

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2024
NAME OF PROVIDER OR SUPPLIER  Villa Elena Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13226 Studebaker Rd Norwalk, CA 90650	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36292</p> <p>Based on interview and record review the facility failed to contact and inform the physician to clarify post operative (period after the procedure) orders for one of one resident (Resident 1) after Resident 1 returned from cataract surgery (a procedure to remove the lens of the eye and, in most cases, replace it with an artificial lens) on 4/25/2024.</p> <p>This deficient practice resulted in Resident 1 not receiving Cyclogyl Ophthalmic solution 1% (eye drops to dilate eyes), Phenylephrine HCL Ophthalmic solution (medication to dilate eyes), and Tropicamide Ophthalmic solution 1% (eye drops) for four days. Not receiving the prescribed medications had the potential to result in negative health outcomes.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission record, printed 5/14/2024, the admission record indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis including type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS), a standardized assessment and care screening tool, dated 5/1/2024, the MDS indicated Resident 1 ' s cognitive skills for daily decisions making was intact. The MDS indicated Resident 1 required set up assistance with eating, supervision with oral and personal hygiene, and partial assistance, where the helper does less than half the effort, with toilet hygiene, showering, and dressing.</p> <p>During a review of Resident 1 ' s Order Recap report for 4/2024, the report indicated an order dated 4/23/2024 indicating Resident 1 ' s cataract surgery was scheduled for 4/25/2024 at 5 a.m.</p> <p>During a review of Resident 1 ' s Order Recap report for 4/2024, the report indicated, starting on 4/29/2024, the following medications were ordered for Resident 1:</p> <p>a. Cyclogyl Ophthalmic solution 1% (Cyclopentolate HCl) instill one drop in right eye three times a day for status post cataract surgery apply to right eye 5 min apart from other eye drops.</p> <p>b. Phenylephrine HCL Ophthalmic solution Instill one drop in right eye three times a day for status post cataract surgery 5 minutes apart from other eye drops.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. Tropicamide Ophthalmic solution 1% instill one drop in right eye three times a day for status post cataract surgery apply to right eye 5 min apart from other eye drops.</p> <p>During a review of Resident 1 ' s Medication Administration record (MAR) for 4/2024, the MAR indicated, starting on 4/29/2024, the following medications administered to Resident 1:</p> <p>a. Cyclogyl Ophthalmic solution 1% (Cyclopentolate HCl) instill one drop in right eye three times a day for status post cataract surgery apply to right eye 5 min apart from other eye drops.</p> <p>b. Phenylephrine HCL Ophthalmic solution Instill one drop in right eye three times a day for status post cataract surgery 5 minutes apart from other eye drops.</p> <p>c. Tropicamide Ophthalmic solution 1% instill one drop in right eye three times a day for status post cataract surgery apply to right eye 5 min apart from other eye drops.</p> <p>During a concurrent phone interview with Registered Nurse 1 (RN 1) and record review of Resident 1 ' s progress notes, on 5/21/2024 at 12:24 p.m., Resident 1 ' s progress notes were reviewed. Resident 1 ' s progress notes indicated the following:</p> <p>a. On 4/25/2024 at 1:56 p.m., Resident 1 returned from cataract surgery at 10:00 a.m.</p> <p>b. On 4/26/2024 at 10:10 p.m. Resident 1 returned with 2 bottles of eye drops states as orders to apply every 4 hours. No written orders received.</p> <p>c. On 4/27/2024 at 9:53 p.m., Resident 1 returned with 2 bottles of eye drops states as orders to apply every 4 hours. Handled gently and carefully. Continue plan of care.</p> <p>d. On 4/28/2024 at 8:06 p.m., Resident 1 returned with 2 bottles of eye drops states as orders to apply every 4 hours. Handled gently and carefully. Continue plan of care.</p> <p>RN 1 stated she tried to call the office to get post operative orders for Resident 1 but got busy and was unable to get orders. RN 1 stated from 4/26/2024 to 4/28/2024 the nurses already knew Resident 1 needed eye drops as indicated in the notes but failed to call the physician to get orders to ensure Resident 1 received the eye drops. RN 1 stated the facility should have followed up as soon as possible and clarified the order with the physician because it was medications for Resident 1 ' s cataract surgery. RN 1 stated Resident 1 did not receive eye drops until 4/29/2024, four days after the procedure.</p> <p>During a phone interview with the Director of Nursing (DON) on 5/21/2024 at 12:33 p.m., the DON stated the staff should have followed up and clarified Resident 1 ' s orders with the physician immediately to ensure Resident 1 received postoperative medications ordered for Resident 1 ' s cataract surgery.</p> <p>During a review of facility policy and procedure (P&amp;P), titled Change of Condition Notification, implemented 10/1/2023, the P&amp;P indicated the Licensed Nurse will notify the resident ' s Attending Physician when there is a need to alter treatment significantly.</p>		