

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/28/2024
NAME OF PROVIDER OR SUPPLIER Palos Verdes Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 26303 Western Ave. Lomita, CA 90717	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44958</p> <p>Based on interview, and record review, the facility failed to provide wound treatment to an existing wound for one of three sampled residents (Resident 1), per Resident 1's physician's orders and care plan.</p> <p>This deficient practice resulted in Resident 1's right medial leg wound not be treated or assessed, maggots present in Resident 1's wound and Resident 1's transfer to a General Acute Care Hospital (GACH) for evaluation and treatment. This deficient practice had the potential for worsening of the infection to Resident 1's wound resulting in physical as well as psychological harm related to the presence of maggots in Resident 1's right medial leg wound.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with a diagnosis of type 2 diabetes mellitus ([DM]) a condition associated with abnormally high levels of sugar in the blood).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care-screening tool), dated 4/19/2024, the MDS indicated Resident 1 could understand and be understood by others. The MDS indicated Resident 1 was at risk for developing pressure ulcers (breakdown of skin)/injuries.</p> <p>During a review of Resident 1's Care Plan dated 6/12/2024, the Care Plan indicated Resident 1 had a right medial leg venous ulcer. The Care Plan's goal indicated Resident 1 would have no skin complications throughout the review date of 10/17/2024. The Care Plan's interventions indicated to administer treatment per physician orders.</p> <p>During a review of Resident 1's Physician's Orders dated 6/20/2024, the Physician's Orders indicated to apply Gentamicin Sulfate External Ointment 0.1% (a medicated ointment applied on wound, used to treat infection) to Resident 1's right medial leg topically (applied to body surface) every day shift for green tinged exudate (a fluid which leaks out of damaged tissues) for 14 days. Continued review of the physician's order indicated no other treatment of this wound was ordered such as cleansing or covering it with a dressing.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Care Plan dated 6/20/2024, the Care Plan indicated Resident 1's right medial leg wound would present with no infection. The Care Plan's interventions indicated cleanse with normal saline ((N/S) a solution that is a mixture of Sodium Chloride [salt] and water that has a number of uses in medicine including cleaning wounds), apply Gentamycin 0.1% ointment to the site, pat dry, cover with calcium alginate and cover with a dry dressing.</p> <p>During a review of Resident 1's Change of Condition (COC) Note dated 6/26/2024, the COC indicated on 6/26/2024 at 10:25 a.m., Resident 1's right medial leg had a foul odor with green exudate and Resident 1 verbalized pain of 6 out of 10 (an 11 eleven point scale where pain is rated from zero to 10; 0=no pain, 1-3=mild pain, 4-6=moderate pain, and 7-10=severe pain, and 10=worst imaginable pain). The COC indicated Resident 1's physician ordered Resident 1 transferred to a GACH for further evaluation.</p> <p>During an interview on 6/27/2024, at 1:45 p.m., Licensed Vocational Nurse 1 (LVN 1) stated she changed Resident 1's right medial leg wound dressing on 6/24/2024 but she did not change Resident 1's dressing on 6/25/2024 because she had a personal emergency and had to leave the facility. LVN 1 stated on 6/25/2024 she was at the bedside with LVN 2 and before she left the facility at approximately 2 p.m., she asked LVN 2 to complete the treatment to Resident right medial leg dressing. LVN 1 stated on 6/26/2024 at approximately 10:30 a.m., when she assessed Resident 1's right medial leg dressing she saw that the dressing looked moist, as though the dressing had not been changed on 6/25/2024. LVN 1 stated when she (LVN 1) removed the dressing from Resident 1's wound she observed maggots in Resident 1's wound.</p> <p>During an interview on 6/28/2024, at 10:30 a.m., LVN 2 stated on 6/25/2024 she was at Resident 1's bedside with LVN 1, LVN 1 had to leave the facility and asked her to complete the dressing change on Resident 1's right foot. LVN 2 stated she (LVN 2) saw a wound on top of Resident 1's foot and assumed that was what LVN 1 was talking about. LVN 2 stated only placed a dressing on the wound on top of Resident 1's right foot and did not see the other wound. LVN 2 stated when she went to document the dressing change, there was no order for the treatment of any wound on Resident 1's right foot. LVN 2 stated the endorsement from LVN 1 regarding Resident 1's right foot wound treatment was very confusing.</p> <p>During a concurrent interview and record review on 6/28/2024 at 12 p.m., with LVN 1, Resident 1's physician orders dated 6/28/2024 were reviewed. The Physician's Orders did not indicate to cleanse, do treatments, or apply a dressing to Resident 1's right medial leg. LVN 1 stated, she failed to add the complete wound care treatment orders to Resident 1's treatment regimen, per the physician's instructions, and because of that Resident 1's wound was not treated as ordered.</p> <p>During an interview on 6/28/2024 at 1:05 p.m., and after reviewing Resident 1's Physician's Orders for wound care, dated 6/28/2024, the Director of Nursing (DON) stated, the Physician's Orders only indicated to apply Gentamicin to the infected wound on Resident 1's right leg. The DON stated the nursing staff should have ensured the accuracy of Resident 1's wound care treatment, per the physician's orders and not doing so resulted in Resident 1's right leg wound not being treated on 6/25/2024.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Wound Care revised 10/2010, the P&P indicated the purpose of this procedure is to provide guidelines for the care of wounds to promote healing. The P&P indicated to ensure there is a physician's order for the procedure.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, Medication Orders, revised 11/2014, the P&P indicated the purpose for this procedure is to establish uniform guidelines in the receiving and recording of medication orders. The P&P indicated when recording treatment orders, specify the treatment, frequency, and duration of the treatment.</p>