OK Jose K. C 9/2/11

California Department of Public Health

Los Angeles County Department of Public Health Health Facilities Inspection Division 12440 E. Imperial Hwy. #500 Norwalk, CA 90650

SEP - 7 2011

SEP 6 2011

PRINTED: 09/01/2011
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA950000015	A. BUILDING _____ B. WING _____	07/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALDWIN GARDENS NURSING CENTER	10786 LIVE OAK AVENUE TEMPLE CITY, CA 91780

(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) COMPLETE DATE
A 000	Initial Comments The following reflects the findings of the Department of Public Health during a Recertification and Licensing Survey. Representing the Department of Public Health: 30259 Total resident population: 57 Total rsident sample size: 15	A 000		
A 903	T22 DIV5 CH3 ART5-72528(a) Informed Consent Requirements (a) It is the responsibility of the attending physician to determine what information a reasonable person in the patient's condition and circumstances would consider material to a decision to accept or refuse a proposed treatment or procedure. Information that is commonly appreciated need not be disclosed. The disclosure of the material information and obtaining informed consent shall be the responsibility of the physician. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to ensure the resident's physician disclosed information to all residents regarding psychotropic medications and the health record verified the documented evidence for four out of the 15 selected residents (Residents 2, 7, 8, and 14) and two randomly selected residents (Resident 17 and 20). Also, the medical records indicated the resident's physicians signed the consent after the resident had been started on the psychotropic medications.	A 903	This plan of correction serves as my allegation of compliance. The facility will be in compliance by no later that 9/6/11.	9/6/11

Licensing and Certification Division

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

TITLE: ADMINISTRATOR

(X6) DATE: 9-6-11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA950000015	A. BUILDING _____ B. WING _____	07/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALDWIN GARDENS NURSING CENTER	10786 LIVE OAK AVENUE TEMPLE CITY, CA 91780

(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) COMPLETE DATE
A 903	Continued From page 1 Findings: a. During a review of Resident 2's medical records, it was noted the resident's informed consent for psychotropic drug (Lithium Carbonate and Wellbutrin) use was not signed by a physician. The material information about the medication was discussed with the resident's surrogate by the facility's licensed vocational nurse (LVN) on June 27, 2011. A review of Resident 2's Admission Face Sheet indicated the resident was admitted to the facility on February 2, 2011, with the most recent readmission on June 27, 2011. The resident ' s diagnoses included bipolar disorder (a psychiatric disorder that causes mood swings that range from the lows of depression to the highs of mania). A review of a Minimum Data Set (MDS), a standardized assessment and care screening tool, dated June 27, 2011, indicated the resident required extensive assistance from staff with ambulation, dressing, and personal hygiene. There was no other documented evidence the resident's physician obtained an informed consent prior to starting the medication. b. A review of Resident 7's informed consent for psychotropic drug (Ativan) indicated the form was signed by the facility's LVN on May 31, 2011, at 8:30 p.m., but the physician did not sign the consent until June 14, 2011, fifteen days later. A review of a Resident 7's Admission Information Sheet, indicated the resident was admitted to the facility on November 20, 2010, and re-admitted	A 903	Resident #2 is alert and oriented and self responsible, the psychiatrist visited and examined the resident on 8/15/11 and informed her of the use of and side effects of Lithium Carbonate and Wellbutrin and the informed consent was signed by the psychiatrist. Resident #7 was seen and examined by the psychiatrist on 8/15/11 and his surrogate was called by the psychiatrist and informed him of the use and side effects of Ativan and the informed consent was signed by the psychiatrist. Resident #8 was seen and examined by the psychiatrist and the resident's daughter was called by the psychiatrist and informed of the use and side effects of lexapro and the informed consent was signed by the psychiatrist. Resident #14 was discharged to an Assisted Living facility on 8/5/11.	8/15/11 8/15/11 8/15/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA950000015	A. BUILDING _____ B. WING _____	07/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALDWIN GARDENS NURSING CENTER	10786 LIVE OAK AVENUE TEMPLE CITY, CA 91780

(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) COMPLETE DATE
A 903	Continued From page 2 on May 26, 2011. The resident's diagnoses included, encephalopathy (a brain disease, damage, or malfunction), pneumonia (an infection of the lungs), dysphagia (difficulty swallowing), hyperuricemia (a level of uric acid in the blood that is abnormally high), and anxiety (a state of uneasiness and apprehension). A Minimum Data Set (MDS), a standardized assessment and care screening tool, dated May 21, 2011, indicated the resident was sometimes able to make him self understood and understand others. The MDS indicated the resident had long term and short term memory problems and his cognitive skills for daily decision making were severely impaired. There was no other documented evidence the resident's physician obtained an informed consent prior to starting the medication. c. A review of Resident 8's informed consent for psychotropic drug (Lexapro) indicated the document was signed by the facility's LVN on February 18, 2011, at 2:40 p.m., but the physician did not sign the consent until March, 3, 2011, thirteen days later. A review of Resident 8's Admission Information Sheet, indicated the resident was admitted to the facility on December 16, 2011, and readmitted on June 19, 2010. The resident's diagnoses included Parkinson's disease (a progressive degenerative disease of the central nervous system), and depression. A Minimum Data Set (MDS), a standardized assessment and care screening tool, dated July 7, 2011, indicated the resident had an accurate recall and was able to make herself understood	A 903	All other resident with an order for psychotropic use were checked by the MDS Coordinator and the Director of Nurses to make sure they were not being affected by the deficient practice on 8/8/11 and the deficient practice was informed to the psychiatrist on 8/15/11 during her monthly visit to the facility for proper correction. All Licensed Personnel were in-serviced on 8/15/11, 8/22/11 and 9/3/11 and 9/6/11 regarding the deficient practice and to make sure that when obtaining an order for a psychotropic medication, the medication will not be started until the physician informs the resident or their surrogate of the use of the medication and that the informed consent is signed by the physician verifying that informed consent has been obtained by the physician.	8/15/11 9/6/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA950000015	A. BUILDING _____ B. WING _____	07/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALDWIN GARDENS NURSING CENTER	10786 LIVE OAK AVENUE TEMPLE CITY, CA 91780

(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) COMPLETE DATE
A 903	Continued From page 3 and understand others. The MDS also indicated the resident did not exhibit any behavioral or psychosocial symptoms. There was no other documented evidence the resident's physician obtained an informed consent prior to starting the medication. d. A review of Resident 14's Admission Face Sheet indicated the resident was admitted August 6, 2011. The resident's diagnoses included depression and bipolar disorder (a psychiatric disorder that causes mood swings that range from the lows of depression to the highs of mania). A review of Resident 14's Admission Information Sheet, indicated the resident was admitted on August 6, 2011. The resident's diagnoses included anemia (a decrease in the number of red blood cells which carry oxygen to the organs of the body), depression, and bipolar disorder (a psychiatric disorder that causes mood swings that range from the lows of depression to the highs of mania). A review of a MDS dated May 14, 2011, indicated Resident 14 was able to make her self understood and understand others. The MDS also indicated the resident did not exhibit any behavioral symptoms such as inattention, disorganized thinking and or altered level of consciousness. A review of Resident 14's informed consent for psychotropic drug (Wellbutrin SR) use document indicated the form was signed by the facility's LVN on August 6, 2010, at 2 p.m., but the physician did not sign the consent until September 10, 2010, over 30 days after receiving	A 903	As part of the Quality Assurance the following will be done: The Medical Records supervisor will monitor all new orders for psychotropic medications weekly to make sure that informed consent had been obtained by the physician prior to starting the medication. The Pharmacist Consultant will monitor all residents with an order for a psychotropic medication monthly to make sure that the deficient practice will not recur. The MDS Coordinator will monitor all residents with an order for a psychotropic medication quarterly during the resident's care conference to make sure that deficient practice has not recur. All findings will be reviewed by the Director of Nurses quarterly during the Quarterly Quality Assurance Meeting to measure the efficiency of the corrective action and for further corrective action if necessary	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CA950000015	A. BUILDING _____ B. WING _____	07/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BALDWIN GARDENS NURSING CENTER	10786 LIVE OAK AVENUE TEMPLE CITY, CA 91780

(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) COMPLETE DATE
A 903	Continued From page 4 the medication Wellbutrin SR.	A 903		