

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER Temple Park Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2411 W. Temple Street Los Angeles, CA 90026	

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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44309</p> <p>Based on interview and record review, the facility failed to develop and implement person-centered care plan that included dementia (a disorder of mental processes caused by brain disease or injury and marked by memory disorder, personality changes, and impaired reasoning) care needs for one of three sampled residents (Resident 1). This deficient practice had the potential to negatively affect the delivery of care and services.</p> <p>Finding:</p> <p>A review of Resident 1's Admission Record (Face Sheet) indicated the facility originally admitted the resident on 4/10/2023, and readmitted on [DATE], with diagnoses including dementia, history of falling, and metabolic encephalopathy (a problem in the brain caused by an illness or organs that are not working as well as they should).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 1/18/2024, indicated the resident's cognitive skills (ability to think, remember, and make decisions) for daily decision making was moderately impaired (decisions poor, cues/supervision required). The MDS indicated Resident 1 did not exhibit (display) rejection of care and had diagnoses of non-Alzheimer ' s (a progressive brain disorder that slowly destroys memory and thinking skills, and eventually, the ability to carry out the simplest tasks) dementia.</p> <p>A review of the Physician's Order Note dated 1/19/2024 at 2:38 PM, indicated that the licensed staff discontinued the order for memantine (Namenda, a drug used to treat dementia) oral tablet 10 milligram (mg -a unit of measurement), per Family Member 1's request. The order note indicated the physician ordered a new medication, Aricept (a medication used to treat mild to severe [very serious] dementia) oral tablet 10 mg, give one tablet by mouth at bedtime for dementia.</p> <p>A review of the Situation-Background-Assessment and Recommendation (SBAR) Communication Form (a written communication tool that helps provide important information) dated 2/8/2024 at 8:19 AM, indicated Family Member 1 requested staff to discontinue the Namenda medication due to its potential side effects. The SBAR form indicated facility staff educated Resident 1's family member regarding the benefits and side effects of the medication. However, the family member continued to request for the medication to be discontinued. The SBAR form further indicated Resident 1's physician was made aware of this request and staff received orders to discontinue the medication and to monitor Resident 1 for increased confusion.</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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Care Plan for impaired cognitive function or impaired thought process related to dementia initiated on 10/2/2023, indicated that on 2/8/2024, Family Member 1 requested the Namenda medication to be discontinued and that Resident 1 will be at risk for increased confusion. The care plan goal was for the resident to maintain his current level of decision-making ability. The care plan interventions were to ask yes/no questions in order to determine resident's needs. Administer medications as ordered and to monitor/document the side effects and effectiveness. Engage the resident in simple, structured activities. Keep the resident's routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion.</p> <p>A review of the History and Physical (H&P) dated 5/10/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1's Medication Administration Record (MAR) for June 2024, indicated that the physician ordered to administer Aricept oral tablet 10 mg, one tablet by mouth at bedtime for dementia on 5/14/2024. The MAR further indicated that Aricept order was discontinued on 6/14/2024.</p> <p>During a concurrent interview and record review on 7/15/2024 at 2:49 PM, with the facility's MDS Coordinator (MDSC), Resident 1's physician orders and care plans were reviewed. The MDSC stated Resident 1 had a diagnosis of dementia, however he was not taking any medications for it. The MDSC stated Resident 1 had not taken Aricept since 6/14/2024 and she revised Resident 1's dementia care plan on 2/8/2024, after discontinuation of the Namenda. However, she did not revise the dementia care plan after discontinuation of Aricept. The MDSC stated it was required to update and revise the care plan for dementia after discontinuation of the medication. The MDSC further stated Resident 1 was required to be monitored closely by licensed staff for increased confusion and behavioral changes that could possibly happen after discontinuation of dementia medication.</p> <p>During an interview on 7/15/2024 at 3 PM, the Director of Nursing (DON) stated Resident 1's care plan for dementia was not revised after discontinuation of Aricept on 6/14/2024. The DON stated licensed staff did not develop person-centered care plan with interventions after discontinuation of Aricept. The DON stated licensed staff were required to monitor Resident 1 for increased confusion and any other behavioral changes after discontinuation of the medications and report to the physician as needed. The DON stated the potential outcome of not developing person centered care plan interventions for a resident with dementia was the inability to provide appropriate care and lack of monitoring.</p> <p>A review of the facility's policy and procedure titled, Dementia-Clinical Protocol, dated 8/1/2023, indicated for the individuals with confirmed dementia, the Interdisciplinary Team (IDT- a group of professional and direct care staff that have primary responsibility for the development of a Service Plan for an individual receiving services) will identify a resident-centered care plan to maximize remaining function and quality of life. The IDT will identify and document the resident's condition and level of support needed during care planning and review changing needs as they arise. The physician will help define potential benefits and risks of medical interventions based on individual risk factors, current condition, history, and details of current symptoms.</p> <p>A review of the facility's policy and procedure titled, Care Planning, Interdisciplinary Team, dated 3/1/2023, indicated care planning/ Interdisciplinary Team was responsible for the development of an individualized comprehensive care plan for each resident.</p>		