

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2024
NAME OF PROVIDER OR SUPPLIER Gardena Convalescent Center		STREET ADDRESS, CITY, STATE, ZIP CODE 14819 S. Vermont Gardena, CA 90247	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44294</p> <p>Based on interview and record review, the facility failed to assess, and managed pain in a timely manner, for one of three sampled residents (Resident 3).</p> <p>This deficient practice had the potential to affect the quality of life of the affected resident.</p> <p>Findings:</p> <p>A review of Resident 3's Face Sheet dated 4/4/2024, indicated Resident 3 was admitted to the facility on [DATE] with diagnosis including cellulitis of left lower limb (wound infection), phantom limb syndrome with pain (sensation patients experience after removal of limb, and muscle weakness.</p> <p>A review of Resident 3's, History and Physical (H&P), dated 12/22/2023, indicated Resident 3 did not have the capacity to understand and make own decisions.</p> <p>A review of Resident 3's MDS, dated [DATE], indicated Resident 3 was able to understand and be understood by others. The MDS indicated Resident 3 required set up for eating, oral hygiene, and substantial assistance for toileting. Resident 3 was dependent for shower/bath, lower body dressing, putting on/taking off footwear and moderate assistance for upper body dressing and personal hygiene.</p> <p>A review of Resident's 3 care plan titled Pain Management therapy related to neuropathic pain, undated, indicated resident will be free of any discomfort or adverse side effects from pain medication through the review date. Interventions were listed as Administer analgesic medications as ordered by physician. Monitor/document discomfort or adverse side effects and effectiveness every shift. Review for pain medication efficacy. Assess whether pain intensity acceptable to resident.</p> <p>A review of Resident 3's physician's order dated 12/20/2023, indicated to monitor level of pain using 0-10 scale every shift.</p> <p>A review of Resident 3's physician's order dated 2/29/2024, indicated order for Ultram (an opioid medicine for the short-term relief of moderate to severe pain) oral tablet 50 milligram (mg), give one table by mouth every 6 hours as needed for severe pain level 6-10.</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 4/9/2024 at 10:35 a.m., Resident 3 stated he had a pain level of 8 out of 10 and had been asking for pain medication since 9:00 a.m. Resident 3 stated he had debridement (the removal of dead (necrotic) or infected skin tissue to help a wound heal) on his right heel pressure ulcer. Resident 3 stated, he had pressed the call light and Certified Nurse Assistant (CNA 1) answered. Resident 3 stated CNA 1 told him she (CNA1) would get Licensed Vocational Nurse (LVN 2) to give him the pain medicine. Resident 3 stated, he pressed the call light at 11:15 a.m., again to ask for the pain medicine. Resident 3 stated, at 11:16 a.m., LVN 2 walked into the room asked Resident 3 what he needed and left. At 11:20 a.m., Resident 3 stated, LVN 2 walked back into the room and gave his pain medicine.</p> <p>During an interview with LVN 2 on 4/9/2024 at 11:20 a.m., LVN 2 stated she failed to assess Resident 3's pain level. LVN 2 stated she did not need to ask Resident 3 where the pain was because she just knew.</p> <p>During an interview with Resident 3 on 4/9/2024 at 12:01 p.m. Resident 3 stated he gets anxious when his pain is not managed.</p> <p>During an interview with Director of Nursing (DON) on 4/10/2023 at 4:33 p.m., the DON stated that proper pain assessment is required and if a resident is non-verbal the staff would have to look for non-verbal physical cues. DON stated pain should be treated immediately to maintain quality of life and for resident to be able to perform daily activities.</p> <p>A review of the facility's policy and procedure (P&P) titled Pain assessment and management, dated 1/2012, indicated the facility need to ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. The P&P indicated that management consisted of assessing the potential for pain by identifying the characteristics of pain, addressing the underlying causes of pain, developing and implementing approaches to pain management, identifying and using specific strategies for different levels and sources of pain.</p>