loc accepted 6/19/17

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

PRINTED: 06/07/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	066527	A. BUILDING _____ B. WING _____	C 06/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOS PALOS CONVALESCENT HOSPITAL	1430 WEST 6TH STREET SAN PEDRO, CA 90732

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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during an investigation of a Complaint. Complaint Number: CA00526659 - Substantiated with two regulatory violations Representing the Department of Public Health: Surveyor ID: 36385, RN, HFEN The inspection was limited to the specific complaint and does not represent a full inspection of the facility.	F 000	~~Los Palos Convalescent Hospital submits~~ this response and Plan of Correction as part of the requirements under 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 it is inadmissible by any third party in any civil or criminal action or proceedings against the provider of 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. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceeding on that basis.	
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] WILLIAM ALBANUS | TITLE: ADMINISTRATOR | (X6) DATE: 10/16/17

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 309	Continued From page 1 practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following: (k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide the necessary care and services for pain management and follow a resident's plan of care, physician's order, and the facility's policy for two of three sampled residents (Residents 1 and 2). For Resident 1, who was placed on Hospice care (end of life care) the family requested intravenous ([IV] - through the vein) pain medication to control the pain that was not addressed per the facility's policy. Resident 2 had a physician's order for pain medication that was not implemented and another order for breakthrough pain medication that needed clarification. These deficient practices resulted in Residents 1	F 309	**F309 483.24, 483.25 (k) (l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING** **Corrective Action/s for Residents Affected by Deficient Practice** DON provided an in service to Department Heads that when a resident becomes a candidate for hospice, it must first be discussed with the resident's representative or self responsible resident, MD, staff from hospice. If resident's representative or self responsible resident agrees, then pain management must be included in the discussion in regard to pain medication with preferred route: IV, by mouth, IM, patch, SL (6/13/17). The Nurse Practitioner (NP1) was interviewed on 6/14/17 at 3:00pm and stated that he was informed by the licensed nurse that the resident's representative of Resident #1 wanted morphine sublingual so he ordered morphine sulfate solution 10 mg/10ml give 0.5 ml SL every 2 hours as needed for pain management/respiratory distress. He was not informed that the representative was requesting IV morphine pain medication. DON provided an in service to licensed nurses in regard to resident's representative or self responsible resident (hospice) requesting preferred	

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F 309	Continued From page 2 and 2 being at risk for continued, unrelieved and uncontrolled pain. Findings: a. On March 17, 2017, at 1:35 p.m., during a tour of the facility, accompanied by a Licensed vocational nurse (LVN 1), Resident 1 was observed on the bed with eyes closed, lying in the left fetal position with intermittent facial grimacing. The resident's family member (FM1) was observed at the bedside. During a concurrent interview, LVN 1 stated, "Norco (a combination of acetaminophen/hydrocodone used to treat moderate to severe pain) was given to Resident 1 at 10 a.m. for pain." A review of Resident 1's Admission Face Sheet indicated the resident was admitted to the facility on March 9, 2017. The resident's diagnoses included chronic kidney disease (gradual loss of kidney function), hypertension (high blood pressure), diabetes mellitus (abnormal blood sugar), anemia (abnormal red blood cell count), muscle weakness, and protein-calorie malnutrition. A review of Resident 1's Minimum Data Set (MDS), an assessment and care screening tool, dated March 16, 2017, indicated Resident 1 was severely impaired with daily decision-making skills and required an extensive assistance with bed mobility, transferring, toileting, hygiene and bathing.	F 309	route of pain medication must be clarified to the representative or self responsible resident prior to notifying PCP/NP for an order (6/14/17) On March 17, 2017 at 8:00 AM, the hospice Licensed nurse visited and re-assessed resident #2 and Hospice MD ordered pain medication Morphine Sulfate IR 20 mg/20ml, give 5 mg (0.25ml) SL every 4 hours as needed for breakthrough pain/respiratory distress; acetaminophen suppository 1 suppository per rectum every 6 hours as needed for body temp 100.3 F and above, NTE 3 g/day; atropine 1% 2 drops by mouth every 3 hours as needed for increase secretion; discontinue previous oxygen inhalation order, new order of oxygen inhalation via nasal cannula continuous at 4lpm for shortness of breath and comfort; oxygen inhalation (titration) 5-10 lpm via face mask as needed for moderate to severe shortness of breath. Resident #2 was on Morphine sulfate ER tablet 15 mg, give 1 tablet by mouth every 12 hours for pain management ordered 3/08.2017; tylenol with codeine #3 tablet 300-30 mg, give 1 tablet every 6 hours as needed for breakthrough pain NTE 3 gms/24 hour of acetaminophen ordered 3/08/2017. On the day that the Hospice MD ordered for Morphine sulfate IR 5 mg (0.5 ml), there was no order to discontinue the tylenol with	

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F 309	Continued From page 3 On March 20, 2017, at 9:13 a.m., LVN 1 was asked about IV (into the vein) and IM (injection into the muscle) pain medications and he stated he could not recall whether IV or IM morphine (a narcotic pain reliever used to treat moderate to severe pain) had ever been given at the facility. LVN 1 stated morphine was usually given sublingually (under the tongue) or by mouth (PO) in the facility. During an interview with LVN 2 on March 17, 2017, at 9:17 a.m., she stated she was told that Resident 1's family, FM1 requested IV pain medication for the resident, but could not recall by whom. On March 20, 2017, at 9:30 a.m., during a subsequent interview, LVN 1 was asked if FM1 had requested IV pain medication for Resident 1. LVN 1 stated, "Not to my knowledge." During an interview with the director of nursing (DON) on March 20, 2017, at 9:45 a.m., the DON stated she was not aware of Resident 1's family requesting for IV pain medication prior to placing the resident on hospice care. The DON stated that the facility could administer IV or IM pain medications with a physician's order, because there was a registered nurse (RN) on site 24 hours. During an interview with the nurse practitioner (NP1) on March 20, 2017, at 10:05 a.m., NP1 stated Resident 1 was under his care prior to the	F 309	~~codeine 300-30 1 tablet every 6 hours as~~ needed, however there was an order for the discontinuance of the previous oxygen inhalation order. Clarification of the Morphine and Tylenol-codeine #3 order was done and carried out on the same day March 17, 2017 at 5:00pm. It was clarified to discontinue Tylenol-codeine # 3 as needed for break through pain. DON provided an In service to all licensed nurses staff to carry out doctor's order in a timely manner with notification to resident's representative or to a self responsible resident on 6/9/2017. If a self responsible resident or representative has concern of the new ordered medication, notify the MD of the concern brought out and inform the resident /representative for any new order. An In service was given to all licensed nurses by DON on 6/9/2017 in regard to administration of pain medication. Prior to administration, a licensed nurse must assess the resident for pain, the site of pain, pain scale, description of pain, then provide non-pharmacological interventions first per facility's policy such as repositioning, dim light, activities, relaxation techniques, quiet environment, deep breathing, listening to music or any diversional activities that would be able to relieve the resident	

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F 309	Continued From page 4 resident being admitted to hospice. NP1 stated, "The nurses told me they wanted morphine sublingual." NP1 stated he was unaware that there was a request for IV pain medication. b. During an observation and a concurrent interview, on March 17, 2017, at 3:15 p.m., Resident 2 was observed receiving wound care treatment. Resident 2 stated he had pain in his rectum and bilateral (both) lower extremities (BLE) and wanted Tylenol (a mild pain reliever). Resident 2, who had facial grimacing increased with movements, stated his pain level on a numeric scale from zero to 10 (numeric pain scale zero to 10 [10 being worse pain]) was "30...40." Resident 2 stated the certified nurse assistant (CNA) does not listen to him and he does not speak to the licensed vocational nurse (LVN 1). On March 17, 2017, at 3:25 p.m., during an interview, LVN 1 stated Resident 2 was given routine morphine on March 17, 2017 at 9 a.m., and the resident's pain was re-assessed between 9:30 a.m. and 10 a.m. During a subsequent interview, on March 17, 2017, at 3:27 p.m., Resident 2 stated, "The pain was getting worse and worse." The resident stated that the morphine gave him relief for only a short time. Resident 2 stated he could not state the exact time frame when he received the morphine last, because he was blind and could not see the clock.	F 309	from pain. If non pharmacological interventions were ineffective, then the licensed nurse can administer the pain medication as ordered. Licensed nurses to update care plan for pain indicating the new pain medication. **Process to Identify Other Residents Potentially Affected by Same Deficient Practice and Corrective Action/s** All residents with pain were reassessed with no findings on concern of worsening of pain or pain medications (6/9/2017 – 6/14/2017). **Measure Adopted or Systemic Changes To Prevent Recurrence** All residents will be reassessed for pain in a quarterly basis or as needed. PCP will be notified of the result of assessment for possible readjustment of pain medication if indicated. **Monitoring System and Quality Assurance System to Ensure Corrective Actions are Achieved And Sustained** Medication licensed nurses will monitor residents daily with pain for increased or decreased of pain, effective/ineffective pain medication, effective or ineffective use of non-pharmacological interventions. Licensed	

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F 309	Continued From page 5 A review of Resident 2's Admission Face Sheet indicated the resident was admitted to the facility on February 21, 2012 and re-admitted last on November 27, 2012. Resident 2's diagnoses included Parkinson's disease (progressive disease of the nervous system that affects movement), hypertension (high blood pressure), blindness of the left eye, chronic obstructive pulmonary disease ([COPD], a lung disease characterized by difficulty in breathing) and spinal stenosis (narrowing of the open spaces in the spine that may cause pain, tingling, and numbness and muscle weakness). A review of Resident 2's MDS, dated February 9, 2017, indicated Resident 2 had severe cognitive impairment, required extensive assist with bed mobility, transferring, toileting, hygiene and bathing. The MDS, also indicated the resident had impaired range of motion on one side of his upper extremities and BLE. During an observation on March 17, 2017, at 3:30 p.m., LVN 1 administered Tylenol (300 mg) with codeine (30 mg) #3 (an opioid pain medication used treat mild to moderate pain) to Resident 2 without attempting a non-pharmacological interventions (without drugs), as per facility's policy, and not asking the resident his pain level. During a concurrent interview, LVN 1 was asked the procedure for administering pain medications and stated, "It involved assessing the resident prior to medication administration, try non-pharmacological interventions, and then give the medications." LVN 1 stated Resident 2's order	F 309	nurses will report to RN Supervisor or desk nurse of the daily findings. Nursing Supervisor /charge nurses will re assess the resident for pain if indicated and to notify the PCP of the result. Any new order will be carried out within appropriate time. If clarification of order has to be done, notify the PCP at a required time frame and inform the resident/representative of the new order. Nursing Supervisor will report to the DON daily of the findings and if new pain medication/route was ordered. IDT meeting for hospice residents will include pain medication in the discussion in regard to route preferred by resident's representative or self responsible resident.	

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F 309	Continued From page 6 for Tylenol with codeine #3 was for breakthrough pain (flare-up of severe pain where chronic pain was already present). A review of Resident 2's physician's order, dated March 17, 2017, and timed at 8 a.m., in the presence of LVN 3 (a supervisor), stated morphine sulfate (MS) IR ([IR] instant release) drug takes effect within 5-30 minutes after ingestion and last for two to six hours. LVN 3 stated the resident had an order for MS IR 20 milligram per milliliter (mg/ml) 5 mg (0.25 ml) sublingual (under the tongue) every four hours as needed for breakthrough pain. LVN 3 stated that the order needed to be transcribed into the eMAR (electronic Medication Administration Record) immediately and carried out. A review of Resident 2's eMAR indicated for Tylenol with codeine #3 tablet (300-30 mg), give one tablet by mouth every six hours for breakthrough pain. LVN 3 stated that the nurse should have clarified with the physician which medication to use for breakthrough pain. LVN 3 stated that the licensed nurse who wrote the telephone order should have also updated the care plan. A review of Resident 2's care plan titled "Pain," last updated November 15, 2016, indicated the staff's approach included to administer Tylenol with codeine one tablet every six hours as needed for breakthrough pain. A review of the facility's undated policy titled "Med	F 309		

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F 309	Continued From page 7 Pass," indicated that medications are administered in accordance with written orders of the attending physician. A review of the facility's policy, revised on March 2009 and titled, "Pain Assessment and Management," indicated that the purpose of the policy included developing interventions that was consistent with the resident's goals and needs. Included in the policy was a pain assessment procedure that indicated to discuss with the resident or legal representatives his or her goals for pain management and satisfaction with the current level of pain control.	F 309		
F 314 SS=D	483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES (b) Skin Integrity - (1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	F 314	**F314 483.25(b)(1) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES** **Corrective Action/s for Residents Affected by Deficient Practice** Resident #1 had a wound in the coccyx area with a treatment application of calmoseptine as ordered on 3/15/2017. On 3/17/17, it was noticed that when Resident #1 was repositioned on her right side, she had wounds on her left and right buttocks (stage 2) and were immediately assessed, measured, and MD was notified with treatment order of calmoseptine on 3/17/17.	

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F 314	Continued From page 8 review, the facility failed to follow the plan of care and provide the necessary care and services to prevent the development of pressures sores (damage to the skin tissue caused by pressure) for one of three sampled residents (Resident 1). Resident 1, who had a high risk for developing pressure sores, was not being turned every two hours and kept clean and dry as indicated in the resident's plan of care. This deficient practice resulted in Resident 1 developing a Stage II pressure sore (a superficial open sore in the upper layer of skin) that was not identified and assessed until a prevention skin care was observed. Findings: On 3/17/17 at 2:25 p.m., during an interview, a Certified Nurse Assistant 1 (CNA 1) stated Resident 1 required assistance with turning and was repositioned every two hours because of redness on her back. On 3/17/17 at 2:30 p.m., during an observation, CNA 1 was observed providing bowel incontinence (inability to control) care to Resident 1 with a two-person assist. After Resident 1's care the resident was positioned on the right side. At 2:52 p.m., on 3/17/17, during Resident 1's skin care observation and a concurrent interview, a Licensed Vocational Nurse 4 (LVN 4) stated Resident 1 required an application of Calmoseptine ointment (moisture barrier to help	F 314	~~DSD in serviced all nursing staff the~~ importance of turning and repositioning the residents as well as providing good perineal care to prevent skin breakdown or further skin breakdown (6/12/17). Discussed protocol of turning and repositioning. DSD In serviced all CNAs to conduct daily skin check every shift and submit the results to charge nurses/treatment nurse (6/12/17) DON provided an in service to all licensed nurses to check the skin report daily and communicate with the Treatment nurse/Nursing Supervisor If Indicated (6/13/17). Residents with pressure sores, high risk for skin breakdown/further skin breakdown will be discussed daily during the huddle meeting each shift **Process to Identify Other Residents Potentially Affected by Same Deficient Practice and Corrective Action/s** All residents were assessed for their skin condition with no findings of newly developed skin wound /pressure sore. (6/12/17).	

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F 314	Continued From page 9 keep skin clean and dry) to the coccyx (tailbone) ordered on 3/15/17. After the resident was positioned on the right side and exposing the coccyx, there were reddish-pink opened wounds observed on bilaterally (both) mid-buttocks area. LVN 4 stated that the area were originally just excoriations (scratches to the skin). LVN 4 was observed taking measurements of the wounds as follows: 1. Left buttocks: 0.6 centimeters (cm) length (L) by 0.6 cm in width [W] (no depth) 2. Right buttocks: 0.4 cm in L by 0.3 cm in W (no depth). During a concurrent interview LVN 4 stated she needed to contact Resident 1's physician to obtain a wound treatment order. A review of Resident 1's Admission Face Sheet indicated the resident was admitted to the facility on March 9, 2017. The resident's diagnoses included chronic kidney disease (gradual loss of kidney function), hypertension (high blood pressure), diabetes mellitus (high blood sugar), anemia (abnormal red blood cell count), muscle weakness and protein-calorie malnutrition. A review of the Minimum Data Set (MDS), standardized care screening and assessment tool, dated 3/16/17, indicated Resident 1 was severely impaired with daily decision-making skills and required extensive assistance with bed mobility, transferring, toileting, hygiene, and bathing.	F 314	**Measure Adopted or Systemic Changes To Prevent Recurrence** Charge nurses will check the results of the skin check conducted by the CNAs in each shift. Any findings will be submitted to charge nurses for review and discuss with the Treatment nurse/Nursing Supervisor. Treatment Nurse and Nursing Supervisor will check and reassess the skin condition if there are findings and get a treatment order from the doctor, and notifying the resident or resident's representative. Treatment Nurse/Nursing Supervisor will give a daily report of the findings to DON. Wound meeting will be conducted weekly by IDT members (Treatment Nurse, Dietary, Activity, DON) to discuss the pressure and non pressure sores, improvement, measurements, infection, resolving, getting worst, healed. **Monitoring System and Quality Assurance System to Ensure Corrective Actions are Achieved And Sustained** Nursing Supervisor and Treatment Nurse will monitor the daily findings and to report to DSD, DON and Administrator. Weekly wound meeting will be conducted to discuss the findings.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055527	A. BUILDING _____ B. WING _____	C 06/07/2017

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F 314	Continued From page 10 A review of Resident 1's care plan, dated 3/15/17 and titled, "Hospice" indicated Resident 1 was at risk for pressure sores. The staff interventions included to check for incontinence and change the brief as needed and turn the resident every two hours. On 3/17/17, at 3:10 p.m., during an interview, Resident 1's Family Member (1) (FM 1) stated when the family visited the resident on 3/15/17, the staff did not come and turn the resident and the resident smelled of urine. FM1 also stated the prior three days, during the family's visits, the resident was not being turned every two hours "to prevent bed sores." At 5:07 p.m., on 3/17/17, Resident 1 was observed lying on her right side in the fetal position, more than two hours after LVN 4 had positioned her. During a subsequent interview, FM 1 stated that no staff had come into the room to turn or provide care to Resident 1. A review of a document for Resident 1 titled, "Documentation Survey Report," dated March 2017, under Turn/Reposition q2h, indicated Resident 1 was turned and repositioned every two hours, as evident by missing signatures on the following shifts: 1. 3/9/17 - night shift 11 p.m. to 7 a.m. 2. 3/17/17 - day shift (7 a.m. to 3 p.m.) 3. 3/19/17 - day shift A review of Resident 1's Braden Scale For	F 314	Date of compliance: 06/16/2017	

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F 314	Continued From page 11 Predicting Pressure Sore risk, dated 3/9/17, indicated Resident 1's score was an 8, which indicated a very high risk (the scoring indicated 15-18=at risk; 13-14=moderate risk;10-12=high risk and below 9= very high risk).	F 314		