

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50033</b></p> <p>Based on observation, interview, and record review the facility failed to have the call light (a device used by the residents to notify the facility's staff for assistance) within reach for one of four sampled residents (Resident 7).</p> <p>This failure had the potential not to address needs and delay of services for Resident 7 .</p> <p>Findings:</p> <p>During a review of Resident 7's Admission Record dated 4/17/2024, indicated the resident was admitted on [DATE] with diagnoses of acute respiratory failure (a condition where your lungs cannot release enough oxygen into your blood) with hypoxia (an insufficient amount of oxygen in your body tissues), chronic obstructive pulmonary disease (COPD - a chronic disease that blocks airflow and makes it difficult to breathe), epilepsy (a brain disorder that causes seizures), and tracheostomy (a surgically created hole in your windpipe that allows air to reach your lungs) and uses a ventilator (breathing machine) to breathe.</p> <p>A review of Resident 7's Minimum Data Set (MD - , a standardized assessment and care screening tool), dated 2/2/2024 indicated Resident 7 was dependent on staff for eating, oral hygiene, toileting, bathing, and dressing.</p> <p>A review of Resident 7's call light care plan, dated 10/30/2023 indicated interventions included to always place the call light within reach of the resident.</p> <p>During a concurrent observation and interview on 4/15/2024 at 10:11 AM with Registered Nurse 1 (RN 1) by Resident 7's bed, Resident 7's call light was hanging on the right side of the resident's bed and not within the resident's reach. RN1 stated Resident 7 was not able to reach the call light.</p> <p>During an interview on 4/18/2024 at 11:50 AM with Director of Nursing (DON), DON stated, if the call light is not within the resident's reach, the resident won't have access to assistance if needed.</p> <p>A review of facility's policy and procedures titled Answering the Call Light, dated 9/2022, indicated, to ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor.</p> |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|
|---|-------|-----------|

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>48661</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 67) had an Advance Directive (written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out should the person be unable to communicate them to a doctor or to facility staff) on file as part of the resident's medical record as stated in the facilities policy and procedures (P&amp;P) titled Advanced Directive dated 3/23/2022.</p> <p>This failure had the potential for Resident 67 to be denied the right to request or refuse medical care and treatment.</p> <p>Findings:</p> <p>A review of Resident 67's Admission Record indicated the facility admitted the resident on 11/28/2023, with diagnoses including traumatic brain injury (occurs when a sudden trauma causes damage to the brain), cerebral infarction (occurs because of disrupted blood flow to the brain due to problems with the blood vessels that supply it), and quadriplegia (when you cannot deliberately control or move your muscles - that can affect a person from the neck down).</p> <p>A review of Resident 67's Minimum Data Set (MDS - a standardized resident assessment and care screening tool) dated 12/3/2023, indicated Resident 67 had severe cognitive impairment (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 67 was dependent on facility staff for eating, oral/toileting/personal hygiene, showering, upper/lower body dressing, putting on/taking off footwear, and rolling to the left and right side.</p> <p>A review of Resident 67's Advance Healthcare Directive (AHCD) Acknowledgement Form dated 3/15/2024, indicated the resident had an Advanced Healthcare Directive. The AHCD was signed by the resident's representative who was also Resident 67's Conservator (when a judge appoints another person to act or make decisions for the person who needs help).</p> <p>During a concurrent interview and record review on 4/16/2024 at 10:41 AM, the Case Manager/Social Services (CM/SS) stated there should have been a copy of the Advance Directive (AD) in Resident 67's chart. The CM/SS stated the importance of having an AD was to know who the Power of Attorney (POA - legal document that allows someone else to act on your behalf) for the resident was, to know their code status (describes to facility staff the type of resuscitation procedures (if any) a resident would like the health care team to conduct incase the resident's heart stopped beating or the resident stopped breathing), and to make sure Resident 67's wishes regarding healthcare or financial aspects were known. The CM/SS stated if the AD was not in the chart, it could affect the resident getting the proper care or procedures.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 4/18/2024 at 1:43 PM, with the Director of Nursing (DON) and the facility's corporate office Administrative Resource Person (RP), the DON stated the AD had to be in the chart to tell the code status of the resident and what kind of care was to be given in case of an emergency. The RP stated if the AD was not in the medical record, there was no proof what the AD said, and proper care would not be provided for the resident. The RP stated it could affect the resident psychosocially (mental, emotional, social, and spiritual health) because the facility staff were not carrying out the resident's wishes.</p> <p>During a review of the facility's P&amp;P titled Advance Directive dated 3/23/2022, indicated If the resident has an Advance Directive, Admission Staff or designee will place a copy or scan of the Advance Directive in the resident's medical record and will notify the Director of Social Services of the existence of the Advance Directive.</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</b></p> <p>Based on interview and record review, the facility failed to accurately complete the minimum data set (MDS-standardized data collection tool used to assess cognitive and functional status, and care needs) assessment Section I (active diagnoses) on 03/08/2024 for one of two residents sampled for unnecessary medications (Resident 31) by omitting (not including) a diagnosis of cerebrovascular accidents ([CVA] - an interruption in the flow of blood to cells in the brain) in the clinical record.</p> <p>This deficient practice had the potential to negatively affect Resident 31's plan of care and delivery of necessary care and services.</p> <p>Findings:</p> <p>A review of Resident 31's Admission Record (a document containing demographic and diagnostic information) dated 04/17/2024, indicated the resident was originally admitted to the facility on [DATE] with diagnoses including peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow.)</p> <p>A review of Resident 31's General Acute Community Hospital (GACH) 1 discharge records dated 03/03/2024, indicated Resident 31 had history of CVA.</p> <p>A review of Resident 31's Medication Administration Record ([MAR] - a record of medications administered to residents) for April 2024, indicated Resident 31 was prescribed aspirin 81 mg one tablet by mouth every day for CVA prophylaxis ([PPX] - action taken to prevent disease) starting 03/12/2024.</p> <p>During an interview on 04/17/2024 at 11:05 AM, with the Director of Nursing (DON) and in the presence of Minimum Data Set Coordinator (MDSC), the DON confirmed by stating the facility did not include the diagnosis of CVA on Resident 31's MDS Section I assessment initiated on 03/10/2024 because it was missed and overlooked. The DON stated the clinical record indicated the resident had history of CVA. The DON stated it was important for the MDS and comprehensive assessment to accurately reflect the needs of the residents to maintain their highest level of functionality and quality of life. The DON stated the MDS would be updated immediately to include the missed diagnosis for Resident 31.</p> |   |  |

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48429</b></p> <p>Based on interview and record review, the facility failed to ensure staff properly assessed and document one out of six sampled residents (Resident 5's) medical diagnosis listed on Admission Record, (a medical record that includes past and present medical history and findings), and on Preadmission Screening and Resident Review (PASARR- a federally required screening to help identify individuals with possible serious mental illnesses requiring a specialized follow up evaluation).</p> <p>The deficient practice resulted in Resident 5 not receiving a PASARR II (assessment that determines if resident's mental condition could be met in the nursing facility or if the individual requires specialized services) and subsequent follow up.</p> <p>Findings:</p> <p>A review of Resident 5's Admission Record indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses that included schizophrenia, unspecified (a mental illness that affects your thoughts, mood, and behavior), chronic obstructive pulmonary disease (a group of lung disease that block airflow and make it difficult to breathe), and dysphagia unspecified (difficulty swallowing).</p> <p>During a concurrent review and record review interview on 4/18/23 at 8:28 AM with the Director of Nursing (DON), the DON reviewed Resident 5's PASARR level 1 screening, dated 6/13/2023, section III number 10 was answered no to the question asking if resident had a diagnosis of a serious diagnosed mental disorder. The DON stated the admission coordinator was responsible for completing PASARR forms upon admission. The DON acknowledged that Resident 5's PASARR form was filled out inaccurately, and the schizophrenia diagnosis was missed from Resident 5's admitted diagnosis. The DON confirmed by stating Resident 5 would not receive appropriate care for mental illness due to the PASARR I question being incorrectly answered. The DON stated an inaccurately completed PASARR I could affect the resident's treatment and generalized care while Resident 5 was in this facility.</p> <p>A review of facility's policy &amp; procedures (P&amp;P) titled Admission Criteria revised 3/2019, indicated, All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process. The facility conducts a Level I PASARR screen for all potential admissions to determine if the individual meets the criteria for a MD, ID, or RD. If the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR representative for the Level II (evaluation and determination) screening process. P&amp;P states, the admitting nurse notifies the social services department when a resident is identified as having a possible or evident MD, ID, or ID.</p> |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43455</p> <p>Based on interview and record review, the facility failed to develop a comprehensive care plan for four of 18 sampled residents (Resident 31, Resident 70, Resident 188, and Resident 25) as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Failing to ensure that Resident 31's care plan included measurable goals for monitoring cerebrovascular accidents ([CVA] - an interruption in the flow of blood to cells in the brain) by thinning the blood) and aspirin (medication used to prevent CVA) use.</li> <li>2. Failing to develop and implement a care plan to monitor the adverse effects (undesired harmful effect) of a psychotropic medication (a drug that can affect how the brain works) for Resident 70.</li> <li>3. Failing to develop and initiate a care plan for transmission-based precautions (TBP, specific steps healthcare providers take to prevent the spread of infections from one person to another) for Resident 188.</li> <li>4. Failing to develop and implement a care plan to monitor and provide interventions for Resident 25's diagnosis of disorder of the skin and subcutaneous tissue (inflammation or other conditions of the skin) unspecified.</li> </ol> <p>As a result:</p> <ol style="list-style-type: none"> <li>1. Resident 31 did not have an identified goal and outcome for CVA and monitoring for the effectiveness of aspirin for CVA prophylaxis ([PPX] - action taken to prevent disease.) This deficient practice had the potential to cause Resident 31 to receive suboptimal (less than the highest standard or quality) care, to not know how to manage and care for CVA, or how effective the prescribed aspirin therapy is for CVA PPX, possibly leading to serious health complications such as bleeding, recurrent CVA, hospitalization and death.</li> <li>2. Resident 70 had the potential to experience adverse effects from the medication, for example, but not limited to, suicidal thoughts, anxiety, and increased depression.</li> <li>3. This deficient practice had the potential to lead to the spread of infection to other residents.</li> <li>4. Resident 25 had the potential to not be provided with personalized treatment or assessment for an identified skin disorder.</li> </ol> <p>Findings:</p> <p>a.A review of Resident 31's Admission Record (a document containing demographic and diagnostic information) dated 04/17/2024, indicated Resident 31 was originally admitted to the facility on [DATE] with diagnoses including peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow.)</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of Resident 31's General Acute Community Hospital (GACH) 1 discharge records dated 03/03/2024, indicated Resident 31 had history of CVA, and was discharged from GACH 1 with aspirin 81 milligram ([mg] - a unit of measure of mass) to be taken orally daily.</p> <p>A review of Resident 31's Medication Administration Record ([MAR] - a record of medications administered to residents) for April 2024, indicated Resident 31 was prescribed aspirin 81 mg one tablet by mouth every day for CVA prophylaxis PPX, starting 03/12/2024. The MAR contained no documentation for monitoring the sign and symptoms of bleeding or bruising for aspirin.</p> <p>A review of Resident 31's Care Plan initiated 03/10/2024, did not indicate a measurable goal for CVA or aspirin use.</p> <p>During an interview on 04/17/2024 at 10:46 AM, Licensed Vocational Nurse 4 (LVN 4) stated Resident 31's clinical record did not include monitoring for the side effects (unwanted or dangerous medication effects) of aspirin including bleeding and bruising and did not include a care plan with measurable goals for the CVA and for the use of aspirin. LVN 4 stated there had to be adequate monitoring for aspirin side effects and a care plan in place for aspirin and CVA to ensure Resident 31 did not bleed, and to prevent future CVA's as both scenarios could harm Resident 31 and cause hospitalization .</p> <p>During an interview on 04/17/2024 at 10:05 AM, with the Director of Nursing (DON) and in the presence of the Minimum Data Set Coordinator (MDSC), the DON stated that after a thorough search of Resident 31's clinical record the DON was unable to locate the monitoring for bleeding and bruising with aspirin and was unable to locate a care plan for CVA and aspirin for Resident 31. The DON stated that monitoring for bleeding with aspirin use was important to make sure Resident 31 did not have bleeding which could require hospitalization , and if bleeding was unnoticed could cause death. The DON stated not having a care plan for CVA did not provide patient centered care for Resident 31. The DON stated the facility failed to include the monitoring for signs and symptoms of bleeding with the use of aspirin for Resident 31 and overlooked and failed to initiate a care plan with measurable goals and outcomes for CVA and aspirin. MDSC stated that MDSC verified resident care plans within 14 days of the start of the care plan and that the verification was overlooked and missed for CVA and aspirin for Resident 31. The MDSC stated that the care plan should have include measurable goals for the resident's areas of concern.</p> <p>During a phone interview on 04/17/2024 at 01:47 PM, with the Pharmacy Consultant (PC) in the presence of DON, the PC was unable to locate the monitoring for the side effects of aspirin and was unable to locate a care plan for CVA and aspirin. The PC stated that monitoring for side effects of aspirin should have started on 03/12/2024 when aspirin was prescribed, and a care plan initiated for the monitoring of CVA and aspirin.</p> <p>b. A review of Resident 70's Admission Record, dated 4/17/2024, indicated the facility admitted Resident 70 on 3/21/2023 with diagnoses that included dependence on renal dialysis (treatment to remove waste from blood when kidneys are failing), right hand acute osteomyelitis (a sudden bone infection), and aftercare following right hand fingers amputation (surgical removal of a limb).</p> <p>A review of Resident 70's MDS dated [DATE], indicated Resident 70 had little interest or pleasure in doing things several days and felt down, depressed, and hopeless more than half the days in a two-week period.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of Resident 70's medication orders, indicated Lexapro (a medication for depression) 10 milligrams (mg), was ordered on 4/2/2024.</p> <p>A review of Resident 70's Medical Administration Record (MAR) dated 4/2024, did not indicate Resident 70 was being monitored for adverse effects of Lexapro.</p> <p>A review of Resident 70's care plan dated 3/31/2024, did not indicate there was an individualized plan of care to monitor for adverse effects of Lexapro.</p> <p>During an interview on 04/17/24 at 1:20 PM, LVN 6 confirmed by stating Resident 70 was taking Lexapro daily and was not being monitored for the adverse effects of Lexapro. LVN 6 stated it was important to monitor for the adverse effects of Lexapro because Lexapro could negatively affect Resident 70's health.</p> <p>During an interview on 4/18/2024 at 11:39 PM the Director of Nursing (DON) stated the licensed nurse should have updated Resident 70's care plan to include an intervention to monitor the resident for the adverse effects of Lexapro.</p> <p>c. A review of Resident 188's Admission Record dated 4/17/2024 indicated the resident was admitted on [DATE] with a primary diagnosis of tuberous sclerosis (a rare genetic disease that causes non-cancerous tumors to form throughout the body). The admission record indicated the resident had a history of end stage renal disease (the last stage of kidney disease where the kidneys stop functioning permanently), cerebral infarction (an obstruction of blood flow in the brain that leads to tissue damage) with hemiparesis (weakness or inability to move on one side of the body), and lung and kidney transplants.</p> <p>A review of Resident 188's MDS dated [DATE], indicated the resident was completely dependent on staff for toileting, bathing, and dressing. The MDS indicated Resident 188 had a Stage IV pressure sore (injury to the skin and underlying structures resulting from prolonged pressure).</p> <p>A review of Resident 188's active orders dated 4/17/2023, indicated the resident had an order for contact isolation (a type of transmission-based precautions used to reduce transmission of germs for residents with a suspected or known infection) due to a history of carbapenem-resistant Enterobacterales (CRE, a group of bacteria difficult to treat with antibiotics) and immunocompromisation (having a weakened immune system).</p> <p>During a concurrent interview and record review on 4/18/2024 at 12:13 PM the Director of Nursing (DON) reviewed Resident 188's medical records and stated the medical records did not include a care plan for TBP. The DON stated there should have been a care plan for TBP because Resident 188 had an order for contact isolation. The DON stated without a care plan there was an increased risk of spreading microorganisms to other residents.</p> <p>A review of the facility's policy and procedure (P&amp;P) titled Care Plan Comprehensive, review date 8/25/2021, indicated an individualized comprehensive care plan included measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>d. A review of Resident 25's Admission Record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses that included type 2 diabetes mellitus with diabetic chronic kidney disease (high blood sugar levels that is not well controlled and caused blood vessels in kidneys to become damaged), unspecified Asthma, uncomplicated (a chronic disease in which the airways in the lungs become narrowed and swollen, making it hard to breathe), and hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side (one side weakness and paralysis-unable to move the affected part at all).</p> <p>A review of Resident 25's MDS dated [DATE], indicated Resident 25's cognitive level was moderately impaired. The MDS indicated Resident 25 required maximum assistance with dressing, toilet use and bathing.</p> <p>During an interview on 4/16/2024 at 10:02 AM, Resident 25 stated the redness on Resident 25's face was hemangiomas (common growths of blood vessels found on the skin) and Resident 25 had the redness since birth.</p> <p>During an observation of Resident 25's facial redness on 4/17/2024 at 2:11 PM, Tx nurse 1 stated Resident 25 was admitted with the facial redness and was prescribed a cream after a dermatologist (medical doctors who specialize in skin, hair, and nails) consultation about a year prior, but the cream ordered for Resident 25 was later discontinued. Tx nurse 1 stated was unable to locate the order for the cream Resident 25 received or the dermatologist consultation notes for Resident 25.</p> <p>During a concurrent interview and record review on 4/18/2024 at 11:45 AM with Director of Nurses (DON), Resident 25's care plans since readmission (3/9/2021) were reviewed. The DON confirmed a care plan for Resident 25's skin disorder was never created. The DON confirmed no care plan was created on 3/9/2021 for Resident 25's skin disorder and stated care plan should have been initiated for Resident 25. The DON stated, we missed it, it was not caught, I am embarrassed. The DON stated that a baseline care plan was to be completed within 48 hours of admission and a comprehensive (complete) care plan within 14 days of admission to show how a resident's care was being managed and reflected the care provided.</p> <p>A review of the facility's policy and procedure titled Care Planning - Interdisciplinary Team dated 8/25/2021, indicated the interdisciplinary team was responsible for developing an individual comprehensive care plan for each resident.</p> <p>A Review of the facility's P&amp;P, titled Care Plan - Baseline, dated 08/25/2021, the P&amp;P indicated that A baseline care plan for each resident that includes instructions needed to provide effective and person-centered care of the resident that meets professional standards of quality care shall be developed and implemented for each resident by the Interdisciplinary Team (IDT).</p> <p>1. The baseline care plan includes the minimum healthcare information necessary to properly care for a resident including, but not limited to:</p> <p>a. Initial goals based on admission orders.</p> <p>2. The baseline care plan will be used until the IDT can conduct the comprehensive assessment (MDS) and develop the comprehensive care plan within seven (7) days of the completion of the comprehensive assessment.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Review of the facility's P&amp;P, titled Care Planning - Interdisciplinary Team, dated 08/25/2021, the P&amp;P indicated that Our facilities Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident.</p> <p>1. A comprehensive care plan for each resident is developed within seven (7) days of the completion of the comprehensive assessment (MDS).</p> <p>Review of the facility's P&amp;P, titled Care Plan Comprehensive, dated 08/25/2021, the P&amp;P indicated that An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, physical, mental and psychosocial needs shall be developed for each resident.</p> <p>1. Each resident's comprehensive care plan is designed to:</p> <p>a. Incorporate identified problem areas.</p> <p>b. Incorporate risk and contributing factors associated with identified problems.</p> <p>c. Build on the resident's individualized needs, strengths, preferences.</p> <p>f. Reflect treatment goals, timetables, and objectives in measurable outcomes.</p> <p>j. Reflect currently recognized professional standards of practice for problem areas and conditions.</p> <p>2. The comprehensive care plan includes the following:</p> <p>a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>5. Identifying problem areas and their causes and developing interventions that are targeted and meaningful to the resident are interdisciplinary processes that require careful data gathering, proper sequencing of events and systematic clinical decision making. No single discipline can manage the task in isolation.</p> <p>6. The resident's comprehensive care plan is developed within seven (7) days of the completion of the resident's comprehensive assessment (MDS).</p> <p>7. Assessments of residents are ongoing and care plans are reviewed and revised as information about the resident and the resident's condition change.</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44253</p> <p>Based on observation, interview and record review, the facility failed to provide skin and pressure ulcer (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin) preventative care consistent with professional standards of practice and per physician's orders for one of 18 sampled residents (Resident 72). By Failing to:</p> <ol style="list-style-type: none"> <li>1. Provide weekly skin assessments, monitoring, and care needed to prevent Resident 72 who was at risk for skin breakdown from developing a left heel pressure injury while residing in the facility.</li> <li>2. Complete an initial wound assessment upon discovery of a left heel pressure injury on 2/19/2024.</li> <li>3. Obtain physician's orders to treat and provide treatment to Resident 72's left heel pressure ulcer from 2/21/2024 to 2/29/2024.</li> <li>4. Document wound care provided for the left heel pressure injury on the Treatment Administration Record and wound care notes.</li> </ol> <p>These deficient practices resulted in resident 72 developing a new facility acquired pressure ulcer and Resident 72 not receiving daily treatment and care to the left heel pressure injury from 2/21/2024 to 2/29/2024. Placing the resident at risk for worsening of the pressure injury and systemic infection, organ failure, or death.</p> <p>Findings:</p> <p>A review of the Resident 72's Admission Record indicated the facility admitted the resident on 6/6/2023, with diagnoses that included adult failure to thrive (a syndrome of weight loss, decreased appetite and poor nutrition, and inactivity), muscle wasting and atrophy (thinning of muscle mass), and depression.</p> <p>A review of Resident 72's Braden Scale (a scale to predict residents' risks to acquire a pressure sore) dated 12/13/2023, indicated the resident was at moderate risk to acquire a pressure ulcer.</p> <p>A review of Resident 72's Minimum Data Set (MDS - a resident assessment and care-screening tool), dated 12/20/2023 (prior to the wound developing) indicated the resident did not have a pressure injury. The MDS indicated the resident was at risk to develop pressure injuries.</p> <p>A review of Resident 72's Braden Scale for Predicting Pressure Sore Risk forms on 4/16/2024 at 8:38 AM, indicated assessments were completed on 6/6/2023, 6/13/2023, 9/12/2023 and 3/1/2023. There were no documented forms from 2/19/2024 to 2/29/2024. There was no documented quarterly Braden scale which was due in December 2023.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A review of Resident 72's skin breakdown care plan, developed 6/28/2023, indicated the resident was at risk for developing skin breakdown due to the resident's decreased activity and fragile skin secondary to the resident's advance age. The goal was for Resident 72 to not develop skin breakdown. The interventions (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) included to provide preventative skin care as ordered, and for licensed nurse to complete weekly skin assessments.</p> <p>A review of Resident 72's Weekly Summary Documentation dated 2/17/2024, indicated the resident did not have any skin issues.</p> <p>A review of Resident 72's Change in Condition (COC) Evaluation, dated 2/19/2024, indicated the resident had a new left heel pressure injury. The COC indicated the primary physician was notified. The COC indicated the size of the left heel wound was not documented and there was no recommendation from the primary physician.</p> <p>A review of Resident 72's Surgical Consult notes dated 2/20/2024, indicated the reason for the visit was to manage a wound found on the Resident 72's left heel. The notes indicated the resident's risk factors for developing the wound included limited mobility, depression, and poor nutritional intake. The notes indicated during the visit, the wound was debrided (the removal of dead (necrotic) or infected skin tissue to help a wound heal).</p> <p>A review of Resident 72's electronic medical chart indicated there were no weekly skin assessments, no skin progress reports, and no Treatment Administration (TAR) for the month of February 2024.</p> <p>A review of Resident 72's Weekly Summary Documentation dated 2/23/2024, indicated the resident did not have any skin issues.</p> <p>A review of the Resident 72's physician orders from 2/19/2024 to 2/29/2024 indicated there were no physician's order to treat the resident's left heel pressure.</p> <p>A review of Resident 72's Physician's Order dated 3/1/2024, indicated orders to treat the left heel pressure injury were to cleanse area with normal saline (NS - is a mixture of salt and water), pat dry, apply Santyl (ointment used to remove damaged tissue from chronic skin ulcers and severely burned areas), then cover with dry dressing every day for 14 days.</p> <p>A review of Resident 72's MDS, dated [DATE] (after the wound developed) indicated that the resident had moderate impairment in cognitive skills for daily decision making and was totally dependent on staff for oral hygiene, toileting hygiene, lower body dressing and personal hygiene. bed mobility, transfers, dressing, personal hygiene. The MDS indicated Resident 72 had a one unstageable pressure injury. The MDS indicated the pressure injury was not healed.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A review of Resident 72's care plan, initiated 3/1/2024, indicated the resident had a pressure injury on the left heel that was unstageable (unable to determine the extent of damage due to the base of the wound being covered by a layer of dead tissue). The care plan indicated the goals were for the resident's skin impairment to heal and remain free from infection. The care plan indicated interventions included to document pain level for treatments before, during, and after treatment and to administer PRN (as needed) meds if pain was present, to observe skin condition daily with activities of daily living care, and report abnormalities. The interventions also included to provide treatment as needed: cleanse with NS, pat dry, apply Santyl ointment, cover with DD, daily.</p> <p>During a concurrent interview and record review on 4/17/24 at 10:07 AM, Treatment Nurse 1 (TN 1) stated Resident 72 developed a left heel pressure injury on 2/19/2024. TN 1 stated Resident 72 developed the left heel pressure injury while residing in the facility and the resident never had a pressure injury prior to February 2024. TN 1 stated Resident 72's risk for skin breakdown care plan was initiated on 6/28/2023 and the interventions included to complete weekly skin assessments. TN 1 stated she (TN 1) completed the weekly skin assessments but did not document the weekly skin assessments. TN 1 reviewed Resident 72's progress notes, physician orders and nursing assessments and stated when Resident 72's left heel wound was originally found (2/19/2024), the physician ordered a wound treatment comprised of cleanse with NS, apply betadine and cover with a dry dressing.</p> <p>TN 1 stated the physician order was not transcribed (entered in the medical record) and TN 1 could not find a physician order for treatment for the left heel wound from 2/19/2024 to 3/1/2024. TN 1 also there were no skin assessments completed when the left heel pressure injury was found. TN 1 stated a skin assessment should have been completed and to evaluate the size and describe what the wound looked like. TN 1 stated a potential outcome of not completing a wound assessment was that the next staff person would not know if the wound was getting better. TN 1 confirmed by stating there was no documentation for the wound treatment for the month of February. TN 1 stated that she (TN 1) worked Monday thru Friday and sometimes on Sundays but could not verify that Resident 72's wound care treatment was done when she wasn't on duty. TN 1 stated she dropped the ball.</p> <p>During an interview on 4/17/2024 at 10:39 AM, the Health Information Manager Coordinator (HIM) stated there was no TAR for the month of February 2024.</p> <p>During a wound care observation inside Resident 72's room on 4/17/2024 at 2:06 PM, TN 1 was observed cleansing Resident 72's left heel with normal saline, patted the wound dry with gauze and applied a calcium alginate sheet (calcium enriched dressing used to absorb fluid from wounds and decrease bacterial growth).</p> <p>On 4/18/2024 at 10:56 AM, an interview was requested with the wound care physician (MD 1) who was in the facility, regarding Resident 72's wound. The physician exited the facility prior to providing the interview.</p> <p>On 4/18/2024 at 12:13 PM, Health Information Manager Coordinator (HIM) provided only one wound note dated 2/27/2024 at 11:43 AM. The wound note indicated Resident 72 was seen by the wound physician on 2/26/2024 and the left heel pressure injury was noted to be unchanged in size. The note indicated debridement of the wound was performed and the wound treatment recommendation included the area to be cleansed with NS, pat dried, Santyl to be applied to wound bed and covered with dry dressing (DD).</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 4/18/2024 at 12:39 PM, the Director of Nursing (DON) stated Resident 72 was at a higher risk for skin breakdown. The DON stated physician orders for any treatment or medication should have been transcribed and carried out. The DON stated not transcribing and carrying out physician orders could lead to the licensed nurse failing to provide the care the resident required and the wound would go untreated. The DON stated a complete skin assessment was part of the COC documentation. The DON stated treatment nurses were to complete weekly wound assessment that were in PCC (electronic charting system). The DON stated treatment nurses were to complete the wound assessment weekly after doctor's visit. The DON stated the documentation had to include a wound's progress or issues, that way if the wound was not getting better the wound doctor could change the treatment.</p> <p>A review of the facility's policy and procedures titled Pressure Ulcers/Skin Breakdown Clinical Protocol, revised 4/2018, indicated:</p> <p>The nursing staff and practitioner will assess and document an individual's significant risk factors for developing pressure ulcers; for example, immobility, recent weight loss, and a history of pressure ulcer(s).</p> <p>2. In addition, the nurse shall describe and document/report the following:</p> <p>a. Full assessment of pressure sore including location, stage, length, width and depth, presence of exudates or necrotic tissue;</p> <p>b. Pain assessment;</p> <p>c. Resident's mobility status;</p> <p>d. Current treatments, including support surfaces; and</p> <p>e. All active diagnoses.</p> <p>A review of the facility's job description for Wound Care/Treatment Nurse, revised 7/2022, indicated the purpose of the position was to provide wound care and treatment to residents as ordered and/or within the scope of nursing practice for the state. The job description indicated the treatment nurse's resident care functions included to complete regular skin assessments on residents and document the findings, provide skin and wound care and treatments, as ordered.</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48661</p> <p>Based on interview and record review, the facility failed to provide a complete Restorative Nursing Assistant (RNA - assists patients with long-term treatment and recovery after an accident, surgery, or illness) treatment per physician's orders for three of four sampled residents (Residents 2, 53, and 71) and accurately document treatment provided/refused by failing to:</p> <p>a. Provide range of motion (ROM - extent of movement of a joint) exercises to the left and right lower extremities (legs) as ordered for Resident 2.</p> <p>b. Provide ROM exercises to the left lower extremity and to the left and right upper extremities (arms) as ordered for Resident 53.</p> <p>c. Provide ambulation using a platform walker (PW - allows a person to bear weight on your forearms instead of your wrists) and providing Range of Motion (ROM - refers to how far a person can move or stretch a part of his/her body, such as a joint or a muscle) exercises to the left and right upper extremities as ordered for Resident 71.</p> <p>d. Document RNA treatment provided and or refused for Residents 2, 53, and 71.</p> <p>As a result, Residents 2, 53, and 71, did not receive the needed RNA therapy/exercises placing the residents at increased risk for contractures (a permanent tightening of the muscles, tendons, skin, and nearby tissues that causes the joints to shorten and become very stiff) and a decline in the residents physical function.</p> <p>Findings:</p> <p>a. A review of Resident 2's Admission Record indicated the facility admitted Resident 2 on 10/10/2023, with diagnoses including cerebral infarction (occurs because of disrupted blood flow to the brain due to problems with the blood vessels that supply it), muscle weakness (decrease in muscle strength), and left wrist contracture.</p> <p>A review of Resident 2's History and Physical (H&amp;P) dated 10/11/2023, indicated Resident 2 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 2's Minimum Data Set (MDS - a standardized resident assessment and care screening tool) dated 10/17/2023, indicated Resident 2 had severe cognitive impairment (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 2 was dependent on facility staff with eating, oral/toileting/personal hygiene, showering, upper/lower body dressing, putting on/taking off footwear, rolling to the left and right side and with transfers.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of Resident 2's RNA physician's order dated 10/17/2023, indicated Resident 2 receive RNA program for passive range of motion (PROM - is when a patient moves with help from an external force like gravity, a stretch strap, or someone physically stretching the patient) exercises to the left and to the right lower extremities five times a week as tolerated to maintain available ROM and strength.</p> <p>A review of Resident 2's Restorative (a type of motion that involves movement or exercise that helps to restore the body's natural balance and function) Range of Motion care plan, revised on 11/3/2023, indicated the care plan goals included to prevent any new contractures and maintain skin integrity. The care plan interventions included to support above and below the joint, provide pain medication as needed, and to explain each step prior to doing it.</p> <p>A review of Resident 2's Restorative Administration Record for 4/2024, indicated the RNA did not perform PROM exercises to the resident's lower extremities on the following dates:</p> <ol style="list-style-type: none"> <li>1. April 1, 2024 (Monday)</li> <li>2. April 5, 2024 (Friday)</li> <li>3. April 12, 2024 (Friday)</li> </ol> <p>A review of Resident 2's Restorative Nursing Weekly/Monthly Progress Report, dated 4/4/2024 and 4/11/2024, indicated Resident 2 did not have any refusal to treatment and the licensed nurse signature was empty.</p> <p>b. A review of Resident 53's Admission Record indicated the facility admitted Resident 53 on 11/17/2023 and readmitted the resident on 4/10/2023, with diagnoses including neuropathy (nerve problem that causes pain, numbness, tingling, swelling, or muscle weakness in different parts of the body), hemiplegia affecting left nondominant side (one-sided muscle paralysis or weakness), and epilepsy (disorder of the brain characterized by repeated seizures).</p> <p>A review of Resident 53's RNA physician's order dated 4/11/2024, indicated Resident 53 receive RNA and to apply PROM exercises to the resident's left upper extremity and the resident's left and right lower extremities five times a week, as tolerated to maintain ROM in joints.</p> <p>A review of Resident 53's H&amp;P dated 4/12/2023, indicated Resident 53 has the capacity to understand and make decisions.</p> <p>A review of Resident 53's MDS dated [DATE], indicated Resident's cognition was intact (being able to follow two simple commands). The MDS indicated Resident 53 was dependent on facility staff with showering, putting on/taking off footwear, and transfers, required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, upper/lower body dressing and rolling from the left and right side, and required partial/moderate assistance (helper does less than half of the effort) with oral and personal hygiene. The MDS also indicated Resident 53 required setup/clean up with eating.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of Resident 53's Restorative Range of Motion care plan, revised on 11/21/2023, indicated goals to prevent contractures and maintain skin integrity. The care plan indicated interventions to support above and below the joint, RNA to apply PROM exercises to the right and left lower extremities and PROM exercises to the left upper extremity.</p> <p>A review of Resident 53's Restorative Administration Record for 4/2024, indicated the RNA did not perform PROM exercises to the resident's left upper extremity and the resident's left and right lower extremities on the following dates:</p> <ol style="list-style-type: none"> <li>1. 4/1/2024 (Monday)</li> <li>2. 4/8/2024 (Monday)</li> <li>3. 4/12/2024 (Friday)</li> </ol> <p>A review of Resident 53's Restorative Nursing Weekly/Monthly Progress Report, dated 4/5/2024, indicated Resident 53 did not have any refusal to treatment and the licensed nurse signature was empty. The Restorative Nursing Weekly/Monthly Progress Report did not have any documentation for the week of 4/8/2024 to 4/12/2024.</p> <p>During an interview on 4/18/2024 at 10:21 AM, Resident 53 stated when first admitted to the facility, Resident 53 was supposed to be receive RNA services five times a week. Resident 53 stated, Resident 53, i am only seen three to four times a week.</p> <p>c. A review of Resident 71's Admission Record indicated the facility admitted the resident on 6/28/2023, with diagnoses including reduced mobility (physical impairment that impacts a person's ability to move around freely, easily, and without pain), lack of coordination (not able to move different parts of the body together well or easily), and muscle weakness (decrease in muscle strength).</p> <p>A review of Resident 71's MDS dated [DATE], indicated Resident's cognition was intact (being able to follow two simple commands). The MDS indicated Resident 71 required supervision or touching assistance (helper provides verbal cues/contact guard assistance) with bed mobility, dressing, eating, toileting, personal hygiene, and showering.</p> <p>A review of Resident 71's H&amp;P dated 9/13/2023, indicated Resident 71 had the capacity to understand and make decisions.</p> <p>A review of Resident 71's RNA physician's order dated 10/8/2023, indicated for Resident 71 receive RNA program for ambulation using a platform walker (PW) three times a week as tolerated to maintain ambulation skills.</p> <p>A review of Resident 71's RNA physician's order dated 10/13/2023, indicated Resident 71 receive RNA program for active range of motion (AROM - occurs when a person uses his/her own muscles to help move body parts) exercises for Resident 71's left and right upper extremities three times a week as tolerated.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of Resident 71's Restorative Range of Motion care plan, revised on 11/19/2023, indicated goals to maintain the resident's current AROM in affected joints. The care plan interventions included to monitor for signs and symptoms of pain, notify the doctor for changes in condition, and to provide AROM exercises to the left and right upper extremities three times a week.</p> <p>A review of Resident 71's Restorative Administration Record for 4/2024, indicated the RNA provided ambulation using a PW two times for the week of 4/8/2024 to 4/12/2024. The Activities Record also indicated Resident 71 received AROM exercises one time for the week of 4/1/2024 to 4/5/2024 and one time for the week of 4/8/2024 to 4/12/2024.</p> <p>A review of Resident 71's Restorative Nursing Weekly/Monthly Progress Report, dated 4/4/2024 and 4/11/2024, indicated Resident 71 did not have any refusal to RNA treatment and the licensed nurse signature was empty.</p> <p>During an interview on 4/17/2024 at 10:27 AM, Director of Staff Development (DSD) stated RNAs documents on Restorative Administration Record and on Restorative Nursing Weekly/Monthly Progress Report. DSD stated the Restorative Nursing Weekly/Monthly Progress Report is signed by the licensed staff every Friday to make sure the Restorative Administration Record is correct. DSD stated, Assistant Director of Nursing (ADON) conducts RNA meetings weekly to make sure everything is done and documented correctly. DSD stated, residents records should not be left blank and the Restorative Nursing Weekly/Monthly Progress Report is an extra measure to ensure the treatment is being provided. DSD also stated, if the treatment is not documented there is no way to prove the treatment was given which can lead to decline and risk for contractures for the residents.</p> <p>During a concurrent interview and record review on 4/17/2024 at 10:35 AM with ADON, Resident 71's Restorative Administration Record and Restorative Nursing Weekly/Monthly Progress Report were reviewed. The Restorative Administration Record and Restorative Nursing Weekly/Monthly Progress Report dated April 2024, was not filled out entirely. The Restorative Administration Record had blank spaces with no indication the treatment was given or refused. The Restorative Nursing Weekly/Monthly Progress Report did not indicate Resident 71 had refused any RNA treatment. The Restorative Nursing Weekly/Monthly Progress Report indicated licensed nurses did not sign that the report was reviewed. ADON stated the facility should be following up and verifying what was and was not done. DON further stated, if it is not verified, the resident will not receive their treatment and the resident can decline in mobility.</p> <p>During an interview on 4/17/2024 at 1:41 PM, Resident 71 stated Resident 71 is supposed to get RNA services/therapy three times a week. Resident 71 stated Resident 71 does not receive RNA services/therapy three times a week. Resident 71 further stated the RNA does not let Resident 71 know and sometimes, the RNA just does not show up.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an interview on 4/18/2024 at 10:34 AM, Licensed Vocational Nurse 1 (LVN 1) stated the side of the facility LVNs are stationed at, determines which RNA Restorative Nursing Weekly/Monthly Progress Report to review for the residents. The Restorative Nursing Weekly/Monthly Progress Report is signed off on Friday and should include the resident's name, what treatment was done, any refusal of treatment, and how many times the resident was seen. LVN 1 confirmed and stated the information on the Restorative Nursing Weekly/Monthly Progress Report is correct, LVN 1 must check with the Restorative Administration Record side by side. LVN 1 stated if both documents are the same, then LVN 1 will sign the Restorative Nursing Weekly/Monthly Progress Report. LVN 1 stated, if it is not signed, the work is incomplete and there would not be proof the work (RNA) was done.</p> <p>During an interview on 4/18/2024 at 1:20 PM, Restorative Nursing Assistant 1 (RNA 1) stated resident's Restorative Administration Record should not be blank. RNA 1 stated, If a resident refuses treatment, it must be written the resident refused. If it is blank, it means it was not done and it cannot be proven it was done.</p> <p>During an interview on 4/18/2024 at 1:43 PM, Director of Nursing (DON) stated RNAs should be documenting and providing treatment as ordered. DON stated, all documentation should be signed and if left is blank that means it was not done. The DON further stated if RNA treatment is not done it can put the resident at risk for functional decline in mobility.</p> <p>A review of the facility's policy and procedures (P&amp;P) titled, Guidelines for Charting and Documentation, revised April 2012, the P&amp;P indicated, The purpose of charting and documentation is to provide: A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., and the progress of the resident's care. General Rules for Charting and Documentation: Be concise, accurate, and complete. Documentation pertaining to a resident's refusal of treatment should include: Treatment attempted; Resident's response and reason(s) for refusal; and documentation each time the resident refuses his/her treatment.</p> <p>A review of the facility's P&amp;P titled, Nursing Documentation, dated 6/27/2022, indicated The patient's record specifies what nursing interventions were performed by whom, when, and where. All patient information will be documented, scanned, or entered in the appropriate section of the clinical record following established guidelines.</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253</b></p> <p>Based on observation, interview, and record review, the facility failed to provide necessary respiratory care services for two of five sampled Residents (Resident 238 and Resident 5) by failing to administer oxygen therapy (administration of oxygen at concentrations greater than that in the air with the intent of treating or preventing the symptoms of low oxygen), per physician's order.</p> <p>This deficient practice had the potential to result in Resident 238 and Resident 5 experiencing hypoxia (insufficient amount of oxygen reaching the body's tissues) and respiratory distress (difficulty breathing).</p> <p>Findings:</p> <p>a.A review of Resident 238's Admission Record indicated the facility admitted the resident on 8/30/2016 and readmitted the resident on 4/9/2024 with diagnoses that included metabolic encephalopathy (permanent brain damage that causes severe confusion and forgetfulness), peripheral vascular disease (PVD - a slow and progressive circulation disorder) and dementia (decline in mental ability severe enough to interfere with daily functioning/life).</p> <p>A review of Resident 238's 30-day Scheduled Minimum Data Set (MDS - a standardized assessment and screening tool) dated 2/28/2024, indicated the resident had severe cognitive (ability to acquire and understand knowledge) impairment.</p> <p>A review of the History and Physical, dated 4/11/2024, indicated Resident 238 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 238's physician order, dated 4/15/2024 indicated the Resident 238 was to receive oxygen at two liters per minute (lpm) via nasal cannula continuously for shortness of breath.</p> <p>During an observation at Resident 238's bedside on 4/15/2024 at 9:40 AM, resident 238's oxygen concentrator (a medical device that concentrates oxygen from environmental air and delivers it to the resident in need of supplemental oxygen) was set at 3 liters per minute (lpm). A red status indicator light was observed to be illuminated. The oxygen concentrator indicated the oxygen flow rate was less than 0.5 lpm and/or the concentration of oxygen was less than 73%.</p> <p>During a concurrent interview and observation at Resident 238's bedside, on 4/15/2024 at 9:46 AM, Resident 238's oxygen concentrator was observed by Licensed Vocational Nurse 1 (LVN 1). LVN 1 stated the oxygen concentrator did not sound right and the red light indicated there was something wrong with the concentrator. LVN 1 read the oxygen concentrator and stated the red light indicated the resident was receiving a flow rate of less than 0.5 lpm. LVN 1 stated that meant the resident was not receiving the ordered oxygen. LVN1 stated Resident 238 had an order to received oxygen at 2LPM. LVN 1 stated the equipment in the facility often failed and required being turned off and back on to working and that was a temporary fix. LVN 1 restarted the concentrator and the red light continued to be illuminated. LVN 1 stated the illuminated light meant the concentrator was not working properly and the resident wasn't receiving the ordered oxygen. LVN 1 stated the concentrator had to be removed and replaced. LVN 1 removed the concentrator and replaced it with an oxygen tank.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 4/18/2024 at 11:49 AM, Maintenance Supervisor (MS) stated if the oxygen concentrator failed it was the nurse's responsibility to remove the concentrator and notify the respiratory therapist (RT) and the RT would then call the vendor to have the concentrator serviced.</p> <p>During an interview on 4/18/2024 at 12:36 PM, the Director of Nursing (DON) stated the nurse or certified nursing assistant (CNA) should have been able to tell that something was wrong with the concentrator. The DON stated staff should have checked with the RT or maintenance supervisor. The DON stated if the oxygen concentrator was not functioning properly, the resident was at risk for not getting the correct amount of air that he /she needed so their oxygen level could drop and that could lead to shortness of breath that could devolve into an emergency transfer to the hospital.</p> <p>b. A review of Resident 5's Admission Record indicated Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses of schizophrenia, unspecified (a mental illness that affects your thoughts, mood, and behavior), chronic obstructive pulmonary disease (COPD) (a group of lung disease that block airflow and changes the body's reverses the body's response to oxygen) and dysphagia unspecified (difficulty swallowing).</p> <p>A review of Resident 5's Order Summary Report, dated 6/13/2023, indicated Resident 5 was ordered oxygen at 2L per minute via (by way of) nasal cannula continuously.</p> <p>A review of Resident 5's Care Plan, dated 11/26/2023, indicated Resident 5 had a diagnosis of COPD and one of Resident 5's interventions (specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition) was to receive oxygen as ordered/indicated.</p> <p>A review of Resident 5's MDS dated [DATE], indicated Resident 5's cognitive level is moderately impaired. The MDS indicated Resident 5 required moderate assistance with oral hygiene, toilet use, and personal hygiene.</p> <p>During an observation and interview on 4/15/2024 at 10:15 AM, Resident 5 was observed receiving oxygen therapy at 4 liters (L) (a measurement primarily used to measure liquids) per nasal cannula (a device use to deliver extra oxygen through a tube into your nose). Resident 5's oxygen concentrator was verified and confirmed to be on 4L by licensed vocational nurse (LVN 2). Per LVN 2, Resident 5 should have been on 2L per nasal cannula. LVN 2 stated if a resident received too much oxygen it could go to their brain.</p> <p>During a concurrent interview and record review on 4/18/2024 at 8:20 AM with Director of Nurses (DON), Resident 5's order summary report, dated 6/13/2023 was reviewed by the DON. The DON verified Resident 5 was supposed to be on 2L of oxygen continuously. The DON stated licensed nurses were responsible for oxygen therapy and if a resident was receiving more oxygen than ordered, the resident could experience desaturation (a drop in blood oxygen level) or high levels of oxygen can lead to confusion and lethargy (drowsiness lack of energy and mental alertness). The DON stated it was very important to follow doctor's order for oxygen administration.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a review of the facility's policy and procedures (P&amp;P) titled Applying a Nasal Cannula or Face Mask undated, the P&amp;P indicated when a nasal cannula or face mask is prescribed for a patient, begin by checking the details of the health care provider's order. Verify the oxygen delivery method, flow rate and duration of therapy. For all methods of oxygen delivery, confirm that the oxygen source and flow meter have been set up properly and calibrated to deliver oxygen at the prescribed rate. Ensure that the ball on the flow meter is even with the number of liters per minute ordered.</p> <p>A review of the facility's undated P&amp;P titled, Oxygen Administration, indicated the purpose is to provide guidelines for safe oxygen administration. The first step of preparation indicated to verify that there is a physician's order for the procedure and to review the physician's orders or facility protocol for oxygen administration. The policies and procedures indicated the procedure for administering oxygen included:</p> <ul style="list-style-type: none"> <li>-Turning on the oxygen. Unless otherwise ordered, start the flow of oxygen at the rate of 2 to 3 liters per minute, 9.</li> <li>-Place appropriate oxygen device on the resident (i.e., mask, nasal cannula and/or nasal catheter).</li> <li>-Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered</li> <li>-Check the mask, tank, humidifying jar, etc., to be sure they are in good working order and are securely fastened. Be sure there is water in the humidifying jar and that the water level is high enough that the water bubbles as oxygen flows through.</li> </ul> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Post nurse staffing information every day.</p> <p>48661</p> <p>Based on observation, interview and record review, the facility failed to post the federally required daily actual hours worked by the staff in an area accessible to the public for two out of 17 days for the month of April 2024. As a result, the actual hours worked by the staff was not readily accessible to residents, family, or visitors.</p> <p>Findings:</p> <p>During an observation on 4/17/2024 at 8:29 AM, the Census and Direct Care Service Hours Per Patient Day (DHPPD: Refers to the actual hours of work performed per patient day by a direct caregiver) for SNF (skilled nursing facility) and Sub-Acute was dated for 4/15/2024.</p> <p>During a concurrent observation and interview on 4/17/2024 at 8:35 AM, the Director of Nursing (DON) stated the DHPPD was supposed to be posted daily, and confirmed by stating the posted DHPPD hours were for 4/15/2024 and not the date of observation (4/17/2024). The DON stated the posted DHPPD hours should have reflected the most current hours (4/17/2024). The DON stated the purpose of updating the DHPPD was to ensure the required number of staff were present to provide direct care to the residents in the facility.</p> <p>During an interview on 4/17/2024 at 8:45 AM, the Director of Staff Development (DSD) stated the DHPPD was posted by 9 AM each day. The DSD would discuss the actual hours with payroll from the day prior to post the DHPPD hours the following day. The DSD stated the projections for the day were in a binder near the DHPPD posting and the actual hours from the day prior were the ones posted. The DSD stated that was the facility's new process instead of posting the projections and the actual hours together. The DSD stated she was still working on the DHPPD to be posted for the current day (4/17/2024).</p> <p>A review of the facility's policy and procedures titled, Posting Direct Care Daily Staffing Numbers, revised August 2022, indicated Our facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents. The P&amp;P stated, Within two (2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs and NAs) directly responsible for resident care is posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43455</p> <p>Based on interview, and record review the facility failed to:</p> <ol style="list-style-type: none"> <li>Account for two doses of Controlled Substances ([CS]- medications which have a potential for abuse and may also lead to physical or psychological dependence) for Residents 24 and 63 in one of three inspected medication carts (Medication Cart South.)</li> <li>Account for two doses of CS's for Residents 39 and 56 in one of three inspected medication carts (Medication Cart North.)</li> <li>Include the verifying signatures of either the Director of Nursing (DON) or a Registered Nurse (RN) along with Licensed Vocational Nurse (LVN) on the Controlled or Antibiotic Drug Record accountability logs for two sampled month records (3/2024, 4/2024). As a result, control and accountability of CS awaiting final disposition (process of returning and/or destroying unused medications) did not follow the facility policy and procedures.</li> </ol> <p>These deficient practices increased the opportunity for CS diversion (the transfer of a controlled substance or other medication from a lawful to an unlawful channel of distribution or use), and increased the risk that Residents 24, 39, 56, and 63 could have delayed medication treatment and continuity of care due to lack of availability of the CS, and accidental exposure to harmful medications, possibly leading to physical and psychosocial harm.</p> <p>Findings:</p> <p>During an observation on 04/15/2024 at 11:26 AM, with Licensed Vocational Nurse 1 (LVN 1), in Medication Cart North, there was a discrepancy in the count between the Controlled or Antibiotic Drug Record accountability log and the amount of medication remaining in the medication bubble pack (a medication packaging system that contains individual doses of medication per bubble) for the following residents:</p> <ol style="list-style-type: none"> <li>One dose of lorazepam (a CS used for anxiety) 0.5 milligram ([mg] - a unit of measure of mass) tablet was missing from the medication bubble pack compared to the count indicated on the Controlled or Antibiotic Drug Record accountability log for Resident 39. The Controlled or Antibiotic Drug Record accountability log for lorazepam indicated the medication bubble pack should have contained a total of 8 lorazepam 0.5 mg tablets, after the last administration of lorazepam 0.5 mg documented/signed-off on 04/12/2024 at 04:04 AM, however the medication bubble pack contained 7 lorazepam 0.5 mg tablets and contained no other documentation of subsequent administrations.</li> </ol> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>2) One dose of phenobarbital (a CS used for seizures [sudden, uncontrolled body movements caused by abnormal electrical activity in the brain leading to loss of muscle control and shaking]) 64.8 mg tablet was missing from the medication bubble pack compared to the count indicated on the Controlled or Antibiotic Drug Record accountability log for Resident 56. The Controlled or Antibiotic Drug Record accountability log for lorazepam indicated the medication bubble pack should have contained a total of 1 phenobarbital 64.8 mg tablet, after the last administration of phenobarbital 64.8 mg documented/signed-off on 04/14/2024 at 5 PM, however the medication bubble pack contained 0 phenobarbital 64.8 mg tablets and contained no other documentation of subsequent administrations.</p> <p>During the same observation and concurrent interview with LVN 1 stated, LVN 1 administered lorazepam 0.5 mg tablet to Resident 39 and phenobarbital 64.8 mg tablet to Resident 56, that morning and forgot to sign off the Controlled or Antibiotic Drug Record accountability log forms for each of the CS's. LVN 1 stated LVN 1 failed to follow the facility's policy of signing each CS dose on the Controlled or Antibiotic Drug Record accountability log after preparing the dose for the resident. LVN 1 stated LVN 1 understands it is important to sign each dose once administered to ensure accountability, prevention of CS diversion, and accidental exposures of harmful substances to residents. LVN 1 stated if documentation is not accurate then it can lead to medication error and overdose (administering more than the prescribed dose) causing excessive sedation, stoppage of breathing and hospitalization to Resident 39 and 56.</p> <p>During an observation on 04/15/2024 at 12:14 PM, with LVN 2, in Medication Cart South, there was a discrepancy in the count between the Controlled or Antibiotic Drug Record accountability log and the amount of medication remaining in the medication bubble pack (a medication packaging system that contains individual doses of medication per bubble) for the following residents:</p> <p>1) One dose of hydrocodone-acetaminophen (a combination CS used for pain) 5-325 mg tablet was extra in the medication bubble pack compared to the count indicated on the Controlled or Antibiotic Drug Record form for Resident 24. The Controlled or Antibiotic Drug Record form indicated the medication bubble pack should have contained a total of 33 hydrocodone-acetaminophen 5-325 mg tablets, after the last administration of hydrocodone-acetaminophen 5-325 mg documented/signed-off on 04/15/2024 at 8 AM, however the medication bubble pack contained 34 hydrocodone-acetaminophen 5-325 mg tablets and contained no other documentation indicating refusal of administrations or destruction of medication.</p> <p>2) One dose of oxycodone (a CS used for pain) 5 mg tablet was extra in the medication bubble pack compared to the count indicated on the Controlled or Antibiotic Drug Record forms for Resident 63. The Controlled or Antibiotic Drug Record form for oxycodone indicated the medication bubble pack should have contained a total of 16 oxycodone 5 mg tablets, after the last administration of oxycodone 5 mg documented/signed-off on 04/15/2024 at 08:50 AM, however the medication bubble pack contained 17 oxycodone 5 mg tablets and contained no other documentation indicating refusal of administrations or destruction of medication.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During a concurrent interview, LVN 2 stated LVN 2 did not administer hydrocodone-acetaminophen 5-325 mg tablet to Resident 24 on 04/15/2024 at 8 AM and did not administer oxycodone 5 mg tablet to Resident 63 on 04/15/2024 at 08:50 AM, even though LVN 2 documented the preparation of the administration on the Controlled or Antibiotic Drug Record forms. LVN 2 stated LVN 2 failed to follow the facility's policy of signing each CS dose on the Controlled or Antibiotic Drug Record accountability log after preparing the dose for Resident 24 and 63 and failed to follow the facility's policy of signing each CS administration on the eMAR after administering the medication. LVN 2 stated LVN 2 had the intent to prepare and administer the medications but forgot to do so. LVN 2 stated LVN 2 understands it is important to sign each dose once administered to ensure accountability of CS, prevention of CS diversion, CS availability, and underdosing (administering less than the prescribed dose) of medications to residents. LVN 2 stated, if documentation is not accurate then it can lead to medication errors such as dose omissions leading to untreated pain, increased agitation and discomfort ultimately causing physical and psychosocial harm to [Residents 24 and 63].</p> <p>During a record review on 04/15/2024 at 01:15 PM, with Director of Nursing (DON), the Controlled or Antibiotic Drug Record was reviewed. The Controlled or Antibiotic Drug Record accountability logs for 3/2024 and 4/2024, indicated the accountability logs for the CS's awaiting final disposition did not contain any verifying signatures. DON stated DON, is unable to locate the verifying signatures of LVNs and Registered Nurse (RN)/DON on the accountability logs, and the DON failed to sign the logs. DON stated DON, counts the CS's with the LVN's upon receipt of the accountability logs, however there is no consistent process to sign the logs. DON stated DON needed to immediately implement a process for including verifying signatures as DON understands the importance of CS accountability and to ensure each CS dose is accounted for until disposed. DON stated, it is also important to verify and sign the logs to prevent diversions and accidental exposure of harmful substances to residents.</p> <p>During an interview on 04/16/2025 at 12:16 PM, with DON, DON stated LVN 1 failed to follow facility's policy of documenting the preparation of CS ' s on the accountability log immediately after preparation of the dose for Residents 39 and 56, and LVN 2 failed to follow facility's policy of documenting the Medication Administration Record ([MAR] - a record of medications administered to residents), only after administration of the CS's for Residents 24 and 63. DON stated there is inconsistency in the documentation for CS accountability which can potentially lead to inaccurate records, diversion of CS's, underdose or overdose of resident medications causing untreated pain and possibly respiratory (related to lungs) depression (stoppage), change in level of consciousness, hospitalization and death for Residents 24, 39, 56 and 63.</p> <p>A review of Resident 24's Admission Record (a document containing demographic and diagnostic information,) dated 04/15/2024, the Admission Record indicated Resident 24 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including of contracture (when muscles, tendons, joints, or other tissue tighten and shorten affecting range of motion and function often causing pain) of muscle in multiple sites.</p> <p>A review of Resident 24's MAR for 4/2024, the MAR Resident 24 was prescribed hydrocodone-acetaminophen 5-325 mg two times a day for pain management at 8 AM and 5 PM, starting 01/17/2024. The MAR also indicated that Resident 24 was administered hydrocodone-acetaminophen 5-325 mg tablet on 04/15/2024 at 8 AM by LVN 2 and contained no other documentation indicating refusal of administration or a reason for not administering.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of Resident 39's Admission Record dated 04/15/2024, the Admission Record indicated Resident 39 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including End Stage Renal Disease (a condition in which the kidneys [a pair of organs on either side of the spine] lose ability to remove waste and balance fluids requiring dialysis [a procedure to remove waste product and excess fluid from the blood]).</p> <p>A review of Resident 39's MAR for 4/2024, the MAR indicated Resident 39 was prescribed lorazepam 0.5 mg every Monday, Tuesday, Wednesday, Thursday, Friday for anxiety manifested by verbalization of feeling anxious, and to administer 1 to 2 hours prior to dialysis treatment on dialysis days, starting 04/10/2024.</p> <p>A review of Resident 39's electronic MAR (eMAR) indicated Resident 39 was administered lorazepam 0.5 mg tablet on 04/15/2024 at 08:25 AM by LVN 1.</p> <p>A review of Resident 56's Admission Record dated 04/15/2024, the Admission Record indicated Resident 56 was originally admitted to the facility on [DATE] with a diagnosis including epilepsy (brain disorder that causes recurring, unprovoked seizures).</p> <p>A review of Resident 56's MAR for 4/2024, the MAR indicated Resident 56 was prescribed phenobarbital 64.8 mg two times a day for 9 AM and 5 PM, starting 11/01/2023. The MAR also indicated that Resident 56 was administered phenobarbital 64.8 mg tablet on 04/15/2024 at 9 AM by LVN 2.</p> <p>A review of Resident 63's Admission Record dated 04/15/2024, the Admission Record indicated Resident 63 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including traumatic brain injury (a disruption in the normal function of the brain that can be caused by a blow to the head) and chronic pancreatitis (inflammation of the pancreas [organ that helps in digestion] that can be very painful.)</p> <p>A review of Resident 63's MAR for April 2024, the MAR indicated Resident 63 was prescribed oxycodone 5 mg every 4 hours as needed for moderate to severe pain (pain level ranging from 5 to 10), starting 12/09/2023. The MAR also indicated that Resident 63 was administered oxycodone 5 mg tablet on 04/15/2024 at 08:50 AM by LVN 2 and contained no other documentation indicating refusal of administration or a reason for not administering.</p> <p>A review of the facility's policy and procedures (P&amp;P), titled Administering Medications, dated 4/2019, indicated, Medications are administered in a safe and timely manner, and as prescribed.</p> <p>22. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.</p> <p>A review of the facility ' s P&amp;P, titled Medication Errors, dated 06/28/2022, indicated:;</p> <p>c. An omission in the documentation in the MAR may or may not constitute a medication error.</p> <p>A review of the facility's P&amp;P, titled Substances, dated 11/2022, indicated, The facility complies with all laws, regulations, disposal, and documentation of controlled medications (listed as Schedule II-V of the Comprehensive Drug Abuse Prevention and Control Act of 1976)</p> <p>(continued on next page)</p> |   |  |

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>4.an individual resident controlled substance record .This record contains:</p> <p>i. time of administration</p> <p>6.when a resident refuses a non-unit dose medication (or it is not given) .the medication is destroyed .</p> <p>22. The consultant pharmacist or designee routinely monitors controlled substance storage records.</p> <p>A review of the facility's P&amp;P, titled Discarding and Destroying Medications, dated 11/2022, indicated,</p> <p>4. Schedule II, III, and IV (non-hazardous) controlled substances are disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous controlled medications.</p> <p>10. The medication disposition record contains, as a minimum, the following information:</p> <p>i. Signature of witnesses.</p> <p>A review of the facility ' s P&amp;P, titled Documentation of Medication Administration, dated 11/2022, the P&amp;P indicated that A medication administration record is used to document all medications administered.</p> <p>1. A nurse or certified medication aide (where applicable) documents all medications administered to each resident on the resident ' s medication administration record (MAR).</p> <p>2. Administration of medication is documented immediately after it is given.</p> <p>3. Documentation of medication administration includes, as a minimum:</p> <p>f. Reason(s) why a medication was withheld, not administered, or refused (as applicable.)</p> |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</b></p> <p>Based on interview and record review, the facility failed to include appropriate monitoring to ensure that residents drug regimen was free from unnecessary medications (any medication in excessive dose, excessive duration, without adequate monitoring) for one of two sampled residents (Resident 31).</p> <p>As a result, Resident 31's aspirin (medication used to prevent cerebrovascular accidents [CVA] - an interruption in the flow of blood to cells in the brain) by thinning the blood) did not include monitoring for sign and symptoms of bleeding for 36 days. This deficient practice had the potential to cause Residents 31 to receive suboptimal (less than the highest standard or quality) care, experience serious adverse consequences (unwanted, uncomfortable, or dangerous effects that a drug may have) possibly resulting in bleeding, hospitalization , or death.</p> <p>Findings:</p> <p>A review of Resident 31's Admission Record (a document containing demographic and diagnostic information) dated 04/17/2024, indicated Resident 31 was originally admitted to the facility on [DATE] with diagnoses including peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow.)</p> <p>A review of Resident 31's General Acute Community Hospital (GACH) 1 discharge records, dated 03/03/2024, indicated Resident 31 had history of CVA, and was discharged from GACH 1 with aspirin 81 milligram ([mg] - a unit of measure of mass) to be taken orally daily.</p> <p>A review of Resident 31's Medication Administration Record ([MAR] - a record of medications administered to residents) for April 2024, indicated Resident 31 was prescribed aspirin 81 mg to give one tablet by mouth every morning for CVA prophylaxis ([PPX] - action taken to prevent disease,) starting on 03/12/2024. The MAR contained no documentation for monitoring the sign and symptoms of bleeding or bruising for aspirin.</p> <p>During an interview on 04/17/2024 at 10:46 AM, Licensed Vocational Nurse (4), LVN 4 stated Resident 31's clinical record did not include monitoring for the side effects (unwanted or dangerous medication effects) of aspirin which included bleeding and bruising, and the clinical record did not include a care plan (a document outlining a detailed approach to care customized to an individual resident ' s need) with measurable goals for the CVA and for the use of aspirin. LVN 4 stated there should have been adequate monitoring for aspirin side effects and a care plan for aspirin and CVA to ensure Resident 31 did not potentially bleed or have more CVA's as both scenarios could harm Resident 31 and cause hospitalization .</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 04/17/2024 at 10:05 AM, with the Director of Nursing (DON) and in the presence of the Minimum Data Set Coordinator (MDSC), the DON stated that after a thorough search of Resident 31's clinical record the DON was unable to locate the monitoring for bleeding and bruising with aspirin and was unable to locate a care plan for CVA and aspirin for Resident 31. The DON stated that monitoring for bleeding with aspirin use was important to make sure Resident 31 did not have bleeding which could require hospitalization , and if bleeding was unnoticed could cause death. The DON stated not having a care plan for CVA did not provide patient centered care for Resident 31. The DON stated the facility failed to include the monitoring for signs and symptoms of bleeding with the use of aspirin for Resident 31 and overlooked and failed to initiate a care plan with measurable goals and outcomes for CVA and aspirin.</p> <p>During a phone interview on 04/17/2024 at 01:16 PM, the Pharmacy Consultant (PC) stated Resident 31 should have been monitored for the side effects of bleeding, bruising, and tarry (black/dark red) stool with the use of aspirin. The PC stated the concern lack of monitoring for the side effects of aspirin could result in harm to Resident 31 by causing bleeding that could go unnoticed.</p> <p>During a phone interview on 04/17/2024 at 01:47 PM, with the Pharmacy Consultant (PC) in the presence of DON, the PC was unable to locate the monitoring for the side effects of aspirin and was unable to locate a care plan for CVA and aspirin. The PC stated that monitoring for side effects of aspirin should have started on 03/12/2024 when aspirin was prescribed, and a care plan initiated for the monitoring of CVA and aspirin.</p> <p>Review of the facility ' s policy and procedures (P&amp;P), titled Medication Regimen Review, dated May 2019, the P&amp;P indicated:</p> <p>2. Medication Regimen Reviews (MRR) are done upon admission (or as close to admission as possible) and at least monthly thereafter, or more frequently if indicated.</p> <p>4. The goal of MRR is to promote positive outcomes while minimizing adverse consequences and potential risks associated with the medication.</p> <p>5. The MRR involves a thorough review of the resident ' s medical record to prevent, identify, report and resolve medication related problems, include medication errors and other irregularities, for example:</p> <p>d. inadequate monitoring for adverse consequences</p> <p>9. An irregularity . may also include the use of medication without indication, without adequate monitoring, in excessive dose, and or in the presence of adverse consequences.</p> |   |  |

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|---|---|
| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>43455</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than five percent (%) during medication administration affecting two of five sampled residents (Resident 43 and 83) out of 26 total opportunities (medications ordered for administration during observations). This contributed to an overall medication error rate of 7.69%. The medication errors were as follows:</p> <ol style="list-style-type: none"> <li>1. Resident 43 received vitamin D3 (form of vitamin D called cholecalciferol that helps the body absorb the vitamins calcium and phosphorus) 5000 iu instead of vitamin D2 (a form of vitamin D called ergocalciferol) 50000 iu as per physician's order.</li> <li>2. Resident 83 received folic acid (a medication used to treat or prevent folic deficiency) 400 micrograms ([mcg]-a unit of measure of mass) instead of folic acid 1 mg tablet as per physician's order.</li> </ol> <p>These failures had the potential to result in Residents 43 and 83 to experience medication adverse effects (unwanted, uncomfortable, or dangerous effects that a medication may have) and the potential to result in Residents 43 and 83 health and well-being to be negatively impacted.</p> <p>Findings:</p> <p>a. During a medication administration observation on 04/15/2024 at 9:46 AM, in Medication Cart 1, licensed vocational nurse (LVN) 3 was observed administering vitamin D3 5000 international unit ([iu]-a unit of measure of mass) via gastrostomy tube ([G-tube] - a tube inserted through the belly that brings nutrition directly to the stomach) to Resident 43.</p> <p>During an interview on 4/15/2024 at 10:58 AM, LVN 3 stated that she (LVN 3) administered vitamin D3 5000 iu to Resident 43 on 4/15/2024 at 9:46 AM. LVN 3 stated that she (LVN 3) failed to administer the correct form and dose of vitamin D to Resident 43, as prescribed by the physician. LVN 3 stated administering the wrong form of a medication was a medication error. LVN 3 stated that not administering the correct medications to residents could cause the resident to experience adverse effects (undesired harmful effects). LVN 3 stated that she (LVN 3) would notify the resident's physician for administering the incorrect vitamin D and obtain additional orders as necessary.</p> <p>A review of Resident 43's Medication Administration Record ([MAR] - a record of medications administered to residents), for April 2024, indicated Resident 43 was prescribed vitamin D2 (a form of vitamin D called ergocalciferol) 50000 iu to be given via G-tube once a day every Monday for supplement at 9 AM, starting 03/25/2024.</p> <p>b. During a medication administration observation on 4/16/2024 at 09:45 AM, in Medication Cart Middle, LVN 4 was observed administering folic acid 400 microgram ([mcg]-a unit of measure of mass) tablet orally to Resident 83. Resident 83 was observed swallowing folic acid 400 mcg tablet with water.</p> <p>(continued on next page)</p> |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an interview on 4/16/2024 at 1:02 PM, LVN 4 stated during the morning medication administration on 4/16/2024 at 09:45 AM LVN 4 administered folic acid 400 mcg tablet orally to Resident 83. LVN 4 stated that she (LVN 4) failed to follow the physician orders to administer folic acid 1 milligram ([mg] - unit of measure of mass.) LVN 4 stated that she (LVN 4) underdosed (gave less than the prescribed amount) the folic acid to Resident 83 and the resident would not fully benefit from the medication when not receiving the prescribed amount.</p> <p>During an interview on 4/16/2024 at 12:16 PM, the Director of Nursing (DON) stated LVN 3 failed to verify the form and dose of the vitamin D as prescribed by the physician before administering to Resident 43. The DON stated LVN 4 failed to verify the dose of the folic acid as prescribed by the physician before administering to Resident 83. The DON stated administering the wrong medications was considered medication errors.</p> <p>A review of Resident 83's MAR, for April 2024, the MAR indicated Resident 83 was prescribed folic acid 1 mg tablet to be given by mouth once a day for supplement at 9 AM, starting 3/18/23024.</p> <p>A review of the facility's policy and procedures (P&amp;P) titled, Administering Medications, dated April 2019, indicated Medications are administered in a safe and timely manner, and as prescribed.</p> <p>4. Medications are administered in accordance with prescriber orders, including any required time frame.</p> <p>10. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p> <p>A review of the facility's P&amp;P titled, Medication Errors, dated 06/28/2022, the P&amp;P indicated:</p> <p>b. Medication error mean the administration of medication:</p> <p>At the wrong dose</p> <p>Which is not currently prescribed.</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43455</p> <p>Based on observation, interview, and record review the facility failed to ensure medications were safely stored as per facility policy and procedures titled Storage of Medications, dated November 2020, by failing to ensure medications were not left on a bedside table unattended, for one of five residents (Resident 83) observed during medication administration.</p> <p>These deficient practices had the potential to result in unsafe medication administration, improper administration, overdose, interactions with prescribed medications, and serious injury or harm. These deficient practices also had the potential to affect medication efficacy (the power to produce the desired effect) and reduce the therapeutic (intended to treat diseases or disorders) effects of medications administered.</p> <p>Findings:</p> <p>During a medication administration observation in Resident 83's room on 04/16/2024 at 09:45 AM, LVN 4 was observed placing 4 medication cups on Resident 83 's bedside table. LVN 4 was observed administering folic acid (vitamin that promotes red blood cell formation) 400 microgram ([mcg]-a unit of measure of mass) tablet orally to Resident 83. Resident 83 was observed swallowing folic acid 400 mcg tablet with water. Resident 83 complained to LVN 4 of arm pain, and LVN 4 stated that LVN 4 would grab gloves to inspect Resident 83' s arm. LVN 4 was observed exiting Resident 83's room to grab gloves while leaving the other 3 medication cups, containing Eliquis (a medication used to thin the blood) 5 milligram ([mg] - a unit of measure of mass) tablet, Januvia (a medication used to lower high blood sugar levels) 50 mg tablet and ferrous sulfate (a medication used to treat iron deficiency) 325 mg tablet on Resident 83's bedside table unsupervised. LVN 4 was observed returning to Resident 83's room with gloves and inspecting Resident 83's arm. LVN 4 was then observed administering the remaining 3 medications to Resident 83.</p> <p>During an interview on 4/16/2024 at 10:15 AM, LVN 4 confirmed by stating she (LVN 4) left the Eliquis 5 mg tablet, Januvia 50 mg table and ferrous sulfate 325 mg tablet unattended on Resident 83's bedside table while LVN 4 stepped outside the room to grab gloves. LVN 4 stated that medications should always be supervised and stored safely to ensure safe medication administration. LVN 4 stated without safe storage and supervision of medications there was the risk for residents gaining unauthorized access to medications, and potential for unintended administration leading to harm.</p> <p>During an interview on 4/16/2024 at 12:16 PM, the Director of Nursing (DON), stated that LVN 4 failed to safely store and supervise 3 medications for Resident 83. The DON stated without supervision of medications, other residents could gain unauthorized access to the medications, ingest (swallow) them, and be harmed. The DON stated medication storage had to be supervised and administration of medications monitored to prevent harm to residents.</p> <p>A review of the facility's policy and procedures (P&amp;P) titled, Storage of Medications, dated November 2020, indicated The facility stores all drugs and biologicals in a safe, secure, and orderly manner.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>1. Drugs and biologicals used in the facility ae stored in locked compartments .Only persons authorized to prepare and administer medications have access .</p> <p>3. The nursing staff is responsible for maintaining medication storage and preparation areas in clean, safe, and sanitary manner.</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>44253</p> <p>Based on interview, and record review, the facility failed to ensure necessary care was provided consistently for a resident who was receiving hospice service (A program that gives special care to people who are near the end of life and have stopped treatment to cure or control their disease and offers physical, emotional, social, and spiritual support for residents and their families) for one of 18 sample residents (Resident 27), by failing to:</p> <ol style="list-style-type: none"> <li>1. Provide Resident 27 hospice licensed nurse and hospice aide visits twice a week per the Integrated (working together) hospice and facility plan of care.</li> <li>2. Ensure that the hospice agency provided a calendar of visits for the month of April 2024.</li> </ol> <p>These deficient practices had the potential to lead to the Resident 27 experiencing unnecessary pain and discomfort, and not receiving the needed and necessary services timely.</p> <p>Findings:</p> <p>A review of Resident 27's admission record indicated the facility admitted the resident on 11/9/2021 and readmitted the resident on 11/14/2022, with diagnoses that included senile degeneration of the brain (a decrease in the ability to think, concentrate, or remember) , kidney failure and encephalopathy (disease, infection, or damage that affects the way the brain functions) .</p> <p>A review of the Physician's Certification for Hospice Benefit dated 3/14/2024 indicated Resident 27 was eligible for the hospice services effective 4/6/2024 to 6/4/2024.</p> <p>A review of Resident 27's Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 4/9/2024, indicated the resident had severely impaired cognitive (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) skills for daily decision making. The MDS indicated the resident received hospice care.</p> <p>A review of Resident 27's Physician's Order dated 4/12/2023, indicated to admit the resident to hospice care.</p> <p>A review of the hospice and facility contract dated 4/12/2023 indicated the patient medical records and documentation maintained by each party (facility staff and hospice nurses/aides) had to be available for review and inspection by the other party as necessary for the proper evaluation, screening, provision of services to patients under the agreement. The contract also indicated the hospice agency had to maintain adequate records of all assessments and admissions and Hospice and Facility each had to document the review and modification of each plan of care and had to immediately communicate to the other party of any change in the condition of a patient. The contract indicated individual patient visits had include communication between the hospice employee and the appropriate facility staff.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>A review of Resident 27's Integrated hospice and facility plan of care, dated 4/12/2023, indicated the frequency of visits for the hospice nurse to visit was twice per week for patient assessment and case management. The plan of care indicated the hospice aide to visit twice a week for personal care.</p> <p>A review of Resident 27's hospice binder on 4/17/2024 at 3:05 PM indicated there was no calendar for April in the binder. The binder did not have any documented visits from the hospice nurse or aide from 4/6 to 4/17/2024.</p> <p>During a concurrent interview and record review on 4/18/2024 at 9:21 AM, Licensed Vocational Nurse 4 (LVN 4) stated Resident 27 was currently receiving hospice services with a hospice provider. LVN 4 stated hospice staff went to the facility on ce a week. LVN4 reviewed Resident 27's hospice binder and stated she LVN 4) could not find a calendar for the month of April 2024. LVN 4 stated the hospice nurse was responsible for placing a calendar in the hospice binder for facility staff to know when the resident would be visited and to coordinate care between the facility staff and the hospice. LVN 4 stated the hospice aide went to the facility the day prior (4/17/224) but she could not find any documentation for the visit.</p> <p>During an interview on 4/18/2024 at 12:33 PM, the Director of Nursing (DON) stated the hospice calendar was to be completed monthly. The DON stated the calendar was in the chart so that everyone had access to it and so that the facility knew when the hospice was scheduled to go to the facility. The DON stated visits were to be documented in the hospice binder for facility staff to be able to review hospice notes.</p> <p>A review of the facility's policy and procedures titled, Hospice Program, revised 7/2017, indicated In general, it is the responsibility of the facility to meet the resident's personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs. It also indicated the resident's needs included communicating with the hospice provider (and documenting such communication) to ensure that the needs of the resident are addressed and met 24 hours per day.</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</b></p> <p>Based on observation, interview, and record review the facility failed to ensure that infection control procedures were maintained for two of 18 sampled residents (Resident 41 and Resident 188) as evidenced by:</p> <ol style="list-style-type: none"> <li>1. Not disinfecting (cleaning with a solution that destroys organisms) resident care items and equipment, for Resident 41.</li> <li>2. Failing to ensure the correct transmission-based precautions (TBP, specific steps healthcare providers take to prevent the spread of infections from one person to another) sign was posted for Resident 188 who required contact isolation (a type of transmission-based precautions used to reduce transmission of germs for residents with a suspected or known infection) due to a history of carbapenem-resistant Enterobacteriales (CRE, a group of bacteria difficult to treat with antibiotics) and immunocompromisation (having a weakened immune system).</li> </ol> <p>These deficient practices increased the risk that Resident 41 could have been exposed to infective pathogens (a bacteria, virus or other organism that can cause disease, also known as microorganisms) that were transferred from care items and equipment to Resident 41, resulting in possible active infections (organisms causing disease that is rapidly reproducing). These deficient practices also had the potential to cause the spread of infection to other residents and facility staff.</p> <p>Findings:</p> <p>a. A review of Resident 41's Admission Record (a document containing demographic and diagnostic information,) dated 4/15/2024, the Admission Record indicated Resident 41 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including encounter for attention to gastrostomy (a surgical procedure used to insert a tube, often referred to as a gastrostomy tube [G-tube] - a tube inserted through the belly that brings nutrition directly to the stomach.)</p> <p>During a concurrent observation and interview in Resident 41's room on 4/15/2024 at 9 AM, Licensed Vocational Nurse (LVN) 5 was observed taking a syringe (a small tube with a thin hollow needle at the end used for putting liquids into things and for taking liquids out) out of a bag by Resident 41's bed, uncapping the syringe and placing the cap of the syringe on Resident 41's nightstand. LVN 5 was not observed disinfecting the nightstand prior to placing the syringe cap on the nightstand. LVN 5 was observed checking Resident 41's gastrostomy tube ([G-tube] - a tube inserted through the belly that brings nutrition directly to the stomach) placement followed by checking for g-tube residuals (amount of water/feeding solution remaining in the stomach after a feeding or medication administration, checked to ensure the body is digesting water/feeding properly) using the uncapped syringe. LVN 5 was then observed pulling the plunger out of the syringe and residual droplets falling from the syringe onto the water tray resting on top of Resident 41's bedside table. LVN 5 was not observed cleaning, disinfecting, or replacing Resident 41's water tray. LVN 5 was observed administering Resident 41's medications via the g-tube using the syringe and then placing the plunger inside the syringe and placing the syringe uncapped back into the same bag, after the last medication administration. LVN 5 was then observed placing Resident 41's water cup face down on the water tray with the residual droplets and walking out of Resident 41's room.</p> <p>(continued on next page)</p> |   |  |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>During an interview on 4/15/2024 at 9:16 AM, LVN 5 confirmed by stating she (LVN 5) placed the syringe cap on Resident 41's nightstand and did not disinfect the surface prior to placing the cap on. LVN 5 stated the syringe cap touching a non-sterile (not free from microorganisms) surface could become contaminated by pathogens, and potentially transfer those pathogens to the syringe when re-capping the syringe. LVN 5 stated she (LVN 5) would normally cap the syringe prior to placing the syringe inside the bag to be use again for future g-tube medication administrations, and using the contaminated syringe for future g-tube medication administrations could ultimately lead to infections of the g-tube. LVN 5 stated she (LVN 5) placed a water cup facing down onto Resident 41's water tray soiled (dirty) with residual droplets and failed to clean, disinfect, or replace Resident 41's water tray. LVN 5 stated the water cup was contaminated by pathogens, which could potentially transfer to the g-tube causing infections when flushing the tube with water. LVN 5 stated the failures of not disinfecting surfaces was an infection control issue.</p> <p>During an interview on 4/16/2024 at 12:16 PM, the Director of Nursing (DON) stated not cleaning and disinfecting surfaces was an infection control issue. The DON stated not disinfecting the nightstand could contaminate the syringe cap, and not disinfecting, cleaning, or replacing the water tray could contaminate the water cup, both leading to the transfer of pathogens to the g-tube harming Resident 41 by causing g-tube infection.</p> <p>b. A review of Resident 188's Admission Record, dated 4/17/2024 indicated the resident was admitted to the facility on [DATE] with diagnoses including tuberous sclerosis (a rare genetic disease that causes non-cancerous tumors to form throughout the body), end stage renal disease (the last stage of kidney disease where the kidneys stop functioning permanently), cerebral infarction (an obstruction of blood flow in the brain that leads to tissue damage) with hemiparesis (weakness or inability to move on one side of the body), and lung and kidney transplants.</p> <p>A review of Resident 188's MDS dated [DATE], indicated the resident was completely dependent on staff for toileting, bathing, and dressing. The MDS indicated Resident 188 had a Stage IV (4) pressure sore (damage to the layers of the skin caused by prolonged pressure on a part of the body; stage 1: red, warm to touch, stays red when pushed down on, stage 2: break in top layer of skin, stage 3 crater-like appearance damage to top layers and fat layers, stage 4: damage to all layers of skin, including muscle, bone may be visible).</p> <p>A review of Resident 188's active orders dated 4/17/2023, indicated the resident had an order for contact isolation due to a history of CRE.</p> <p>During a concurrent observation and interview on 4/17/2024 at 3:25 PM with the Infection Preventionist (IP) in front of Resident 188's door, the IP confirmed there was no contact isolation sign posted. The IP stated Resident 188 should have had a contact isolation sign posted because of a history of CRE.</p> <p>During an interview on 4/18/2024 at 11:50 AM, the DON stated facility staff had to post a contact isolation sign outside of the room to indicate the resident was on contact isolation. The DON also stated contact isolation prevented the spread of microorganisms, and without a sign posted there was a risk of spreading microorganisms to staff or other residents.</p> <p>(continued on next page)</p> |   |  |

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>                    | <p>A review of the facility's policy and procedures (P&amp;P) titled, Cleaning and Disinfection of Resident-Care Items and Equipment, dated 9/2022, the P&amp;P indicated Resident-Care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard. a. Critical items consist of items that carry a high risk of infection if contaminated with any microorganism.</p> <p>Objects that enter sterile tissue (e.g. urinary catheters) .are considered critical items and must be sterile when used, based on acceptable sterilization procedures. Sterilization destroys all viable microorganisms to prevent disease transmission associated with the use of that item.</p> <p>5. Reusable items are cleaned and disinfected or sterilized between residents.</p> <p>6. Reusable resident care equipment is decontaminated and/or sterilized between residents according to manufacturer's instructions.</p> <p>A review of the facility's P&amp;P titled Standard Precautions, dated 9/2022, the P&amp;P indicated Standard precautions are used in the care of all residents regardless of their diagnoses or suspected or confirmed infection status. Standard precautions presume that all blood, body fluids, secretions, and excretions, non-intact kin and mucous membranes may contain transmissible infectious agents.</p> <p>1. Standard precautions apply to the care of all residents .</p> <p>2. Personnel are trained in the various aspects of standard precautions to ensure appropriate decision-making in various clinical situations.</p> <p>Resident-Care Equipment</p> <p>a. Resident-Care equipment soiled with blood, body fluids, secretions, and excretions are handled in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other residents and environments.</p> <p>Environmental Control</p> <p>a. Environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces are appropriately cleaned.</p> <p>A review of the facilities P&amp;P titled, Infection Prevention and Control Program, dated 9/18/2023, indicated in order to prevent infection the facility should implement appropriate isolation precautions when necessary and follow established general and disease-specific guidelines such as those of the Centers of Disease Control (CDC).</p> |   |  |

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |             |                 |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
|--|--|-------------|-----------------|-------------|-----------------|---|---|-------|------|---|---|--------|------|---|---|--------|------|---|---|-------|------|----|---|-------|------|----|---|-----|------|----|---|--------|------|----|---|-------|------|----|---|-------|------|
| <p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p> | <p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43851</p> <p>Based on observation, interview, and record review the facility failed to meet the required 80 square feet per resident in a multiple residents' bedroom for 12 out of 36 resident rooms (rooms 2, 4, 6, 8, 14, 18, 20, 22, 24, 28, 30, and 37).</p> <p>This deficient practice had the potential to result in inadequate useable living space for the residents and inadequate working space for the health care givers.</p> <p>Findings:</p> <p>During an initial tour of the facility on 4/15/2024 from 8:46 AM to 10:18 AM, nursing staff were observed with enough space to provide care to the residents in each facility room.</p> <p>During the resident council meeting (an organized group of residents who meet regularly to discuss and address concerns about their rights, quality of care, and quality of life) on 4/16/2024 at 2:04 PM, there were no concerns brought up by residents who attended the meeting regarding the size of the residents' rooms.</p> <p>A review of the facility's Client Accommodation Analysis dated 4/18/2024, indicated resident rooms 2, 4, 6, 8, 14, 18, 20, 22, 24, 28, 30, and 37 did not meet the minimum requirement of 80 square feet per resident.</p> <p>The following rooms provided less than 80 square feet per resident:</p> <table border="1"> <thead> <tr> <th>Room #</th> <th>of Beds</th> <th>Square Feet</th> <th>Square Feet/Bed</th> </tr> </thead> <tbody> <tr><td>2</td><td>2</td><td>150.4</td><td>75.2</td></tr> <tr><td>4</td><td>2</td><td>151.04</td><td>75.5</td></tr> <tr><td>6</td><td>2</td><td>151.55</td><td>75.8</td></tr> <tr><td>8</td><td>2</td><td>148.2</td><td>74.1</td></tr> <tr><td>14</td><td>2</td><td>148.2</td><td>74.1</td></tr> <tr><td>18</td><td>2</td><td>151</td><td>75.5</td></tr> <tr><td>20</td><td>2</td><td>149.44</td><td>74.7</td></tr> <tr><td>22</td><td>2</td><td>147.1</td><td>73.5</td></tr> <tr><td>24</td><td>2</td><td>149.3</td><td>74.6</td></tr> </tbody> </table> <p>(continued on next page)</p> | Room #      | of Beds         | Square Feet | Square Feet/Bed | 2 | 2 | 150.4 | 75.2 | 4 | 2 | 151.04 | 75.5 | 6 | 2 | 151.55 | 75.8 | 8 | 2 | 148.2 | 74.1 | 14 | 2 | 148.2 | 74.1 | 18 | 2 | 151 | 75.5 | 20 | 2 | 149.44 | 74.7 | 22 | 2 | 147.1 | 73.5 | 24 | 2 | 149.3 | 74.6 |
| Room #   | of Beds  | Square Feet | Square Feet/Bed |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 2  | 2  | 150.4       | 75.2            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 4  | 2  | 151.04      | 75.5            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 6  | 2  | 151.55      | 75.8            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 8  | 2  | 148.2       | 74.1            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 14   | 2  | 148.2       | 74.1            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 18   | 2  | 151         | 75.5            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 20   | 2  | 149.44      | 74.7            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 22   | 2  | 147.1       | 73.5            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |
| 24   | 2  | 149.3       | 74.6            |             |                 |   |   |       |      |   |   |        |      |   |   |        |      |   |   |       |      |    |   |       |      |    |   |     |      |    |   |        |      |    |   |       |      |    |   |       |      |

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |  |   |  |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| <p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>28 2 151.4 75.7</p> <p>30 2 148.89 74.5</p> <p>37 3 208.27 69.4</p> <p>During an observation on 4/18/2024 at 8:47 AM, rooms 2, 4, 6, 8, 14, 18, 20, 22, 24, 28, 30, and 37 were observed with enough space for nursing staff to provide care to the residents in the rooms. The rooms were observed with privacy curtains for each resident and with direct access to the corridors.</p> <p>During a concurrent observation and interview on 4/18/2024 at 09:25 AM in room [ROOM NUMBER], Resident 16 was observed lying in bed. A dresser was observed next to Resident 16's head of the bed, and a bedside table was observed next to the resident's bed. Resident 16's wheelchair was also observed at the foot of the resident's bed. Resident 16 stated She felt like she had a good amount of space for her room and her belongings.</p> <p>During a concurrent observation and interview on 4/18/2024 at 9:54 AM in room [ROOM NUMBER], Resident 58 was observed standing next to the bed. Resident 6 stated he had no problem moving around the room on their own. Resident 6 stated he could easily get up from the bed into the bathroom with no issues. The path to the bathroom was observed clear without any obstructions that could interfere with the free movement of wheelchairs and/or sitting devices.</p> <p>During a concurrent observation and interview on 4/18/2024 at 9:30 AM, Certified Nursing Assistant (CNA) 1 and Respiratory Therapist (RT) 1 were observed in room [ROOM NUMBER] assisting Resident 26 to a shower chair. Resident 26 was observed with a tracheostomy and ventilator. CNA 1 and RT 1 were observed moving Resident 26 from their bed to the shower chair and maneuvering the shower chair in the room to the corridor outside the room without any difficulty. RT 1 stated he had no difficulty moving Resident 26 and their medical equipment around the room. CNA 1 stated she was able to move around the room and move Resident 26 around the room and in the shower chair fine. There were no obstructions observed interfering with the movement of the shower chair and Resident 26's medical equipment.</p> <p>A review of the facility's room waiver letter dated 4/18/2024, indicated the facility was requesting a room waiver for rooms 2, 4, 6, 8, 14, 18, 20, 22, 24, 28, 30, and 37. The letter indicated each room had no projections or other obstructions which could interfere with free movement of wheelchairs and/or sitting devices. The letter indicated there was enough space to provide for each resident's care, dignity, and privacy. The letter further indicated the rooms were in accordance with the special needs of the residents and would not have an adverse effect on the residents' health and safety. The letter indicated the rooms would not impede the ability of any resident in the rooms to attain his or her highest practicable well-being. The letter further indicated all measures would be taken to assure the comfort of each resident.</p> |   |  |

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>055111 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Fountain View Subacute and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>5310 Fountain Ave<br>Los Angeles, CA 90029 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
|--|---|
| <p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49947</p> <p>Based on observation, interview, and record review the facility failed to maintain a working call light (a device used by residents to signal their needs for prompt assistance from staff) for one of one sampled resident (Resident 69).</p> <p>This deficient practice had the potential for Resident 69 to fall resulting in possible injury or death to the resident.</p> <p>Findings:</p> <p>A review of Resident 69's Admission Record dated 4/17/2024 indicated Resident 69 was originally admitted to the facility on [DATE] with a diagnosis including, but not limited to, congestive heart failure (CHF, a weakened heart that causes fluid to build up in arms, legs, heart and lungs), anoxic brain injury (lack of oxygen to the brain causing the brain cells to die), repeated falls, asthma (a condition when the airway in the lungs get smaller, making it hard to breath)</p> <p>A review of Resident 69's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 2/4/24 indicated Resident 69 had severe cognitive (ability to think, understand and make daily decisions) impairment and was dependent on facility staff for eating, toileting, bathing, dressing, and transferring in bed and to wheelchair.</p> <p>A review of Resident 69's care plan dated 3/22/2023 indicated the resident was at risk for falls and had the following interventions to prevent falls: placing the call light within reach while in bed and to remind resident to use call light when attempting to ambulate or for transfers.</p> <p>During an observation in Resident 69's room on 4/17/2024 at 9:14 AM, Certified Nursing Assistant (CNA)1 was a sitter for Resident 69's roommate. Resident 69 needed assistance and pressed the call light once but the light did not illuminate. CNA 1 had to press the call light four times for the light outside of the door to illuminate.</p> <p>During a concurrent observation and interview on 4/17/2024 at 9:35 AM, with Maintenance Supervisor (MS), at the nurses' station, the call light panel did not indicate Resident 69's call light was on. The MS stated the call light panel was not working and not notifying facility staff Resident 69 needed assistance.</p> <p>During an interview on 4/18/2024 at 11:42 AM, with Director of Nursing (DON), DON stated Resident 69 was at risk a delay in care and falls if the staff was not aware to respond to the resident's call light.</p> <p>A review of the facility's policy and procedures (P&amp;P) titled, Communication - Call System, revised 9/2022, indicated the purpose of this procedure is to ensure timely responses to the resident's request and needs and to answer the resident call system immediately.</p> |