

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	

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** 44294</p> <p>Based on interview and record review, the facility failed to ensure Midodrine 10 mg ([mg] unit of measurement) (medication to treat low blood pressure) was held (not administered) in accordance with the written physician's order for one of three sampled residents (Resident 1.)</p> <p>This deficient practice had the potential to increase Resident 1's blood pressure beyond the normal range (normal range: 90/60 millimeters of mercury [mmHg] to 120/80 mmHg) resulting to complications like stroke.</p> <p>Findings:</p> <p>1). During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included type 2 diabetes mellitus (high blood sugar) and hypotension (low blood pressure.)</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized care screening and assessment tool) dated 7/8/2024, the MDS indicated Resident could rarely or never was able to understand and be understood by others. The MDS indicated Resident 1 was dependent and required a two or more person's assist with activities of daily living (ADLs) such as oral hygiene, toileting hygiene, shower/bathe self, upper/lower dressing, and personal hygiene.</p> <p>During a review of Resident 1's Order Sheet dated 7/2/2024, the Order Sheet indicated Midodrine HCL (medication to treat low blood pressure) oral tablet 10 mg via gastric tube ([GT] a tube surgically placed into the stomach for medication and nutrition administration) every 8 hours for hypotension. The order sheet indicated to hold the dose if systolic blood pressure ([SBP] pressure in the blood vessels when the heart pumps blood) is greater than (>) 110 mmHg.</p> <p>During a review of Resident 1's Medication Administration Record (MAR) for the month of July 2024, the MAR indicated Resident 1's Midodrine was not held as indicated in the order sheet on:</p> <ol style="list-style-type: none"> 7/4/2024 at 10:00 p.m. with a systolic blood pressure of 115. 7/5/2024 at 10:00 p.m. with a systolic blood pressure of 114. 7/6/2024 at 10:00 p.m. with a systolic blood pressure of 116. <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 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 8/22/2024 at 1:46 p.m., with Licensed Vocational Nurse (LVN 1), the Midodrine MAR on 7/4/2024, 7/5/2024 and 7/6/2024 were reviewed. LVN 1 stated the order for midodrine was to hold if SBP >110 and the nurse administered the midodrine on 7/4/2024 to 7/6/2024 at 10:00 p.m., which should have been held.</p> <p>During an interview on 8/22/2024 at 3:00 p.m., with the Director of Nursing (DON), the DON stated the nursed did not follow the order for midodrine. The DON stated, the Midodrine should have been held when the blood pressure was over 110. The DON stated not holding the Midodrine could cause high blood pressure and possibly stroke.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication Administration, dated 4/2008, the P&P indicated medications should be administered as prescribed, in accordance with good nursing principles and practices. The P&P indicated, medication is administered in accordance with the written orders of the attending physician.</p>