CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH

POC ACCEPTABLE 4/8/15 #16279

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	The following reflects the findings of the Department of Public Health during a Complaint Investigation visit: CLASS A CITATION -- PATIENT CARE 95-1539-0011289-S Complaint(s): CA00419738, CA00419744 Representing the Department of Public Health: Surveyor ID # 16279, HFEN (R) I The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility. F323 – 483.25 (h) Accidents The facility must ensure that- 1) The resident environment remains as free from accident hazards as is possible; and 2) Each resident receives adequate supervision and assistive devices to prevent accidents. On 11/10/14, at 11:15 a.m., an unannounced complaint investigation was initiated regarding Resident 70, who went out on pass from the facility, poured gasoline on herself and lit herself on fire. On 11/10/14, at 11:30 a.m., during the revisit survey the investigation continued and was completed. The facility failed to ensure Resident 70 received adequate supervision to prevent accidents by failing to: 1. Ensure the attending physician conducted an assessment as indicated in its policy and		South Pasadena Convalescent Hospital submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. **F323** **Corrective action for residents found to have been affected by this deficiency:** • Resident 70 is no longer at the Facility	12/15/14

2015 APR -8 PM 1:39
LOS ANGELES COUNTY
HEALTH FACILITIES
DIVISION

Event ID:07IS11 4/3/2015 10:43:19AM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE ADMINISTRATOR (X6) DATE 04/03/15

By signing this document, I am acknowledging receipt of the entire citation packet. Page(s) 1 thru 9

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. Except for nursing homes, the findings 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	procedure prior to allowing the resident to leave out on pass unaccompanied by a responsible adult. This deficient practice consequently resulted in second and third degree burns over 90% of Resident 70's body and her death in an acute hospital burn unit the following day. A review of Resident 70's medical records indicated she was a 57 year old female who was originally admitted to the facility, on 11/6/13, and re-admitted to the facility, on 12/26/13, and on 2/10/14, with diagnoses (on each admission) of schizophrenia (A mental disorder of abnormal social behavior, which includes false beliefs, confused thinking, auditory hallucinations, reduced social interaction, and inactivity), psychosis (An abnormal condition of the mind, which involves the loss of reality.), and anxiety disorder (A mental disorder characterized with anxiety of worrying about future events and fear of current events). The pre-admission screening resident review forms, dated 11/6/13, 12/26/13 and 2/10/14, indicated that Resident 70's primary admitting diagnoses were schizoaffective disorder, bipolar disorder (a mental disorder with elevated mood and periods of depression. Residents with this disorder often make poor decisions with little regard to the consequences and are at risk of suicide and self-harm. The medical records indicated the resident was		**Corrective action for residents that Maybe affected by this deficiency:** **Out-on-Pass** 1) The IDT initiated re-assessment of The in-house residents pertaining to their safety awareness with regards to mental status, physical condition including reviewing of H&P, diagnosis and medications, including residents who have orders for out-on-pass and for those who are requesting to go out-on-pass either independently or accompanied by responsible adult. 2) The attending physician in collaboration with the psychiatrist determined the appropriate order for the residents of either going out-on-pass independently or accompanied based on face to face assessment and on-site record review.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	conserved by a public guardian. According to the minimum data set (a standardized assessment and care planning tool), dated 8/18/14, the resident spoke clearly, made herself understood, able to understand others, needed supervision to limited assistance for activities of daily living, and had current diagnoses of anxiety disorder, depression and schizophrenia. On 8/19/14, a psychiatric progress note indicated Resident 70 was alert and not oriented, and had impaired insight and impaired judgment. On 10/9/14, the behavior care plan for altered behavior related to schizoaffective disorder was updated to include auditory hallucination and talking to self. On 10/9/14, the physician ordered to administer Abilify 10 mg, by mouth, twice a day for schizoaffective disorder manifested by auditory hallucinations (hearing voices) and talking to self. On 10/21/14, 12 days later, the physician wrote an order that the resident "May go out on pass." On this same day, a care plan was also initiated for Out on Pass (OOP) and noted the resident may leave the premises unattended for 2-4 hours per family request. There was no documented evidence that the psychiatrist made a determination that Resident 70 was capable of being on an independent, unsupervised pass.		3) The facility's IDT developed station specific list of residents, based on resident's request, IDT Assessment, physician and psychiatrist assessment and the Attending Physician's Out-on-Pass order, that will specify whether the resident is allowed to go out independently or accompanied. List will be updated on a daily basis by registered nurse supervisor. 4) Prior to resident leaving on pass, a Licensed Nurse will assess the resident's physical and mental status and ensure that (a) resident has supply of medications for the time period of pass per attending Physician order; (b) the resident and responsible person (if applicable) has been instructed of any special needs of the resident during the pass as applicable (e.g. special diet, medications); (c) when the resident returns to the Facility, a Licensed Nurse will re-assess the resident to determine the resident's condition and any medication returned after going out on pass, if applicable. If there is a change of condition Licensed Nurse will follow the Change of Condition Protocol in placed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	The facility sign out sheet indicated on 11/7/14, at 7:30 a.m., Resident 70 signed herself out on pass (alone) to go out to the library. On 11/10/14, at 12 p.m. an interview was conducted with Gas station attendant #1. He stated that on 11/7/14, his security camera recorded Resident 70 walking across the back parking lot, and 10 minutes later she was naked and walked back across the parking lot. He said she purchased gasoline from Gas Station Attendant #2. An interview was conducted with Gas Station Attendant#2 at 12:30 p. m who confirmed that the resident purchased a gas container and gasoline that morning, and then walked way. A review of the security video disk recording indicated at 8:05 a.m., Resident 70 walked behind Gas station #2, and through the parking area and in-between an enclosed fenced area and a brick fence that separated the gas station and the neighboring restaurant. Resident 70, who was then naked, walked through the parking area, stopped in front of the only parked car and crouched in-between the car and the brick fence. At 8:14 a.m., Resident 70 stood up and calmly walked from this parking area, down the sidewalk and into the next door neighbor's covered driveway. During an interview, on 11/24/14, at 1 p.m. with the Neighbor and his wife , they stated that on 11/7/14 at about 8:30am, they saw the police		**Measures that will be put into place to ensure that this deficiency does not recur:** **Out-on-Pass** 1) Administrator, DON, Nurse Consultant and DSD in-serviced the Facility staff in regards to out-on-Pass policy and procedures Completed on 11/25/14. 2) DSD/Designee will in-service out-on pass policy and procedures to new hires and will be reviewed annually for the facility staff. 3) The IDT will assess in-house residents pertaining to their safety awareness with regards to mental status, physical condition including reviewing of H&P, diagnosis and medication, including residents who have orders for out-on-pass and for those who are requesting to go out-on-pass either independently or accompanied by a responsible adult.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	cars and fire truck at the gas station's parking lot. They walked up to their side of the brick fence and looked over the fence. As they were standing there, they heard a female moaning. Resident 70 stood up from behind the trash cans and said someone was after her. As the resident calmly came out from behind the trash cans, the neighbor's wife saw that Resident 70 was burnt over most of her body and screamed out loud. The policemen heard this, came over to the neighbor's side of the brick fence and saw the resident. Resident 70 saw the policemen and asked for help. One of the policemen retrieved a blanket from their car and as soon as he placed it on the resident, to cover her naked body, Resident 70 screamed in pain. The other policemen called for an ambulance to provide emergency care to the resident. Paramedics arrived, assessed Resident 70, placed her on a gurney and transported the resident to acute hospital #1. On 11/13/14, at 1 p.m. an interview was conducted with police officer 1. He called for an ambulance and the resident was subsequently, transferred to the acute hospital. He further stated the resident had expired. On the same day a review of the police report was conducted. On 11/21/14, at 1:45 p.m. an interview with Resident 70's psychiatrist was conducted regarding the resident's out on pass order. During this interview the psychiatrist stated the licensed nursing staff assess the residents to		4) The attending physician in collaboration with psychiatrist will determine the appropriate order for the residents of either going out-on-pass independently or accompanied based on face to face assessment and on-site record review. 5) The facility's IDT developed station specific list of residents, based on resident's request, IDT Assessment, and the Attending Physician's Out-on-Pass order that will specify whether the resident is allowed to go out independently or accompanied by responsible adult. List will be updated on a daily basis by registered nurse supervisor. 6) Prior to resent leaving on pass, a Licensed Nurse will assess the resident's physical and mental status, including vital signs, and ensure that (a) resident has supply of medications for the time period of the pass per attending Physician order; (b) the resident and responsible person (if applicable) has been instructed of any special needs of the resident during the pass as applicable (e.g. special diet, medications); (c) When the resident returns to the Facility, a	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	determine if they are suitable to go out on pass. If the residents have a responsible party, family or conservator, the nursing staff must communicate with this responsible party to obtain their approval for the resident to go out on pass According to the acute hospital # 1 medical record dated 11/7/14, at 8:55 a.m., Resident 70 entered acute hospital #1's emergency room, was assessed and intubated to assist with her breathing (Intubate is the process of inserting a tube into the front of a patient's throat to assist a critically ill patient to breathe with the help of a ventilator.). Acute hospital #1 emergency room staff was not able to provide the proper care for Resident 70 because she had second and third degree burns over 90% of her body. Acute hospital #1 decided to send Resident 70 to Acute hospital #2 because they had a burn unit. Another ambulance transported the resident to acute hospital #2. At 12:50 p.m., the resident was admitted to acute hospital #2's burn unit, was assessed and stabilized. The burn unit nursing staff determined that Resident 70 was burned over 88.5% of her body. Acute hospital #2 contacted Resident 70's sister and was informed of the resident's condition. The sister informed acute hospital #2 that the resident would not want to be kept alive by artificial means. Acute hospital #2 stated they would provide comfort care to allow the sister to visit at Resident 70's bedside.		Licensed Nurse will re-assess the resident to determine the resident's condition and any medication returned after going out on pass, if applicable. If there is a change of condition Licensed nurse will follow the Change of Condition Protocol in placed. **Measures that will be implemented to Monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:** **Out-on-Pass** The Medical Records Director and/or designee will conduct QA audit weekly of residents who are going out-on-pass to validate licensed nurses' assessments and documentations and will report to DNS and Administrator of findings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	On 11/8/14, at 3:10 a.m., Resident 70 expired while at acute hospital #2. The facility's (undated) out on pass policy and procedure requires an order from the attending physician for a resident to go out on pass. The resident must be accompanied by a responsible adult when leaving the facility unless the physician determines that the resident is capable of being on an independent pass. A responsible person is considered to be a person over 18, can call for medical assistance (if required) and is a family member, friend, facility staff or conservator. It also stated that the attending physician will review the resident's ability to participate in activities outside of the facility, while taking into consideration the resident's decision-making capacity, physical disabilities, and other characteristics. If the physician determines that the resident may participate in activities outside the facility, the attending physician will write an out on pass order on the physician order sheet. On 11/20/14, at 3:45 p.m., an interview was conducted with Resident 70's physician regarding the resident's out on pass order. During this interview, the physician stated that the last time he saw the resident was at the end of October and he was not aware of her death. The physician stated that he did not remember writing an out on pass order for Resident 70. The physician did say that he depends on the licensed nursing staff's			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	judgment (when they call him) if a resident, such as Resident 70, wants to go out on pass. The physician mentioned that he does not feel comfortable for a resident, with psychological problems, to go out on pass (alone); unless the out on pass order is approved by the resident's responsible party, family or conservator, and accompanied by an adult. The physician stated, I don't want to be responsible for a resident to go out on pass, alone." On 11/21/14, at 1:45 p.m., an interview was conducted with Resident 70's psychiatrist regarding the resident's out on pass order. During this interview, the psychiatrist stated that the licensed nursing staff assess the residents to determine if they are suitable to go out on pass. If the residents have a responsible party, family or conservator, the nursing staff must communicate with the responsible parties to get their approval for the resident to go out on pass. On 11/25/14, at 1:30 p.m., an interview was conducted with the administrator regarding Resident 70's death. The administrator was asked to explain the facility's policy regarding out on pass. The administrator stated the physician has to conduct an assessment and approve the out on pass. The administrator was then asked how Resident 70 who had diagnoses of schizophrenia, psychosis, and anxiety disorder, a history of 5150 (An involuntary psychiatric hold due to a mental disorder that makes a person danger to			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055931	A. BUILDING _____ B. WING _____	11/25/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH PASADENA CONVALESCENT HOSPITAL	904 Mission St, South Pasadena, CA 91030-3144 LOS ANGELES COUNTY

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
	themselves, and/or a danger to others.), before her original admission, at acute psych #1 and acute psych #2, and had two explosive episodes of yelling and screaming, on 12/16/13, and on 2/3/14, which caused the resident to be transferred out for further evaluation was allowed to go out on a pass alone? The administrator did not provide an answer. The facility failed to ensure Resident 70 received adequate supervision to prevent accidents by failing to ensure the attending physician conducted an assessment as indicated in their policy and procedure prior to allowing the resident to leave out on pass unaccompanied by a responsible adult. This deficient practice consequently resulted in the actual harm and subsequent death of Resident 70, due to third degree burns. The above violation presented a substantial probability that death or serious physical harm would result.			