

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

POC Accepted  
on 8/31/18  
# 36356

PRINTED: 08/23/2018  
FORM APPROVED  
OMB NO. 0938-0391

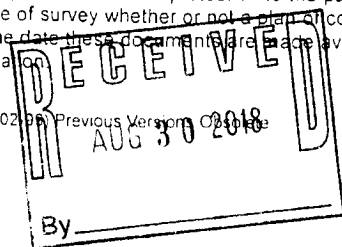
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 08/22/2018
NAME OF PROVIDER OR SUPPLIER  OSAGE HEALTHCARE & WELLNESS CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH OSAGE AVE INGLEWOOD, CA 90301		
(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 a Complaint investigation.  Complaint number: CA00588373 and CA00588744.  Representing the Department of Public Health:  Surveyor ID #: 36356, RN, HFEN.  This inspection was limited to the specific complaint investigated and does not represent a full inspection of the facility.  There was one deficiency issued as a result of complaint CA00588373 and CA00588744	F 000	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.		
F 655	Baseline Care Plan SS=D CFR(s): 483.21(a)(1)-(3)  §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders.	F 655	CORRECTIVE ACTION(S): Resident #1 was transferred out to acute hospital on 5/20/2018. The identified CNA #1 were given one on one in-service by the DSD regarding NPO: nothing by mouth on 8/22/2018 .  HOW TO IDENTIFY OTHER RESIDENTS: The RN supervisor and Director of Nursing completed a comprehensive review from 8/27/2018 to 8/29/2018 to all patients with GTUBE, no other care planning issues noted.	8/21/2018	8/21/2018

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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FORM CMS-2567(02-99) Previous Versions Obsolete      Event ID: YTIE11      Facility ID: CA910000034      If continuation sheet Page 2 of 6

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NAME OF PROVIDER OR SUPPLIER  <b>OSAGE HEALTHCARE &amp; WELLNESS CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1001 SOUTH OSAGE AVE</b> <b>INGLEWOOD, CA 90301</b>		
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F 655	Continued From page 2  Findings:  An unannounced visit was made to the facility on 5/30/18, to investigate a complaint allegation regarding Resident 1's quality of care and treatment.  According to Resident 1's admission record the resident admitted to the facility on 5/07/18 and readmitted on 5/18/2018, with diagnoses that included sepsis (a life-threatening complication of an infection), cerebral vascular accident (sudden death of brain cells due to lack of oxygen), hemiparesis (partial paralysis affecting one side of the body), generalized muscle weakness, and dysphagia (difficulty swallowing).  According to Resident 1's Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 5/10/18, indicated the resident had severe impairment in cognitive skills (ability to think, make decisions, and problem solving) and required extensive assistance for activities of daily living [(ADL)- mobility, dressing, and toilet use). According to the MDS the resident had a GT in place.  A review of Resident 1's Physician Admitting Orders dated 5/7/18, indicated the resident was placed on nothing per oral [(NPO), nothing by mouth], and had an order for GT feeding with Jevity 1.5 to administer at 55 milliliters per hour (ml/hr) via GT pump for 20 hrs to provide 1100 ml a day.  A review of Resident 1's clinical record indicated there was a plan of care for Tube feeding, dated 5/7/18, indicated the resident was on G-Tube feeding related to dysphagia. According to the		F 655	such time that the deficiency has been proven to be resolved for 2 consecutive months and/or advised by the QA Committee.	

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F 655	<p>Continued From page 3</p> <p>listed interventions there was no documented evidence the risk for aspiration was identified with related interventions in place.</p> <p>During an interview on 5/30/18 at 11:28 a.m., with Resident 1's responsible party (RP) stated that on 5/10/18, at 12:25 p.m., RP visited Resident 1 and observed dry vomit on the resident's gown. RP stated, when RP asked the resident what happened, the resident stated to RP "drink." The RP stated a certified nurse assistant 2 (CNA 2), stated to RP, that she used a straw to give the resident water and the resident vomited. RP stated CNA 2 did not know if the speech therapist had cleared the resident to have liquids by mouth.</p> <p>During an interview on 5/30/18 at 12:43 p.m., the charge nurse (CN), stated Resident 1 was transferred to GACH because the resident had fever and low oxygen saturation at 90 percent. CN stated, the resident was administered Tylenol (medication for pain and fever) and a breathing treatment. CN stated CNA 2 had stated the resident asked for water, and CNA 2 gave the resident water by mouth. CN stated during morning report, CNA 2 was informed the resident had a GT and was NPO.</p> <p>During an interview 5/30/18 at 1:10 p.m., CNA 2 stated, "I gave Resident 1 a little bit of water using a straw. It was about 5.0 ml (less than one teaspoon) of water, and he started to cough. He did not swallow the water. I did not ask the charge nurse before giving the water."</p> <p>According to the licensed nurses progress notes, dated 5/10/18, at 12 p.m., Resident 1's had oxygen saturation at 94 percent (reference range 95 to 100 percent)</p>	F 655			



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F 655	Continued From page 5 the lungs instead of being swallowed).  Resident 1 was discharged from the GACH on 5/18/18, and re-admitted to the facility same day.  A review of the facility's policy titled "About Choking and Aspiration" dated 2014, indicated individuals who have feeding tubes and receive nothing by mouth (NPO) have a risk of aspiration pneumonia.	F 655			