| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
| --- | --- | --- | --- |
| | 056043 | A. Building<br>B. Wing | 04/05/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
| --- | --- |
| Colonial Care Center | 1913 E 5th Street<br>Long Beach, CA 90802 |

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) |
| --- | --- |
| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45028<br><br>Based on observation, interview, and record review, the facility failed to ensure the gastrostomy tube ([GT] a tube which is inserted through the wall of the abdomen directly into the stomach to give medications, fluid, and liquid food to a patient) dressing (woven cotton fabric used to provide a protective barrier between the GT site and the skin which helps prevent maceration [a softening and breaking down of skin resulting from prolonged exposure to moisture]) was replaced when it fell off for two of three sampled residents (Resident's 1 and 2).<br><br>These deficient practices resulted in Resident's 1 and 2's dressing not being on the GT site, to protect the skin, as ordered and had the potential for Resident's 1 and 2 to have a decline in skin integrity.<br><br>Findings:<br><br>A. During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including acute (sudden) and chronic (over time) respiratory failure (when the lungs can't release enough oxygen into the blood), cardiac arrest (when the heart stops beating suddenly), tracheostomy (a surgically created hole in the windpipe which provides an alternative airway for breathing), and gastrostomy.<br><br>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care planning tool) dated 1/25/2024, the MDS indicated Resident 1's cognitive skills for daily decision-making skills were severely impaired. The MDS indicated Resident 1 was never understood and could never understand others.<br><br>During a review of Resident 1's Order Summary Report (Physician's Orders), the summary indicated the following:<br><br>1. On 1/19/2024, an order was placed to cleanse Resident 1's GT site with normal saline (cleansing solution), pat dry, and cover with dry dressing every dayshift.<br><br>2. On 1/19/2024, an order was placed to change dressing as needed (PRN) when soiled or pulled out.<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 |
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| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056043 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/05/2024 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Colonial Care Center | 1913 E 5th Street<br>Long Beach, CA 90802 |

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| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During a review of Resident 1's untitled Care Plan, dated 1/3/12024, the Care Plan indicated Resident 1 was at risk for excoriation (wearing off skin), skin integrity impairment, and potential for presence of caustic liquid (burns or corrodes [destroy] the skin) on the skin at the GT site. The Care Plan goal indicated to reduce the risk of skin alteration at the GT site daily through the next assessment date of 4/15/2024. The Care Plan interventions included to administer treatment as ordered and to provide protective skin care as indicated/ordered.<br><br>During a phone interview on 4/4/2024 at 2:26 p.m., with Resident 1's Significant Other (SO), the SO stated on 4/3/2024, she noticed Resident 1's GT dressing was missing.<br><br>During a concurrent observation and interview on 4/5/2024 at 10:37 a.m. with Licensed Vocational Nurse (LVN 1) in Resident 1's room, Resident 1's GT dressing was missing. LVN 1 stated, I don't know what happened to Resident 1's GT dressing or how it came off. There should be always a dressing at Resident 1's GT site.<br><br>During a review of Resident 1's Treatment Administration Records (TAR) dated for the month of 4/2024, the TAR indicated the last dressing change was done on 4/4/2024 during the day shift. The TAR indicated there was no PRN dressing changes provided for the month of 4/2024.<br><br>B. During a review of Resident 2's Face Sheet, the Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnosis including chronic respiratory failure, tracheostomy, and gastrostomy.<br><br>During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decision-making skills were severely impaired. The MDS indicated Resident 2 was never understood and could never understand others.<br><br>During a review of Resident 2's History and Physical (H&P) dated 1/30/2024, the H&P indicated Resident 2 did not have the capacity to understand and make decisions.<br><br>During a review of Resident 2's Physician's Orders indicated the following:<br><br>1. On 12/20/2022, an order was placed to cleanse Resident 2's GT site with normal saline, pat dry, and cover with dry dressing every dayshift.<br><br>2. On 12/20/2022, an order was placed to change dressing PRN when soiled or pulled out.<br><br>During a review of Resident 2's untitled Care Plan, dated 4/18/2021, the Care Plan indicated Resident 2 was at risk for skin integrity impairment and potential for presence of caustic liquid on the skin at the GT site. The Care Plan goal indicated to reduce the risk of skin alteration at the GT site daily through the next assessment date of 4/25/2024. The Care Plan interventions included to administer treatment as ordered and to provide protective skin care as indicated/ordered.<br><br>During a concurrent observation and interview on 4/5/2024 at 10:05 a.m. with LVN 2 in Resident 2's room, Resident 2's GT dressing was missing. LVN 2 stated, Resident 2's GT dressing must have been removed or may have fallen off during repositioning or while providing care. Whenever the dressing falls off, it should be replaced.<br><br>(continued on next page) |

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| | 056043 | A. Building<br>B. Wing | 04/05/2024 |

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| F 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During an interview on 4/5/2024 at 3:39 p.m., with the Treatment Nurse (TN 1), the TN 1 stated, The purpose of keeping a dressing around the GT site was to protect the skin from drainage, irritation, and to prevent any skin breakdown.<br><br>During an interview on 4/5/2024 at 4:12 p.m., with the Director of Nursing (DON), the DON stated, Whenever a GT dressing falls of or is removed, it was important for the licensed nurses to replace the GT dressing to prevent the risk of skin irritation, infection, and skin breakdown. If there was a physician's order to change the GT dressing as needed if it was removed or falls off, the licensed nurses must follow that order.<br><br>During a review of the facility's policy and procedure (P&P) titled, Gastrostomy/Jejunostomy Site Care, revised 3/2023, the P&P indicated the purposes of this procedure was to promote cleanliness and to protect the gastrostomy site from irritation, breakdown, and infection. The P&P indicated staff were to verify there is a physician's order for this procedure, review the resident's care plan, and provide for any special needs of the resident. |