

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2024
NAME OF PROVIDER OR SUPPLIER  Costa Del Sol Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  1016 S. Record St. Los Angeles, CA 90023	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44294</b></p> <p>Based on observation, interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Correctly use a Valve-bag-mask ([Ambu-bag] hand-held device commonly used to provide positive pressure ventilation [exchange of air between the lungs and the outside air] to residents who are not breathing or breathing inadequately) when one of one sampled resident (Resident 1) was in respiratory distress.</li> <li>2. Ensure staff checked the Emergency Cart daily (cart with supplies used during emergencies) and ensure non-rebreather masks (device used to assist in the delivery of oxygen [O2] therapy) were stocked as per facility 's policies and procedure (P&amp;P).</li> </ol> <p>These deficient practices had the potential to result in residents not receiving emergency treatment and care needed in accordance with professional standards of practice.</p> <p>Findings:</p> <p>A review of Resident 1 's Admission record indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including respiratory failure (condition where there's not enough O2 or too much carbon dioxide in the body) and shortness of breath.</p> <p>A review of Resident 1 's History and Physical (H&amp;P), dated 5/18/2024 indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1 's Minimum Data Set ([MDS], a standardized assessment and care screening tool), dated 5/24/2024, indicated Resident 1 was able to understand and make self-understood. The MDS indicated Resident 1 required supervision for Activities of Daily Living (ADLs) such as eating, oral hygiene, personal hygiene, and moderate assistance (staff does less than half the effort)for toileting and showers.</p> <p>During a concurrent observation on 5/29/2024 at 9:30 a.m., with Licensed Vocational Nurse (LVN 1) and Respiratory Therapist (RT), Resident 1 was observed with respiratory distress, stating he could not breathe. Resident 1 's O2 saturation (measurement of oxygen in the blood) was 60% (normal range 92-100%) on 3 liters/min ([l/mi] unit of measurement) of O2. RT placed an Ambu-bag on Resident 1 without a full seal while providing ventilation to the resident.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/29/2024 at 11:26 a.m. with Registered Nurse (RN 1), RN 1 stated that an Ambu-bag was used during cardiac or respiratory arrest (when someone stopped breathing) and should go over the mouth and nose of the resident to form a C shape with a solid seal to prevent oxygen from escaping and to give effective ventilation to the resident.</p> <p>During a concurrent observation and interview on 5/29/2024 at 12:15 p.m. with RT, RT stated she looked for a non-rebreather mask in the emergency cart however could not find one, so she used the Ambu-bag instead. RT stated she could not get a complete seal while providing ventilation with the Ambu-bag because Resident 1 was moving and sitting up. The crash cart was observed with no non-rebreather mask and Emergency Cart checklist. RT stated she did not know if there was supposed to be an Emergency Cart checklist and she did not know if staff were supposed to check the emergency cart.</p> <p>During a concurrent observation and interview on 5/29/2024 at 12:57 p.m. with the Director of Nursing (DON), the DON stated, staff should have checked the Emergency Cart daily and placed a check on the cart, however staff had forgotten to do so. The DON stated, he did not remember when the Emergency Cart was last checked for completeness. DON also stated, not having supplies readily available for licensed personnel could have led to a delay in treatment and death for residents in an emergency situation.</p> <p>A review of the American Heart Association Advance Life Support Provider Manual 2020, indicated when providing ventilation with a Valve bag mask, the rescuer would tilt the patient ' s head and seal the mask against the patient ' s (resident) face, with the thumb and first finger of each hand creating a C, to provide a complete seal around the edges of the mask while using the third, fourth fingers forming an E to lift the jaw and with opposite hand slowly squeeze the bag over 1 second.</p> <p>A review of the facility ' s undated P&amp;P titled, Emergency Cart Supplies and Equipment, indicated the facility must ensure that the emergency cart was checked daily for completeness and items were to be stocked including E-tank with regulator (a tank of oxygen the has a control and measures the flow of oxygen to ensure a safe and effective working pressure) and non-rebreather masks. The P&amp;P indicated, licensed nurses or other designee would be responsible for the immediate replacement of all supplies, cleaning, and set-up of all equipment.</p>		