

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

PRINTED: 07/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 065041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/06/2023
NAME OF PROVIDER OR SUPPLIER ROYAL CARE SKILLED NURSING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2725 PACIFIC AVENUE LONG BEACH, CA 90806		
(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	F 000			
F 881	<p>The following reflects the findings of the California Department of Public Health during the investigation of two complaints. Complaint numbers: CA00846862 and CA00848166. Representing the Department: HFEN 45891. The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was written for complaint numbers CA00846862 and CA00848166. See Tag F881.</p> <p>Antibiotic Stewardship Program SS=D CFR(s): 483.80(a)(3)</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement their protocol for Antibiotic Stewardship (the effort to measure and improve how antibiotics (a medication used to kill bacteria and to treat infections) are prescribed by clinicians and used by patients) for one of five sampled residents (Resident 1). Resident 1 was prescribed an antibiotic without meeting the criteria, after Resident 1 developed a suspected urinary tract infection (UTI, infection of any part of the urinary tract). This deficient practice had the potential for</p>	F 881	<p>1. How corrective action will be accomplished for resident found affected.</p> <p>Residents on Antibiotics will be reviewed to see if they meet the Loeb's criteria. Those that do not will have the attending physician notified.</p> <p>For resident Collection Date: 07/11/2023. Resulted = positive. Notified MD. Per MD, order Macrobid Oral Capsule 100 MG 1 tab by mouth 2 times per day for 5 Days. No urine C&S ordered by MD. Surveillance log updated</p> <p>In-Service License Nurses on Antibiotic Stewardship with Loeb's being used for the minimum criteria for Antibiotic and McGeer being utilized for surveillance.</p>		

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

TITLE

(X6) DATE

Administrator

7/17/23

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.

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

PRINTED: 07/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/06/2023
NAME OF PROVIDER OR SUPPLIER ROYAL CARE SKILLED NURSING CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 2725 PACIFIC AVENUE LONG BEACH, CA 90806	
(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 881	<p>Continued From page 1</p> <p>Resident 1 to develop antibiotic resistance (not effective to treat infection) from unnecessary or inappropriate antibiotic use.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s admission record "face sheet", the face sheet indicated Resident 1 was admitted to the facility on 7/7/2022 with diagnoses including stress incontinence (unable to hold urine) and hypertension (high blood pressure). During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 3/28/2023, the MDS indicated Resident 1 had the ability to be understood and to understand others. During a review of Resident 1 ' s "Change in Condition Follow-Up Nurses Notes (CIC)", dated 6/28/2023, the CIC indicated Resident 1 was experiencing symptoms of a suspected UTI (burning and dysuria (pain while urinating)). The CIC indicated Resident 1 ' s physician (MD1) was notified and MD1 gave a new order for Macrobid (antibiotic medication) 100 milligrams (mg, unit of measurement) for seven (7) days. The CIC did not indicate an order was placed for laboratory blood test to check for infection nor a urine analysis (UA, urine specimen). During an interview on 7/6/2023 at 12:15 p.m., Resident 1 stated she just got finished with a course of antibiotics for a UTI. Resident 1 stated she found it "strange" that the facility just prescribed her antibiotics to take without doing any blood laboratory tests or take a urine sample. Resident 1 stated the antibiotics caused her an upset stomach, so she was happy when she was finished taking them. During a concurrent interview and record review on 7/6/2023 at 1:20 p.m. with the infection preventionist nurse (IPN), Resident 1 ' s Order</p>	F 881	<p>2. How facility will identify other residents having the potential to be affected and what corrective actions are to be taken</p> <p>IP Nurse will review all Residents on antibiotics to ensure that residents with antibiotics meet the Loeb's minimum criteria for Antibiotic. Those residents that do not meet the criteria will have the attending physician notified of this for</p>

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

PRINTED: 07/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/06/2023
NAME OF PROVIDER OR SUPPLIER ROYAL CARE SKILLED NURSING CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 2725 PACIFIC AVENUE LONG BEACH, CA 90806		
(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 881	Continued From page 2 Summary Report (OSR), dated June and July 2023, the OSR indicated Resident 1 was prescribed Macrobid Oral Capsule 100 mg give 1 capsule by mouth two times a day for UTI until 7/4/2023. The IPN stated there was not an order for a UA, culture and sensitivity (C&S, identifies infectious organism), or laboratory blood test for Resident 1 prior to starting the antibiotic. The IPN stated it was the facility policy & procedure (P&P) to utilize the McGeer criteria (McGeer criteria for UTI, to meet UTI criteria the patient must fulfill 1. At least one sign or symptom (e.g., acute dysuria (pain with urination) and 2. Positive Microbiological (laboratory) criteria. If the resident does not meet criteria 1 and 2, the UTI criteria is not met) when residents had symptoms of infection. The IPN stated he reviewed resident's antibiotics daily and he should have followed up with MD1 regarding the missing laboratory results and UA for Resident 1. During an interview on 7/6/2023 at 2:30p, the IPN stated following the P&P for the antibiotic stewardship program was important to follow because they wanted to minimize antibiotic resistance and reduce the amount of antibiotics being ordered that do not work for the infection the resident had. The IPN indicated it was important to review the UA and C&S results because the facility wanted to ensure the antibiotic prescribed to the residents was the right one and not the wrong one. The IPN stated the importance of having the UA and C&S results was to confirm the antibiotic was appropriate and to decrease antibiotic resistance. During an interview on 7/6/2023 at 2:40 p.m., licensed vocational nurse (LVN1) stated when a resident was having symptoms of a UTI, the nurse was to call the physician and obtain orders for blood laboratory test, a UA, and a C&S. LVN1	F 881	clarification and further instructions. 3. What measures will be put in place or systemic changes to ensure there is no recurrence In-Service License Nurses on Loeb's criteria for the minimum criteria for Antibiotics. IP will review all antibiotic orders, new and current, daily during the work week including Nursing documentation, laboratory orders and results to determine if the resident's antibiotics meet the Loeb's criteria. This will be reflected on the surveillance log.		

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

PRINTED: 07/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055041	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/06/2023
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

ROYAL CARE SKILLED NURSING CTR

STREET ADDRESS, CITY, STATE, ZIP CODE

2725 PACIFIC AVENUE
LONG BEACH, CA 90806

(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 881 Continued From page 3

stated it was important to monitor the labs closely to ensure the antibiotic was appropriate. LVN1 stated if they called the doctor to report UTI symptoms and the physician just ordered an antibiotic but no laboratory test, the nurse should have asked the physician if they wanted to order the test. LVN1 stated if the physician declined the order for tests, the nurse should have documented the declination in the patient chart. During an interview on 7/6/2023 at 2:54 p.m., the director of nursing (DON) stated laboratory test should be ordered and carried out prior to starting the antibiotic to get accurate results. The DON stated antibiotic stewardship was important to identify a true infection, to monitor the resident to ensure they were on the correct antibiotic and identify the correct infection the facility was treating. The DON stated the DON stated the UA and C&S was important to identify the infectious organism and ensure that organism was not resistant to the antibiotic prescribed. During a review of the facility's P&P titled, "Antibiotic Stewardship Program", dated 6/2023, the P&P indicated, the antibiotic use protocol was, laboratory testing should be in accordance with current standards of practice and the facility was utilizing the McGeer criteria to define infections. The P&P indicated nursing staff was to monitor the initiation of antibiotics on residents and conduct an "antibiotic timeout" (antibiotic review) within 48-72 hours of antibiotic therapy to monitor response to antibiotics and review laboratory results and consult with the practitioner to determine if antibiotics needed to be adjusted or continued.

F 881

4. How facility plans to monitor its performance to ensure that solutions are sustained

IP Nurse will submit a report to the DON, of all new residents on Antibiotics daily.

IP Nurse will update all Department Leaders of residents on antibiotics in our Administrations Daily Stand-Up meeting.

Antibiotics will be reported monthly in Royal Care's Quality Assurance Meeting.

5. Dates the corrective action is to be completed

07/17/2023 completion date