| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555748 | A. Building<br>B. Wing | 09/03/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Berkley East Healthcare Center | 2021 Arizona Ave<br>Santa Monica, CA 90404 |

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) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342<br><br>Based on interview and record review, the facility failed to meet professional standards of quality of care and services for one of three sampled residents (Resident 1) by failing to:<br><br>1. Ensure proper documentation was done when Resident 1 had a change of condition (COC/CIC). On 8/15/2024 at around 7:25 p.m., Licensed Vocational Nurse 2 (LVN2) notified Resident 1's physician (MD) via text message that Resident 1's family was concerned that Resident 1 was becoming confused and with hallucinations (a perception of having seen, heard, touched, tasted, or smelled something that wasn't actually there).<br><br>2. Ensure a urinalysis (UA-urine test) was done per physician's order (MD order).<br><br>These deficient practices had the potential to negatively impact the delivery of care services provided to Resident 1.<br><br>Findings:<br><br>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including left lower limb (arms/legs) cellulitis (bacterial skin infection), diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]) and Parkinson's Disease (a disorder in the brain that affects movement, often including tremors).<br><br>During a review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and care screening tool), dated 8/2/2024, MDS indicated Resident 1's cognitive (relating to mental action or process of acquiring knowledge and understanding) skills for daily decision-making was intact. Resident 1 was dependent on staff for activities of daily living (ADLs- bed mobility, transfer, dressing, and toilet use).<br><br>During a review of Resident 1's Order Summary Report (OSR), dated 8/15/2024, OSR indicated an order for urinalysis- sent uncollected.<br><br>During a review of Resident 1's Progress Notes (PN), dated from 7/29/2024 to 8/18/2024, PN indicated no documentation of COC/CIC regarding Resident 1's confusion or hallucinations; notification to the MD regarding the COC/CIC and the reason for the UA to be ordered on 8/15/2024.<br><br>(continued on next page) |

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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| F 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | During a concurrent interview and record review with the Director of Nursing (DON) on 9/10/2024 at 2:17 p.m. , DON validated a text message sent to Resident 1's MD indicated that on 8/15/2024 at 7:25 p.m., LVN2 texted Resident 1's MD that Resident 1's family requested for a UA order due to their (Resident 1's family) concern that Resident 1 was becoming confused with hallucinations. DON stated there was no documentation completed on Resident 1's medical record regarding the COC/CIC. DON also validated missing UA result in Resident 1's medical record stating she had called the laboratory and there was no UA was done.<br><br>During an interview with LVN2 on 9/10/2024 at 3:03 p.m., LVN2 stated that he (LVN2) received a call from Resident 1's family requesting for a UA order due to Resident 1's confusion with hallucinations. LVN2 validated and stated receiving the UA order from the MD. LVN2 also stated that he (LVN2) was not sure if he (LVN2) had documented the issue and added that Resident 1's family's concern should trigger him (LVN2) to do a COC/CIC documentation.<br><br>During an interview with DON on 9/10/2024 at 3:49 p.m., DON stated that any resident's changes in condition should be documented to the resident's medical record. DON also stated that all MD orders should be carried out by the nursing staff and further stated that facility had failed to send Resident 1's urine sample for UA.<br><br>During a review of facility's policy and procedure (P&P), titled, Charting and Documentation, reviewed on 1/2024, P&P indicated that the following information is to be documented in the resident medical record:<br><br>a. Objective observations;<br><br>b. Medications administered;<br><br>c. Treatments or services performed;<br><br>d. Changes in the resident's condition;<br><br>e. Events, incidents or accidents involving the resident; and<br><br>f. Progress toward or changes in the care plan goals and objectives.<br><br>During a review of facility's P&P, titled, Lab and Diagnostic Test Results, reviewed on 1/2024, P&P indicated that staff will process test requisitions and arrange for tests.<br><br>During a review of facility's Job Description (JD), titled, Charge Nurse (CN), undated, JD indicated that CN will chart nurses' notes in an informative and descriptive manner that reflects the care provided to the resident. JD also indicated that CN will do requisition and arrange for diagnostics and therapeutic services as ordered by the physician and in accordance with the established procedure. |