| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055519 | A. Building<br>B. Wing | 05/07/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Downey Post Acute | 13007 S. Paramount Blvd.<br>Downey, CA 90242 |

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) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45009<br><br>Based on interview and record review, the facility failed to develop an individualized person-centered care plan (document helps nurses and other team care members organize aspect of resident care) addressing a Stage III pressure ulcer (injury to the skin and underlying tissue resulting from prolonged pressure on the skin which extends through the skin into deeper tissue and fat but do not reach muscle, tendon, or bone) for one of five sampled residents (Resident 1). The care plan was developed a month after Resident 1 was diagnosed with a Stage III pressure injury.<br><br>This deficient practice had the potential to negatively affect the delivery of necessary care and services for Resident 1.<br><br>Findings:<br><br>A review of Resident 1's Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE]. Resident 1's diagnoses included of pressure injury of the sacral region (located below the lumbar spine and above the tailbone, which is known as the coccyx) and cerebral infarction (pathologic process that results in an area of necrotic tissue in the brain caused by disrupted blood supply and restricted oxygen supply).<br><br>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 3/5/2024, indicated Resident 1's cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making was impaired. The MDS indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort, the assistance of 2 or more helpers was required to complete activity) on staff for all activities of daily living. The MDs indicated Resident 1 was dependent on staff with mobility in rolling from left to right, to move from sit to lying position, moving from lying position to sitting on the side of the bed, from sitting to stand position, and from sitting to standing position. The MDS indicated Resident 1 was receiving a pressure reducing device for the bed, nutrition or hydration interventions and applications of ointments and medications to address the resident's pressure injury.<br><br>A review of Resident 1's History and Physical (H&P), dated 4/25/2024, indicated Resident 1 did not have the ability to make medical decisions.<br><br>(continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 055519 | A. Building<br>B. Wing | 05/07/2024 |

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| Downey Post Acute | 13007 S. Paramount Blvd.<br>Downey, CA 90242 |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of Resident 1's Skin Pressure Ulcer weekly report, dated 3/18/2024, indicated Resident 1 had a Stage III pressure ulcer on the sacrum. The report indicated Resident 1's pressure ulcer measured 3 centimeters (cm) by (X) 2 cm.<br><br>A review of Resident 1's Wound Doctor Notes, dated 4/4/2024, indicated Resident 1 had a Stage III pressure ulcer on the sacral region. The notes indicated the pressure ulcer measured 2cm X 2 cm.<br><br>A review of Resident Braden Scale for Predicting Pressure sore risk assessment dated [DATE], indicated Resident 1 was at high risk to develop pressure ulcer/injury.<br><br>A review of Resident 1's Treatment Administration Record (TAR), dated 3/1/2024 to 3/31/2024, indicated Resident 1 was treated from 3/15/2024 to 3/18/2024 for a Stage II pressure ulcer. The TAR indicated Resident 1 was treated for a Stage III pressure ulcer from 3/18/2024 to 3/31/2024.<br><br>A review of Resident 1's care plan for Stage 3 pressure ulcer, indicated the care plan was developed on 4/27/2024.<br><br>During an interview on 5/7/2024 at 12:00 p.m. with the Treatment Nurse (TN), the TN stated Resident 1 was admitted to the facility with moisture-associated skin damage ([MASD], inflammation and erosion of the skin caused by prolonged exposure to moisture and its contents) which developed to a Stage II pressure ulcer and became a Stage III pressure ulcer. The TN stated when a resident had a change of condition, she must report it and implement it to the care plan. The TN stated she documented Resident 1's change of condition but did not remember if she developed a care plan addressing the pressure ulcer.<br><br>During a concurrent interview and record review on 5/8/2024 at 12:46 p.m. with the Director of Nursing (DON), Resident 1's care plan for pressure injury, dated 4/27/2024 was reviewed. The care plan indicated Resident 1 had a Stage III pressure ulcer. The DON stated the care plan should have been developed when the pressure ulcer was discovered. The DON stated the care plan was developed over a month after the pressure injury was discovered. The DON stated the person that discovered the pressure injury should have developed the care plan for the Stage 3 pressure injury. The DON stated it was important to develop a care plan for Resident 1's Stage 3 pressure ulcer to provide the best care for Resident 1. The DON stated if a care plan was not developed it would case a delay of care for Resident 1.<br><br>A review of the facility's Policy and Procedure (P&P) titled Comprehensive Resident Centered Care Plan , dated 1/2022, indicated the facility would develop a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs. |