

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Marina Pointe Healthcare & Subacute		STREET ADDRESS, CITY, STATE, ZIP CODE 5240 Sepulveda Blvd Culver City, CA 90230	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on observation, interview, and record review, the facility failed to ensure Certified Nursing Assistance (CNA) had the specific competencies and skill sets necessary to document and monitor three of 3 residents' (Resident 1, Resident 2, and Resident 3) meal intake percentage.</p> <p>This deficient practice increased the risk that Resident 1, Resident 2, and Resident 3 could have experienced undernourishment, which could result in weight loss, medical complications leading to hospitalization .</p> <p>Findings:</p> <p>a). A review of Resident 1 ' s admission record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE], with a diagnosis of hyperlipidemia (high levels of fat particles (lipids) in the blood), unspecified protein-calorie malnutrition (The lack of sufficient energy or protein to meet the body ' s metabolic demands), and iron deficiency anemia (a condition in which blood lacks adequate healthy red blood cells).</p> <p>A review of Resident 1 ' s history and physical (H&P) dated 3/25/2023, indicated Resident 1 did not have the mental capacity to make needs known but cannot make medical decisions.</p> <p>A review of Resident 1 ' s minimum data set ([MDS] (a standardized care assessment and care screening tool), dated 1/8/2024, indicated Resident 1 was able to make self understood and understand others. The MDS indicated Resident 1 was dependent with activities of daily living (ADL) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</p> <p>A review of Resident 1 ' s physician orders dated 12/7/2023, indicated Resident 1 had an order for Regular diet, regular texture, thin liquids consistency, fortified.</p> <p>A review of Resident 1 ' s document titled Documentation Survey Report v2 indicated the following:</p> <ol style="list-style-type: none"> 1. For 12/2023, Resident 1 refused meals 39 times. 2. For 1/2024, Resident 1 refused meals 60 times. <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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. For 2/2024, Resident 1 refused meals 15 times.</p> <p>b). A review of Resident 2 ' s admission record indicated Resident 2 was originally admitted on [DATE] and readmitted on [DATE], with a diagnosis of hyperlipidemia (high levels of fat particles (lipids) in the blood), unspecified protein-calorie malnutrition (The lack of sufficient energy or protein to meet the body's metabolic demands), and dysphagia, oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat).</p> <p>A review of Resident 2 ' s MDS dated [DATE] indicated, Resident 2 had cognitive impairment. The MDS indicated Resident 2 was dependent with activities of daily living (ADL) such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</p> <p>A review of Resident 2 ' s physician orders dated 4/23/2024, indicated Resident 2 had an order for Regular diet, pureed texture, thin liquids consistency, fortified.</p> <p>A review of Resident 2 ' s document titled Documentation Survey Report v2, did not indicate meal intake percentage on 4/9/2024 and 4/10/2024.</p> <p>c). A review of Resident 3 ' s admission record indicated Resident 3 was originally admitted on [DATE] and readmitted on [DATE], with a diagnosis of iron deficiency anemia (a condition in which blood lacks adequate healthy red blood cells) unspecified protein-calorie malnutrition (The lack of sufficient energy or protein to meet the body's metabolic demands), and dysphagia, oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat).</p> <p>A review of Resident 3 ' s MDS dated [DATE], indicated Resident 3 had cognitive impairment. The MDS indicated Resident 3 was dependent with ADLs such as dressing, toilet use, personal hygiene, transfer and bed mobility.</p> <p>A review of Resident 3 ' s physician orders dated 3/28/2024, the physician orders indicated Resident 3 had an order for consistent, constant, or controlled carbohydrate diet (CCHO/NAS) diet mechanical soft texture, thin liquids consistency.</p> <p>A review of Resident 3 ' s document titled Documentation Survey Report v2, did not indicate meal intake percentage on 4/9/2024 and 4/15/2024.</p> <p>During an interview on 4/25/2024 at 11:20 a.m., with CNA 1, CNA 1 stated, when residents received food from outside, it needs to be reported to the charge nurse to ensure the ordered diet was followed. CNA 1 stated, CNAs need to check the amount of outside food resident consumed. CNA 1 stated, Resident 1 refused the food from the facility and liked to eat food from outside. CNA 1 stated, the number 98 documented under nutrition amount eaten, means Resident 1 refused, the facility food. CNA 1 stated the documentation in Resident 1 ' s meal intake indicated Resident 1 have not eaten for several days. CNA 1 stated, Resident 2 always ate her food and amount consumed should have been documented. CNA 1 also stated Resident 3 ate facility food and the amount eaten when family brings food, must also be documented. CNA 1 stated the importance of documenting accurate amount of food consumed for Residents 1, 2 and 3, was for the facility to know nutrition status of the residents.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Licensed Vocational Nurse (LVN) on 4/25/2024 at 1:41 p.m., LVN stated, when families bring food to the resident, the staff must document accurate amount the resident consumed. LVN stated, the dietician will refer to the nurse ' s meal percentage documentation and identifies which residents needed additional nutrition or any modifications.</p> <p>During an interview and record review on 4/25/2024 at 2:40 p.m., with Director of Nursing (DON), the DON stated, the nurses must be aware and should check the food brought by families for the residents to ensure it is the correct type of diet.</p> <p>DON stated, Resident 1 used to order food from outside or his family will bring food, the amount of food eaten must be documented. The DON stated, the nurses need to make sure Resident 1, Resident 2 and Resident 3 ' s food intakes had been document to ensure residents received enough nutrients, otherwise, it could lead to weight loss.</p> <p>A review of the facility ' s policy and procedures (P&P) titled, Charting and Documentations dated 7/2017, indicated documentations in the medical record should be complete and accurate.</p>		