

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/14/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	

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 (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 - Few</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on observation, interview, and record review, the facility failed to develop and/or implement an individualized resident-centered care plan (a care plan that prioritizes the unique health needs and desired outcomes of the resident) for one (1) of three (3) sampled residents (Residents 1) who had a left hip hemiarthroplasty (a surgical procedure that replaces the femoral head of the hip with a prosthetic component) due to a left hip fracture (a partial or complete break in the upper part of the thigh bone [femur] where it meets the pelvic bone), as indicated on the facility policy.</p> <p>This deficient practice had the potential to not meet Resident 1's specific needs, which could result to harm.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 's diagnoses included a left hip hemiarthroplasty, left hip fracture, and hypertension (high blood pressure)</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 8/6/2024, the MDS indicated Resident 1 was moderately impaired with cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. Resident 1 needed supervision or touching assistance (helper provides verbal cues, touching and contact guard assistance as resident completes the activity) in eating and oral hygiene. Resident 1 was dependent (helper does all of the effort, Resident does none of the effort to complete the activity) in toileting hygiene, shower/bathe self, lower body dressing, and roll left and right.</p> <p>During a review of Resident 1's Care Plan (CP) titled, Alteration in Physical Functioning Related to Status Post Open Reduction Internal Fixation of the Left Hip Status Post Left Hip Fracture and Left Prosthetic Hip Dislocation, initiated on 8/9/2024, the care plan indicated staff interventions included were the following:</p> <p>Assist to reposition every two (2) hours or as needed (PRN)</p> <p>Call light within reach.</p> <p>Converse with Resident during care</p> <p>(continued on next page)</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
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encourage all efforts of independence. Praise for efforts.</p> <p>Explain procedures to resident prior to care.</p> <p>Observe for changes in Activities of Daily Living (ADL, activities related to personal care including bathing or showering, dressing, getting in and out of bed or a chair, walking, using the toilet, and eating) functioning and Notify the Physician.</p> <p>Physical therapy (PT, a medical treatment used to restore functional movements, such as standing, walking, and moving different body parts), Occupational therapy (OT, use of self-care and work and play activities to promote and maintain health, prevent disability, increase independent function, and enhance development), Restorative Nursing Assistant (RNA, a Certified Nursing Assistant [CNA] who specializes in providing care to patients in a restorative setting; help patients with limited mobility or capacity for self-care to restore or maintain their physical function and independence) program as ordered.</p> <p>During a concurrent review of Resident 1's Care Plan, dated 8/9/2024 and interview with the Director of Nursing (DON) on 8/14/2024 at 1:59 PM, the DON stated there was no specific care plan to address Resident 1's diagnosis of left post hip hemiarthroplasty. The DON stated there should have been specific after care interventions for Resident 1's hip surgery such as instructions for the resident not to bend and flex the hip and for the licensed nurses to monitor and compare the length of the resident's legs, which could indicate a hip dislocation if uneven.</p> <p>During a concurrent review of Resident 1's Alteration in Physical Functioning Care Plan, dated 8/9/2024 and interview with the MDS Nurse (MDSN) on 8/14/2024 at 2:13 PM, MDSN stated Resident 1's care plan was incomplete and not specific to Resident 1 since it should have included hip precaution interventions due to the recent hip surgery. MDSN stated, If the length of the leg is not bilateral, resident may have hip dislocation.</p> <p>During an interview with the MDSN on 8/14/2024 at 2:28 PM, MDSN stated care plan should be revised every quarter, and as needed. MDSN stated Resident 1's care plan was incomplete because there were missing interventions such as hip precautions, monitoring for unrelieved pain, and monitoring for symptoms of pulmonary embolism (PE, occurs when a blood clot gets stuck in an artery in the lung, blocking blood flow to part of the lung).</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the Resident's physical, psychosocial and functional needs is developed and implemented for each resident. The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required MDS assessment (Admission, Annual or Significant Change in Status), and no more than 21 days after admission. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. Interventions address the underlying sources of the problem areas and not just symptoms or triggers.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and treatment for one (1) of three (3) sampled residents (Resident1) who had undergone a left hip hemiarthroplasty (a surgical procedure that replaces the femoral head of the hip with a prosthetic component) due to a left hip fracture (a partial or complete break in the upper part of the thigh bone [femur] where it meets the pelvic bone) when:</p> <ol style="list-style-type: none"> 1. Licensed Nursing staff did not monitor the resident for signs of hip dislocation such as uneven leg/hip length. 2. There was no documented evidence that the Resident 1 ' s bilateral hips/ legs were assessed on 7/23/24 during the Nurse Practitioner ' s visit. 3. Failing to complete a Change of Condition on 7/21/24 when Resident 1 was assessed as having asymmetrical hips/legs. <p>These deficient practices have the potential to result to a delay in the treatment of Resident 1 ' s left hip dislocation, which could affect the resident ' s overall wellbeing.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 ' s diagnoses included a left hip hemiarthroplasty (a surgical procedure that replaces the femoral head of the hip with a prosthetic component), left hip fracture (a partial or complete break in the upper part of the thigh bone [femur] where it meets the pelvic bone), and hypertension (high blood pressure)</p> <p>During a review of Resident 1's History and Physical, dated 7/23/2024, it indicated Resident 1 was alert and oriented times two (2) to 3 and has the capacity to understand and make decisions. H&P indicated Resident 1 ' s back and extremities did not have edema. H&P indicated Resident 1 ' s diagnoses included were left femoral neck fracture, status post left hip arthroplasty, and hypertension. H&P indicated Resident 1 received pain meds and follow up with orthopedics in 2 weeks.</p> <p>During a review of Resident 1 ' s Occupational therapy (OT, use of self-care and work and play activities to promote and maintain health, prevent disability, increase independent function, and enhance development) Treatment Encounter Notes, dated 7/21/2024 at 12:17 PM, the OT Treatment Encounter Notes indicated Resident 1 ' s left leg noted with length discrepancy. It indicated, Nursing was informed.</p> <p>During a review of Resident 1 ' s Nurses ' Progress Notes, dated 7/21/2024, at 1:17 PM, the Nurses ' Progress notes indicated, per OT, Resident 1 appears to have one leg shorter than the other, status post left femoral neck fracture status post left hip hemiarthroplasty. It indicated that the Nurse Practitioner (NP) was made aware and stated, She has to review the patient (Resident 1) first. It also indicated that Resident 1 already had an orthopedic appointment on 7/19/24 per orders.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s Medication Administration Record (MAR), dated 7/1/2024 to 7/31/2024 indicated, Roxicodone (Oxycodone Hydrochloride [HCl], a drug used to treat moderate to severe pain) Oral tablet 5 milligrams (mg, unit of measurement) dated:</p> <p>On 7/23/24 pain level was six (6), pain medication was ineffective.</p> <p>On 7/24/24 pain level was 6, pain medication was ineffective.</p> <p>On 7/25/24 pain level was eight (8), pain medication was ineffective.</p> <p>During a review of Resident 1 ' s Nurses ' Progress Notes, dated 7/26/2024 at 10:41 PM, indicated Resident went out on an appointment and did not return to the facility. RN Supervisor called and spoke with Resident 1 ' s spouse who stated, Resident 1 will be having another surgery and will not return tonight.</p> <p>During a review of the General Acute Hospital 1 (GACH 1) Orthopedic H&P, dated 7/26/2024, indicated Resident 1 was 10 days status post left hip arthroplasty who present to the emergency room from the clinic after Resident 1 was found to have a left prosthetic hip dislocation.</p> <p>During a review of GACH 1 form titled, Discharge Summary and Orders for Orthopedic Resident Transferred to a Skilled Nursing Facility, dated 8/1/2024 indicated, Admission Diagnosis: Left prosthetic hip dislocation. Procedure performed on 7/27/2024: Open reduction of the left hip, Conversion left total hip arthroplasty.</p> <p>During an interview with the Registered Nurse Supervisor (RNS) on 8/14/2024, at 11:22 AM, RNS stated it was not normal for one leg to be shorter than the other if the resident had a hip surgery since this could indicate hip dislocation.</p> <p>During an interview with Occupational Therapist 1 (OT 1) on 8/14/2024, at 12:14 PM, OT stated Resident 1 who was standing during rehabilitation (rehab) assessment was tip toeing on the left leg. OT 1 stated Resident 1 can barely touch the floor with her left foot. OT 1 stated Resident 1 ' s left toes was touching the floor with her left toes and was on toe touch weight bearing. OT 1 stated Resident 1 cannot barely put weight on that left leg. OT 1 stated when Resident 1 was lying flat on the bed, the left leg was shorter than the other. OT 1 added Resident 1 complained of left leg pain.</p> <p>During an interview with the Physical Therapist 1 (PT 1) on 8/14/2024 at 12:36 PM, PT 1 stated that on 7/21/2024, PT1 conducted a rehab assessment for Resident 1 with OT 1. PT 1 stated Resident 1 had a left hip surgery on the left leg. PT 1 stated., We have observed that the left leg was three (3) to four (4) centimeters (cm, units of measurement) shorter. There was a huge difference on the right leg. PT1 stated they had informed the RNS that Resident 1 ' s legs were asymmetrical. PT 1 stated had asked RNS to call the doctor and ask for an X-ray (uses invisible electromagnetic energy beams to produce images of internal tissues, bones, and organs on film or digital media) to check Resident 1 for alignment and to make sure that left hip was in the correct placement.</p> <p>During an interview with the Licensed Vocational Nurse 1 (LVN 1) on 8/14/2024 at 12:44 PM, LVN 1 stated Resident 1 ' s left leg is shorter than the right leg. LVN 1 stated, We should be monitoring and should be assessing if resident ' s both legs were bilateral length LVN 1 added, If one leg is shorter after hip surgery, something is wrong. It means there was hip displacement.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview with the Director of Nursing (DON) and record review of the facility ' s Policy and Procedure (P&P) titled, Surgery Related (Pre-and Postoperative) Management - Clinical Protocol, on 8/14/2024 at 1:35 PM, the DON stated there was no specific policy regarding taking care of residents with post hip surgery. The DON stated there should have been a policy to guide the staff in taking care of residents with post hip surgery.</p> <p>During a concurrent record review of Resident 1 ' s Progress Notes and interview with the DON on 8/14/2024, at 1:41 PM, the DON stated there was no documentation of any assessment or monitoring of Resident 1 ' s uneven leg length from 7/21/24 to 7/26/2024. The DON stated the licensed nurses were only monitoring for pain, swelling, and bruise/ discoloration. The DON stated the licensed nurses should have but did not assess and monitor the symmetry of Resident 1 ' s leg/hips. The DON stated if Resident 1 ' s one leg is shorter than the other, this could be an indication of hip dislocation.</p> <p>During a concurrent record review of Resident 1 ' s History and Physical, dated 7/23/24, and interview with the DON on 8/14/2024, at 1:48 PM, the DON stated Resident 1 ' s H&P did not have documented evidence that an assessment on the bilateral lower extremities was done. The DON verified that there was no documentation of Resident 1 ' s asymmetrical bilateral hips/legs. There was no new doctor ' s order. The DON stated if Resident 1 ' s one leg is shorter than the other, there was a possible hip dislocation. The DON stated Xray should have been done to rule out dislocation.</p> <p>During a concurrent interview with the DON and record review of the Nurses ' Progress Notes on 8/14/2024 at 2:48 PM, the DON stated that there should have been a Change of Condition (COC) Documentation from the staff regarding Resident 1 ' s shorter left leg as compared to the right leg as assessed on 7/21/2024. The DON stated the licensed staff should have done a COC after they reported to the NP/Physician to monitor the Resident 1 ' s condition.</p> <p>During an interview with Physician 1 (Medical Director) on 8/15/2024 at 4:27 PM, Physician 1 stated, If we were informed that resident had a shorter leg, normally we do an Xray. The NP should have ordered an Xray, to rule out fracture or injury.</p> <p>During an interview with Physician 2 on 8/15/2024 at 4:32 PM, Physician 2 stated if the staff had reported that a resident had a shorter leg, had post op hip surgery and was in pain, Physician 2 would have placed an order for Xray.</p> <p>During an interview with the NP on 8/15/2024 AT 4:40 PM, NP stated she had seen Resident 1 on 7/23/24 and resident did not have any complaints of pain. NP stated she documented on the H&P that Resident 1 ' s legs were symmetrical and did not place any new orders. NP stated, Nobody followed up about the resident ' s (Resident 1) leg being shorter when I came to the facility. If they told me, I would have ordered the proper intervention and imaging as necessary. NP stated that she would have ordered an X-ray for Resident 1 to confirm if anything went wrong including a possibility of a dislocated hip.</p> <p>(continued on next page)</p>		

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<p>F 0684</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 P&P titled, Surgery- Related (Pre-and Postoperative) Management - Clinical Protocol), revised 10/2010, indicated in Monitoring: The staff and physician will monitor for, and address, post operatively risk and complications such as infection, deep vein thrombosis (a blood clot in a vein located deep within your body, usually in your leg), cardiac arrhythmia (an irregular heartbeat that can cause the heart to beat too fast, too slow, or in an irregular rhythm), bleeding, failure of surgical wounds to heal, urosepsis (a type of sepsis that begins in your urinary tract) from indwelling catheters (a thin, hollow tube that's inserted into the bladder through the urethra to drain urine) inserted in the hospital, delirium (a mental state that causes confusion, disorientation, and a reduced ability to think and remember clearly), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest) etc.</p> <p>During a review of the facility ' s P&P titled, Change in Resident ' s Condition or Status, revised 2/2021, indicated the nurse will notify the physician regarding the significant change of condition which is a major decline or improvement in the resident ' s status that will not normally resolve itself without intervention by staff of by implementing standard disease related clinical interventions (is not self-limiting); impacts more than one area of the resident ' s health status. The P&P indicated prior to notifying the physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including information prompted by the Interact SBAR Communication Form.</p> <p>During a review of an article from National Library of Medicine, titled Dislocation after Total Hip Arthroplasty published on 10/30/2013, indicated typical clinical signs of dislocation include leg shortening with either external or internal rotation, in combination with a pathologic and painful telescoping of the limb. Often, the patients report a sudden onset of pain with a kind of snapping feeling, followed by being unable to walk or load the affected leg. Conventional radiographs or physical examination under fluoroscopy is usually needed for an accurate documentation after dislocation.</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4094102/#:~:text=Typical%20clinical%20signs%20of%20dislocation,or%20load%20the%20affected%20leg</p>		