

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Camino Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 13922 Cerise Avenue Hawthorne, CA 90250	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based upon interview and record review, the facility failed to:</p> <p>1. Ensure a new prescription order for Bethanechol (a medication used to relieve, prevent, or lowers the incidence of urinary muscle spasms) was carried out for one of 3 sampled residents (Resident 1).</p> <p>This deficient practice has the potential to result in developing complications of illness and delay of care.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on ,d+[DATE] and readmitted on [DATE], with diagnoses that included osteoarthritis of the right hip (type of arthritis that occurs when flexible tissue at the ends of bones wears down), benign prostatic hyperplasia (age-associated prostate gland enlargement that can cause urination difficulty), alcohol dependence (a chronic disease in which a person craves drinks that contain alcohol and is unable to control his or her drinking) and anemia (a problem of not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues).</p> <p>A review of Resident 1's Minimum Data Set (MDS- an assessment and care planning tool), dated 4/7/2024, indicated Resident 41 was cognitively intact. The MDS also indicated Resident 1 required set up dependence with toileting and dressing and required partial assistance from staff members with bathing.</p> <p>A review of Resident 1's physician's order dated 6/21/2024, indicated to give the resident Bethanechol 50 milligram (mg) by mouth three times a day for urinary antispasmodic, neuromuscular dysfunction bladder for 30 days.</p> <p>A review of Resident 1's June 2024 Medication Administration Record (MAR) indicated Resident 1 began receiving the Bethanechol medication on 6/28/2024.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2024
NAME OF PROVIDER OR SUPPLIER Camino Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 13922 Cerise Avenue Hawthorne, CA 90250	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review, on 7/9/2024 at 10:15 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1 recently had a new order for Bethanechol 50 mg from his urologist with a start date of 6/21/2024. LVN 1 stated the order should had been carried out on 6/21/2024 but Resident 1 did not receive the first dose until 6/28/24 due to a licensed staff member not carrying out the physician's order. LVN 1 stated the risk of not carrying out the physician's order resulted in a delay of care.</p> <p>During a concurrent interview and record review, on 7/9/2024 at 11:20 a.m., with the Assistant Director of Nursing (ADON), the ADON stated Resident 1 had received a new medication order from his urology doctor. The ADON stated upon returning from his appointment, the licensed staff did not input the new order into Resident 1's medical chart. The ADON stated on 6/28/2024, Resident 1 had complained about not receiving his new medication for 1 week. The ADON stated she reviewed Resident 1's physician orders and saw an incomplete order for the new medication. The ADON stated she then carried the order out herself on 6/28/24 so Resident 1 would began receiving the medication. The ADON stated the risk of not carrying out a physician's order resulted in a delay of care and potential complications. The ADON stated This order should have been communicated with all licensed staff. The resident did not get his medication that he should have gotten in a timely manner.</p> <p>During an interview, on 7/9/2024 at 11:45 a.m., with the DSD, the DSD stated Resident ' s Bethanechol medication had an initial order dated for 6/21/2024. The DSD stated Resident 1 did not receive his medication until 6/28/2024. The DSD stated a licensed staff member (who was no longer working at the facility) did not complete the order. The DSD stated the risk of not carrying out a physician's order resulted in a delay of care and possible complications for Resident 1.</p> <p>A review of the facility's policies and procedures, titled Medication Administration , revised 5/2020, indicated Medications must be administered in accordance with the written orders of the attending physician.</p>		