

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 08/07/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) who was admitted in the facility with cellulitis (skin infection caused by bacteria) of the right and left lower limb (leg) received care and services to meet the resident ' s needs by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 1 received wound treatment as ordered by the physician. 2. Complete a weekly assessment of Resident 1 ' s wound. <p>This deficient practice placed Resident 1 at risk for worsening, complications, and poor healing of the resident ' s skin condition.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted on [DATE], and readmitted on [DATE] with diagnoses including infection of the skin and subcutaneous tissue (bacterial, viral, or fungal - that enters any break in the skin and invade the subcutaneous tissue), lymphedema (swelling caused by a buildup of fluid in the body between the skin and muscle), and venous stasis dermatitis of both lower extremities (condition in which skin of the lower legs becomes swollen or inflamed).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 6/25/2024, the MDS indicated Resident 1 had the ability of understand and be understood by others. The MDS indicated Resident 1 required partial/ moderate assistance with activities of daily living (ADLs) 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>During a review of Resident 1 ' s physician order dated 7/14/2024, the order indicated to cleanse Resident 1 ' s Left and Right lower extremity (legs) with Dakin ' s solution (a dilute sodium hypochlorite (NaClO) solution commonly known as bleach) x 7 days, apply Bactroban ointment (treatment of certain types of skin infections) to open areas and cover with kerlix every day shift for 7 days.</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 0684</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 Progress Notes dated 7/16/2024 at 2:40 p.m., the Notes indicated, Resident 1 refused wound treatment and stated he did not have time as he was going out. The Progress Notes indicated the treatment would be endorsed to oncoming shift. There were no supporting documentation to indicated Resident 1 ' s wound treatments were completed on 7/16/2024 after returning to the facility.</p> <p>During a review of Resident 1 ' s Treatment Administration Record (TAR) dated 7/2024, the TAR indicated there was no supporting documentation wound treatment to Resident 1 ' s left and right lower extremities was completed on 7/16/2024. The TAR indicated 2 (refused) was marked on 7/16/2024.</p> <p>During a review of Resident 1 ' s Weekly Non-pressure Ulcer Observation Tool dated 07/20/2024, the Tool indicated there were no supporting documentation of weekly nursing assessment of the wound was conducted for the week of 7/12/2024 and 7/19/2024.</p> <p>During a review of Resident 1 ' s Interact Change of Condition (COC) Evaluation dated 7/22/2024, the COC indicated, Licensed Vocational Nurse (LVN) 3 noticed maggots on the gauze while performing wound treatment to the left lower extremity. The COC indicated Resident 1, Registered Nurse (RN) and physician were notified.</p> <p>During an interview on 8/7/2024 at 1:25 p.m., with LVN 1, LVN 1 stated, Resident 1 refused one time and he did not complete the wound care for the resident on 7/16/2024.</p> <p>During an interview on 8/7/2024 at 3:40 p.m. with the Assistant Director of Nursing (ADON), The ADON stated, when residents refuse treatment, the nurse should notify the physician. The ADON stated, not completing wound treatment could lead to infection and worsening of the resident ' s wounds.</p> <p>During a subsequent interview on 8/14/2024 at 1:00 p.m. with LVN 1, LVN 1 stated, nurses complete weekly summary every Friday. LVN 1 stated he was doing treatments and may have not been able to complete the weekly summary for Resident 1. LVN 1 also stated, it was important to document the resident ' s wound progress.</p> <p>During a review of the facility ' s Policies and Procedures (P&P) titled Wound Care dated 1/2023, the P&P indicated the purpose was to provide guidelines for the care of wounds to promote healing. The P&P indicated to apply treatments as indicated and the following information should be recorded in the resident ' s medical record: the type of wound care given, date and time the wound care was given, all assessment data, obtained when inspecting the wound weekly.</p>		