7 a.m., an unannounced visit was made to the facility to investigate a complaint regarding Quality of Care.</p> <p>1. On 9/21/15 at 7:15 a.m., Resident 1 was observed lying in bed with a suprapubic catheter (a urinary catheter inserted through the abdominal wall to drain urine) connected to a drainage (collection) bag. The resident stated he had taken several pictures, on different days showing an overflow of his large drainage bag. The pictures provided by the resident indicated the drainage bag dated 8/3/15 at 4 a.m., 6/21/15 at 2:45 a.m., and 9/14/15 at 3:30 p.m. The drainage bag was full with urine to the rim level indicating a maximum capacity of 2,000 milliliters (ml) of urine. The resident stated when the bag was full he had pain on the bladder area.</p> <p>A review of the clinical record indicated Resident 1 was admitted to the facility on 4/7/15, with diagnoses including paraplegia (paralysis of the legs) which required the use of a suprapubic catheter.</p> <p>A physician's order dated 4/7/15, indicated the</p> | F 315 | | | |

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| F 315 | <p>Continued From page 2</p> <p>use of suprapubic catheter attached to a drainage bag. The order included catheter care to be done on a daily basis.</p> <p>The Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 4/17/15 indicated Resident 1 was alert and oriented, required extensive assistance from staff for bed mobility, dressing, personal hygiene, and required total assistance for transferring, and toilet use.</p> <p>The care plan dated 4/21/15 developed for Resident 1's suprapubic catheter use and high risk for UTIs, had a goal for the resident to be able to adequately empty his bladder without difficulty/complications, with no pain.</p> <p>According to a physician's order dated 6/24/15, Resident 1 was started on antibiotic for UTI.</p> <p>2. On 9/21/15 at 7:40 a.m., during an interview, Resident 2 stated she had a urinary catheter connected to a large drainage bag and staff would wait until the drainage bag was filled to the rim. The resident also stated that was painful and was concerned about getting further UTIs.</p> <p>A review of Resident 2's clinical record indicated the resident was re-admitted to the facility on 7/22/15 with diagnoses including diabetes (body's inability to produce any or enough insulin causes elevated levels of sugar in the blood), obesity (excessive body weight), and moisture associated skin damage (caused by prolonged exposure to various sources of moisture, including urine or stool) requiring urinary catheter. The MDS assessment dated 3/12/15, indicated</p> | F 315 | | | |

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| F 315 | <p>Continued From page 3</p> <p>Resident 2 was alert and oriented, required extensive assistance from staff for bed mobility, personal hygiene, and total assistance for transfer, and toilet use.</p> <p>A physician's order dated 9/1/15, indicated the use of the catheter connected to drainage back and to provide catheter care on a daily basis.</p> <p>A care plan dated 9/14/15 developed for Resident 2's alteration in urinary elimination and moisture associated skin damage, included in the interventions to perform catheter care on a daily basis, and more often as needed.</p> <p>A review of the facility's policy and procedure for urinary catheter care dated 12/2007; indicated in order to prevent infection, empty the collection bag at least every eight hours.</p> <p>On 9/21/15 at 3:30 p.m., during an interview, the Director of Nursing (DON) was not able to explain the delay in emptying the urinary drainage bags.</p> | F 315 | | | |