

POC accepted 7/18/16 r/s.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

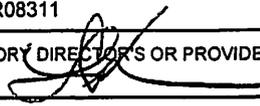
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 2016 JUL 16		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AN 10: 55 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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
	<p>The following reflects the findings of the Department of Public Health during a Complaint Investigation visit:</p> <p>CLASS AA CITATION – PATIENT CARE 92-2336-0012159-F Complaint(s): CA00375819</p> <p>Representing the Department of Public Health: Surveyor ID # 28076, HFEN</p> <p>The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.</p> <p>F328 42 CFR §483.25 (k) Quality of Care. Special Needs.</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: (4) Tracheostomy care; (5) Tracheal suctioning; and (6) Respiratory care.</p> <p>F309 42 CFR §483.25 Quality of Care. 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, in accordance with the comprehensive assessment and plan of care.</p> <p>The facility failed to ensure that Resident 1, who had a tracheostomy tube [surgical opening in the</p>		<p>“This Plan of Correction constitutes Topanga Terraces written credible allegation of compliance. Topanga Terrace (hereinafter TT) makes its best effort to operate in full compliance with both Federal and State laws. Nothing included in this plan of correction is an admission otherwise. TT has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objections to the allegations contained herein. Please note that TT may contest the merits and/or from any deficiency findings alleged below and may take appropriate actions to appeal them.</p> <p>It is the policy of this facility to ensure proper treatment and care for residents with tracheostomies.</p> <p><u>IMMEDIATE CORRECTIVE ACTION</u></p> <p>No immediate corrective action could be completed as the resident was discharged home.</p>	02/9/16

Event ID:R08311

7/15/2016

3:17:30PM

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



TITLE
Administrative

(X6) DATE
7/18/16

By signing this document, I am acknowledging receipt of the entire citation packet, Page(s) 1 thru 12

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. Except for nursing homes, the findings 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.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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
	<p>neck (windpipe) to place a tube to enable breathing], received proper respiratory and tracheostomy care and services to prevent repeated self-decannulation (pulling out of the tube), including but not limited to, failure to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1, who had exhibited a behavioral pattern of pulling out his tracheostomy tube, was continuously monitored to prevent him from this behavior. 2. Ensure Resident 1's tracheostomy tube was securely tied to prevent repeated self-decannulation. 3. Ensure Resident 1's plan of care was updated to include interventions necessary to prevent self-decannulation of the tracheostomy tube in accordance with the facility's protocols, including continuous one-to-one monitoring, and an equipment alarm to alert the staff without a delay if self-decannulation occurs. <p>As a result, Resident 1 pulled out (decannulated) the tracheostomy tube three times; the third event resulted in respiratory distress that led to cardiopulmonary arrest (stoppage of the heart-lung function) and death.</p> <p>On November 4, 2013, the Department received an Entity Self-Reported Incident (CA000375819) that alleged Resident 1 died on September 22, 2013, due to untreated tuberculosis (infectious disease that usually affects the lungs). On December 13, 2013, an investigation was initiated.</p>		<p><u>RESIDENTS AT RISK</u></p> <p>Residents identified as being at risk will be provided with alternative trach tie (twill tape). Admitted residents with tracheostomy will be considered at risk for the first 72 hours post admission. Proceeding the 72 hours, the interdisciplinary Team ("IDT") will review each case and determine the appropriate device for securing tracheostomy. Additionally, licensed personnel monitor residents for self decannulation through rounds and daily shift reporting. Findings are reported to the IDT and appropriate interventions will be implemented.</p> <p><u>CORRECTIVE ACTION</u></p> <p>An in-service was provided to the licensed nurses on 1/25/2016 by the Director of Nursing ("DON") regarding significant change of condition (SCOC), utilization of SBAR, and care planning. An in-service was provided to the respiratory therapists and licensed nurses by the Director of Respiratory Therapy ("DRT") on 2/8/16 on how to secure a tracheostomy with twill tape.</p>	

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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
	<p>A review of the admission record indicated Resident 1 was admitted to the skilled nursing facility (SNF) on August 28, 2013, with diagnoses that included chronic respiratory failure, tracheostomy tube, gastrostomy tube (GT, insertion of a feeding tube into the stomach through surgical opening), coronary atherosclerosis (hardening of the arteries that supply blood to the heart), and dementia (disease impairing memory and intellectual functioning).</p> <p>A review of the admission physician's orders dated August 28, 2013, indicated the following:</p> <ol style="list-style-type: none"> 1. Tracheostomy tube type: Shiley (a particular brand of tracheostomy tube) Size 8. Monitor the placement (trach tie) every shift. 2. Blow by via (warm or cold) mist collar at TM [tracheostomy mask-connected to oxygen delivery tube] 40 % Fio2 (fraction or percentage of inspired oxygen). 3. Hand-held nebulizer treatment 2.5 milligrams (mg) Albuterol and 0.5 mg Atrovent (medications used in the form of inhalation solution to treat breathing problems), respiratory therapist to administer medication over 15 minutes/treatment with hand held nebulizer (a device used to administer medication in the form of a mist) treatment every 6 hours at 8 a.m., 2 p.m., 8 p.m., and 2 a.m. 4. Hand-held nebulizer Pulmicort 0.5 mg every 12 		<p>Licensed staff will utilize an alternative device (twill tape) to secure a tracheostomy for the first 72 hours post admission. Newly admitted residents will be reassessed following the 72 hour period for determination by the IDT if continued use of twill tape is necessary. Licensed staff will monitor residents for risk of self decannulation through rounds and daily shift reporting. Findings will be reported to the IDT and appropriate interventions will be implemented.</p> <p><u>MONITORING OF CORRECTIVE ACTION</u></p> <p>The DON, ADON, or DRT will audit compliance with plan of correction randomly through review of change in conditions reports and/or shift reports and/or clinical record review.</p> <p>The results of the audits will be communicated to the members of the QA team at a minimum of monthly for the first 6 months and quarterly thereafter or more frequently if further corrective action is indicated.</p>	

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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	
	<p>hours (medication used to help breathing).</p> <p>A review of Resident 1's physician Progress Notes dated August 30, 2013, indicated Resident 1 required a tracheostomy for pulmonary hygiene [lung health, keeping the tube/the airway clean and unobstructed with mucous and secretions].</p> <p>According to the physician's Progress Notes dated September 21, 2013, Resident 1's diagnoses also included chronic obstructive pulmonary disease [COPD- a chronic inflammatory lung disease that causes obstructed airflow from the lungs] and anemia (red blood cell count is less than normal and the cells in the body do not get enough oxygen).</p> <p>A review of an Admission/Working Care Plan dated August 28, 2013, indicated Resident 1 had a problem related to altered gas exchange requiring use of a tracheostomy tube. The goal of the care plan indicated the airway would remain patent (open) for 30 days. The interventions included to assess respiratory status every shift and as needed; and document abnormal findings and notify the physician. The plan of care did not include interventions to securely anchor the tracheostomy tube to prevent dislodgement accidentally and/or by the resident.</p> <p>According to the Subacute Daily documentation dated September 1, 2013, at 9:40 a.m., Resident 1 was seen and examined by his physician. New orders were written by the physician for tracheostomy culture and sensitivity and for a chest</p>				

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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	
	<p>x-ray.</p> <p>A review of the chest x-ray result dated September 3, 2013, indicated Resident 1 had widespread bilateral (both) lung opacities (difficult to see through) present more in the left lung base. This diagnostic result also indicated that this may be due to bilateral pneumonia (lung infection), most severe in the left lung.</p> <p>According to the Minimum Data Set [MDS- a comprehensive assessment and care screening tool], dated September 4, 2013, Resident 1 rarely made himself understood and rarely was able to understand others. The MDS indicted Resident 1 was totally dependent on the facility staff for all his care needs.</p> <p>A review of the Resident 1's sputum laboratory test results dated September 6, 2013, indicated it was positive for Methicillin/Oxacillin (antibiotics) resistant organism (bacteria resistive to antibiotic treatment). A second diagnostic laboratory culture test the same date, indicated the resident's sputum was positive for mycobacterium tuberculosis complex (bacterial infection).</p> <p>A review of laboratory (lab) blood test results for Resident 1 indicated the resident's oxygen supply was compromised, and the need for uninterrupted oxygen supply as ordered by the physician was vital, as follows:</p> <p>1. Red Blood Cells (RBC) 2.37 Low (range 4.20 - 5.40 million/ microliter), dated September 9, 2013.</p>				

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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
	<p>2. Hemoglobin (Hg) 7.2 Critical Low (range 12.0 - 16.0 grams/deciliter), dated September 9, 2013.</p> <p>3. Hematocrit (Hct) 22.0 Low (range 37.0 - 47.0), dated September 9, 2013.</p> <p>4. Red Blood Cells (RBC) 2.54 Low (range 4.20 - 5.40 million/ microliter), dated September 16, 2013.</p> <p>5. Hemoglobin (Hg) 7.3 Critical Low (range 12.0 - 16.0 grams/deciliter), dated September 16, 2013.</p> <p>6. Hematocrit (Hct) 23.0 Low (range 37.0 - 47.0), dated September 16, 2013.</p> <p>A review of Resident 1's Respiratory Therapy Notes indicted the following:</p> <p>1. On September 1 and 2, 2013, secretions were moderate in amount, semi thick and yellow; with rhonchi breath sounds (sounds like snoring or low pitched wheezing caused by accumulation of mucus) that cleared after a breathing treatment.</p> <p>2. On September 3, 2013, secretions were large in amount, semi thick and yellow; with rhonchi breath sounds that cleared after a breathing treatment.</p> <p>3. On September 4 - 7, 2013, secretions were moderate in amount, semi thick and yellow; with rhonchi breath sounds that cleared most of the time after a breathing treatment.</p> <p>4. On September 8 - 10, 2013, secretions were</p>			

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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	
	<p>moderate in amount, semi thick and yellow/green in color; with rhonchi breath sounds that remained rhonchi for 5 out of 16 breathing treatments.</p> <p>A review of a plan of care dated September 10, 2013, indicated Resident 1 was at risk for ineffective airway exchange/chest congestion, and shortness of breath secondary to aspiration and respiratory condition secondary to COPD, GT feeding, respiratory failure, tracheostomy tube (trach), and pneumonia. The goal of the care plan was to have effective airway exchange. The interventions on the plan of care included to monitor the resident's breathing pattern, monitor for presence of chest congestion or increased respiratory distress, and document changes from baseline (normal for this resident), and notify the physician; to monitor for increased secretions; and to monitor oxygen saturation [a relative measure of the amount of oxygen that is dissolved or carried in the body]</p> <p>An oxygen saturation in a range of 96% to 100% is generally considered normal. Anything below 90% could quickly lead to life-threatening complications. The margin between "healthy" saturation levels (95-98%) and respiratory failure (usually 85-90%) is narrow. [REDACTED] Measuring Oxygen Saturation.</p> <p>The plan of care dated September 10, 2013, also did not include interventions to (1) securely anchor the tracheostomy tube to prevent Resident 1 from pulling out the tube, and (2) emergency</p>				

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
--	--	--	--

NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY
---	---

(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
	<p>interventions to be implemented in the event the tube is pulled out.</p> <p>According to the Respiratory Therapy Notes, Resident 1 had pulled out his tracheostomy tube on three occasions as follows:</p> <ol style="list-style-type: none"> 1. On September 17, 2013, Resident 1 pulled out the tracheostomy tube at 9 p.m., and a new tracheostomy tube was inserted with no complications. The resident's oxygen saturation was 97%. 2. On September 18, 2013, Resident 1 pulled out the tracheostomy tube at 1 a.m. and the tube was re-inserted by the respiratory therapist with no bleeding and no respiratory distress noted. The resident's oxygen saturation was 98%. <p>Following the two incidents of self-decannulation on September 17, and September 18, 2013, the interdisciplinary team (IDT), that included the physician, the respiratory therapist and the licensed nursing staff, did not update Resident 1's plan of care to include interventions useful to prevent self-decannulation such as to properly tie and anchor the tracheostomy tube to assure the resident would not be able to remove the tube.</p> <ol style="list-style-type: none"> 3. On September 22, 2013, at 11:30 p.m., a review of the Subacute Daily Charting indicated Resident 1 was found with his tracheostomy tube pulled out. The tracheostomy tube was re-inserted, and the resident was noted to be in respiratory distress. Resident 1 was given emergency oxygen via 			

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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
	<p>ambu-bag (a device used to provide assisted ventilation to people who are either not breathing or are having trouble breathing) with 100 percent oxygen. Cardiopulmonary-resuscitation [CPR- a lifesaving technique to provide physical breathing and pumping of the heart] was initiated due to Resident 1's lack of a pulse.</p> <p>On September 22, 2013, at 11:35 p.m., paramedics were called. At 11:40 p.m., paramedics arrived and took over the care. At 11:48 p.m., Resident 1 was pronounced dead.</p> <p>The physician's order to treat Resident 1's medical conditions, such as chronic respiratory failure and pneumonia, by administering oxygen and medications, was disrupted each time Resident 1 self-decannulated, causing disruption in his breathing which led to oxygen deprivation.</p> <p>On September 18, 2015, at 12:30 p.m., during an interview the Respiratory Therapy Director (RTD) stated that there was no way to tell when a resident is going to pull out the trach tube. According to RTD, there was no alarm to alert the staff when Resident 1 pulled out his tracheostomy tube. RTD stated on September 22, 2013, Resident 1 was observed at 11:15 p.m., before the trach tube was pulled out. At 11:30 p.m., the resident was observed with the tracheostomy tube pulled out. The RTD stated he would not question this because, "It was not like a two hour gap between observations, it was only 15 minutes." According to the RTD, this meant that the respiratory therapist (RT) was making his rounds. The RTD confirmed</p>			

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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
	<p>that Resident 1's plan of care had not been updated since the resident first pulled out his trach tube, with alternate interventions to prevent self-decannulation. The RTD stated this was the responsibility of the RTs and nursing licensed staff.</p> <p>On September 18, 2015, at 1:25 p.m., during an interview, RT 2 stated residents with tracheostomy tubes are supposed to be monitored by visual checks by the RTs, nursing, and certified nursing assistants. RT 2 stated in the past, it was the facility's practice to monitor a resident with a history of self-decannulation by sitting in front of the resident and continuously monitoring a resident (one-on-one) this way. RT 2, when asked, did not know if this was the facility's protocol or if individual staff members would take it upon themselves to monitor a resident in this manner.</p> <p>On September 18, 2015 at 2:30 p.m., during another interview, the RTD stated Resident 1's care plan had not been updated and there was no protocol put in place. During the interview, RTD stated someone should have been assigned to Resident 1 for one-to-one monitoring as soon as possible after the first self-decannulation incident. The RTD stated this incident with Resident 1 could have been avoided.</p> <p>On September 18, 2015, at 2:55 p.m., the Director of Nursing (DON) stated that it was a standard practice to have a sitter assigned (one-to-one monitoring) to residents who self-decannulate, and an assessment should be done to determine if there is an underlying reason why the resident</p>			

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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	
	<p>manifests the behavior of pulling out the tracheostomy tube. The DON stated one-to-one monitoring should have been assigned to Resident 1, and the plan of care should have been updated and individualized to include one-to-one monitoring activities.</p> <p>According to the facility's revised policy dated January 1, 2012, titled "General Documentation Policy," the care plans shall be reviewed and revised at a minimum of quarterly or more often as the resident's condition warrants and in accordance with State and Federal Regulations.</p> <p>The facility's undated policies and procedures regarding "Tracheostomy Care" provided by the DON did not address precautions on how to prevent residents from pulling out a tracheostomy tube.</p> <p>According to the Certificate of Death, Resident 1's immediate causes of death included: (A) Cardiac Arrest (sudden stop in effective blood circulation due to the failure of the heart to contract effectively); and (B) Myocardial Infarction (heart attack).</p> <p>The facility failed to ensure that Resident 1, who had a tracheostomy tube, received proper respiratory and tracheostomy care and services to prevent repeated self-decannulation, including but not limited to, failure to:</p> <p>1. Ensure Resident 1, who had exhibited a behavioral pattern of pulling out his tracheostomy tube, was continuously monitored to prevent him</p>				

Event ID:R08311

7/15/2016

3:17:30PM

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2015
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 22125 Roscoe Blvd, Canoga Park, CA 91304-3839 LOS ANGELES COUNTY		
(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	
	<p>from this behavior.</p> <p>2. Ensure Resident 1's tracheostomy tube was securely tied to prevent repeated self-decannulation.</p> <p>3. Ensure Resident 1's plan of care was updated to include interventions necessary to prevent self-decannulation of the tracheostomy tube in accordance with the facility's protocols, including continuous one-to-one monitoring, and an equipment alarm to alert the staff without a delay if self-decannulation occurs.</p> <p>As a result, Resident 1 pulled out the tracheostomy tube three times; the third event resulted in respiratory distress that led to cardiopulmonary arrest and death.</p> <p>The above violation presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result, and was a direct proximate cause of Resident 1's death.</p>				

Event ID:R08311

7/15/2016

3:17:30PM