YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE

### **SECTION 1424 NOTICE**

CITATION NUMBER: 94-2275-0011362-F



Department of Public Health

Page 1 of 7

Date: 03/31/2015 Time: 3:26pm

Type of Visit : Complaint Investig.

Incident/Complaint No.(s) : No complaints found

CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS Vernon Healthcare Center, LLC Licensee Name: Address: 1037 W. Vernon Avenue Los Angeles, CA 90037 970000025 Limited Liability Company License Number: Type of Ownership: Facility Name: VERNON HEALTHCARE CENTER 1037 W Vernon Ave Los Angeles, CA 90037 Address: (323) 232-4895 Telephone: Skilled Nursing Facility Facility Type: Capacity: 99 970000050 Facility ID: CLASS AND NATURE OF VIOLATIONS DEADLINE FOR SECTIONS PENALTY ASSESSMENT \$20,000.00 COMPLIANCE VIOLATED 3/31/15 11:59 p.m. CLASS A CITATION -- PATIENT CARE F279 F323 F279 - 42 CFR 483.20(k)(1). Comprehensive Care Plans. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental, and psychosocial needs that are identified in the comprehensive assessment. F323 - 42 CFR 483.25 (h)(2). Accidents. The facility must ensure that each resident receives adequate supervision and assistance devices to prevent accidents. The facility failed to provide Resident 1 who was identified to be a high risk for falls, a safe environment that minimized complications associated with falls, and develop a plan of care that included the provision of a low bed, a bed alarm and placement of a mattress on the floor (a landing pad) beside the bed, according to the facility's policy and procedure for falls. These violations resulted in Resident 1's fall, sustaining a brain hematoma (a localized swelling filled with blood) with altered level of consciousness and grand mal seizure (a loss of consciousness and violent muscle contractions). Consequently, Resident 1 was transferred to the hospital for treatment. Resident 1 was admitted at the hospital for 10 days and was discharged to another skilled nursing facility under hospice care. Resident 1 died at the skilled nursing facility 10 days after discharge from the hospital. Without admitting guilt, I hereby acknowledge Name of Evaluator: receipt of this SECTION 1424 NOTICE For fely Magallanes: Fely Magallanes **HFEN** Signature : Name : Title : **Evaluator Signature** NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFTEY CODE. FAILURE TO CORREC

VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

### SECTION 1424 NOTICE

CITATION NUMBER:

94-2275-0011362-F

Department of Public Health Page 2 of 7 Date: 03/31/2015 Time: <u>3:26 fra</u>

SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	A review of Resident 1's clinical record indicated he was admitted on 11/12/12 and was readmitted to the facility on 1/21/13. Resident 1's diagnoses included difficulty in walking, history of right-sided CVA (cerebrovascular accident or stroke) with aphasia (a loss or impairment of the ability to produce and/or comprehend language, due to brain damage), generalized weakness, dementia (a progressive loss of brain function affecting memory, thinking, and behavior), and encephalopathy (a disease of the brain that alters brain function or structure).
	A review of Resident 1's care plan for falls, dated 11/15/12, indicated risk factors that included limited mobility, poor balance, decreased mental ability, decreased ability to communicate, unsteady when walking, and lack of awareness. The fall care plan's goal included Resident 1 would minimize his risk for fall through interventions. There was no documented evidence of interventions or measures established to address Resident 1's risk factors to prevent a fall and minimize injuries.
	A review of the Physician Orders for Life-Sustaining Treatment (POLST), dated 1/24/13, indicated Resident 1 was to receive CPR (cardiopulmonary resuscitation) if he has no pulse and is not breathing and full treatment if he has a pulse or he is breathing.
	The Minimum Data Set (MDS, an assessment and care screening tool), dated 5/20/13, indicated Resident 1 had long-term and short-term memory problems, required extensive assistance (staff provided weight bearing support and at times required full staff performance) to total assistance for bed mobility, transfer, ambulation, dressing, and personal hygiene and was incontinent (had no control) of bowel and bladder.
	A review of the "Fall Risk Assessment Form," dated 1/21/13, and 4/21/13, indicated Resident 1 had a high risk for falls.
	A review of the physician's order, dated 2/25/13, indicated for Resident 1 to have sheep skin padded cover on the bed side rails to protect the skin due to episodes of getting out of bed unassisted. However, Resident 1's care plan for falls, dated 11/15/12 was not updated to reflect Resident 1's behavior of getting out of bed unassisted (additional risk factor).
	A review of the Nurses' Progress Notes, dated 5/19/13, at 10:45 p.m., indicated a certified nursing assistant (CNA) heard a noise from Resident 1's room and found Resident 1 sitting on the floor next to his bed. Resident 1 had his back leaning against the bed and was facing the wall. Resident 1 was assessed by a licensed nurse, who

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Department of Public Health Page 3 of 7 Date: 03/31/2015 Time: <u>3:26 fm</u>

ECTIONS IOLATED	CLASS AND NATURE OF VIOLATIONS
	indicated Resident 1 had not sustained any injuries. Resident 1 was assisted back to bed by two CNAs.
	A review of the 72 Hour Neuro (neurological) Check List (a form indicating a pre-printed time schedule on how often the neurological checks were to be done) indicated Resident 1's blood pressure, level of consciousness, and pupils (the circle in the middle of the eye) signs were monitored every 30 minutes two times (on 5/19/13 at 10:45 p.m. and 11:15 p.m.) and every hour three times (on 5/20/13 at 12:15 a.m., 1:15 a.m., and 2:15 a.m.).
	The 72 Hour Neuro Check List indicated from 5/19/13 at 10:45 p.m. thru 5/20/13 at 2:15 a.m., Resident 1's systolic blood pressure (the top number in the blood pressure, which measures the pressure in the arteries when the heart beats) was between 128-136 mmHg (millimeters of mercury); the diastolic blood pressure (the bottom number, which measures the pressure in the arteries between heartbeats) was between 70-76 mmHg; he was alert (level of consciousness); and his pupils were equal and responsive (to light). The next scheduled neuro check was on 5/20/13 at 4:15 a.m.
	The Nurses Notes, dated 5/20/13, at 4 a.m., indicated Resident 1 had a change of condition. Resident 1 was observed to be shaking (while on the bed) and his vital signs consisted of blood pressure [(BP) the pressure exerted by the circulating volume of blood on the walls of the arteries] was measured at 150/112 mmHg (normal reference range is less than 120/80 mmHg ), heart rate was 160 beats per minute (normal reference range from 60 to 100 beats per minute), respirations were 22 breaths per minute (normal reference range for an adult person at rest range from 12 to 16 breaths per minute), and temperature was 101 degrees Fahrenheit (normal reference range from 97.8 degrees F to 99 degrees F). The physician was notified at 4:02 a.m. and Resident 1 was transferred at 4:08 a.m. to the hospital via paramedics.
	A review of the hospital's "Emergency Department (ED) Medical Chart," dated 5/20/13, indicated Resident 1 arrived in the ED due to seizure and hypotension (abnormal low blood pressure). The ED Medical Chart indicated that on 5/20/13 at 4:38 a.m., Resident 1 had a tonic clonic seizure (formerly known as grand mal seizure, a type of generalized seizure that affects the entire brain) in the nursing home, post ictal (the altered state of consciousness after a seizure) with EMS (emergency medical services), and was given Versed (a drug that causes relaxation, sleepiness and can cause a partial or complete loss of memory during the use of the drug) en route (to the hospital).

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SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	The ED Medical Chart indicated Resident 1 was placed on Trendelenburg position (head lower than feet) due to BP of 64/46 mmHg, Dilantin 1 gram (an antiseizure medication) was given intravenously (IV, directly into a vein), and a bolus (a dose) of 500 cubic centimeter (cc) 0.9 percent (%) normal saline (salt solution) was given via IV, and the resident was transferred to the intensive care unit (ICU) for close observation.
	<ul> <li>The ED Medical Chart indicated Resident 1 was placed on Trendelenburg position (head lower than feet) due to BP of 64/46 mmHg, Dilantin 1 gram (an antiseizure medication) was given intravenously (IV, directly into a vein), and a bolus (a dose) cubic centimeter (cc) 0.9 percent (%) normal saline (salt solution) was given via IV, the resident was transferred to the intensive care unit (ICU) for close observation.</li> <li>A review of the History and Physical from the acute hospital, dated 5/20/13, indicate Resident 1 did not have any prior seizure. The resident's physical examination indic he was not alert and not oriented, and only responded to pain simulation.</li> <li>A review of the CT Scan (computed tomography [CT] scan uses x-rays to make de pictures of structures inside of the body) of the head, dated 5/20/13, indicated "Impression: There is a 2 cm (centimeter) intraparenchymal hemorrhage (bleeding brain parenchyma [the main part of the brain]) in the left frontal lobe. There is an ac 8 cm wide x 4 cm in length subdural hematoma (a collection of blood on the surface the brain and is usually the result of a serious head injury) at the left frontal region. above is new in comparison to the prior study on March 3rd, 2011. There is opacification of the sphenoid sinus (means that there is material such as blood or mucus that is filing the sphenoid sinus that is located behind the nose and eyes), n from the prior study."</li> <li>The neurologist consultation report, dated 5/20/13, indicated the reason for consult was the left frontal intraparehnchymal hemorrhage of Resident 1. The physical examination section of the ergo tindicated "There is no external evidence of head trauma. There are Battle signs (bruising which appears on the surface of head trauma. There are Battle signs (bruising which appears on the surface of head trauma. There are Battle signs (bruising which appears on the surface of head trauma. There are Battle signs (bruising which appears on the surface of head trauma t</li></ul>
	"Impression: There is a 2 cm (centimeter) intraparenchymal hemorrhage (bleeding in the brain parenchyma [the main part of the brain]) in the left frontal lobe. There is an adjacent 8 cm wide x 4 cm in length subdural hematoma (a collection of blood on the surface of the brain and is usually the result of a serious head injury) at the left frontal region. The above is new in comparison to the prior study on March 3rd, 2011. There is opacification of the sphenoid sinus (means that there is material such as blood or mucus that is filling the sphenoid sinus that is located behind the nose and eyes), new
	examination section of the report indicated "There is no external evidence of head trauma. There are Battle signs (bruising which appears on the surface of the skin and is caused by the escape of blood into the tissues from ruptured blood vessels and the bruising appears behind one or both ears) or raccoon eyes (refers to a dark purple discoloration forming around the eyes, giving an appearance similar to that of a
	The neurologist consultation report also indicated Resident 1's hemorrhage was without mass effect (the effect of a growing mass that results in secondary pathological effects by pushing on or displacing surrounding tissue) or midline shift (shift of the brain past the center line which can indicate problems such as intracranial [inside the skull] pressure).
	A review of Resident 1's MRI (magnetic resonance imaging, a test that uses magnetic and radio waves to take detailed pictures of organs and other structures inside the body) of the brain, which was performed to rule out underlying mass, dated 5/21/13,

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SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	indicated Resident 1 had bleeding in his brain and had several hematomas: left front brain, subdural (on the surface) both sides, and deep in his brain. The MRI report also indicated that the dense material in the sphenoid sinus is possibly representing blood.
	<ul> <li>indicated Resident 1 had bleeding in his brain and had several hematomas: left from brain, subdural (on the surface) both sides, and deep in his brain. The MRI report a indicated that the dense material in the sphenoid sinus is possibly representing bloc. The gastroenterologist undated consultation report conducted due to Resident 1's feeding difficulty, indicated the resident was evaluated by both Neurology and Neurosurgery and the plan was to provide conservative care.</li> <li>The gastroenterologist consultation report also indicated Resident 1 was unable to swallow for the last 24 to 36 hours and the gastrostomy tube placement (also know a feeding tube, a tube that is placed directly into the stomach through an abdomina incision for administration of food, fluids, and medications) was deferred for the neudays to assess the resident's improvement in his mental status as recommended to neurologist. The resident had a nasogastric (through the nose and down into the stomach) tube feeding in the interim.</li> <li>A review of the physician's order, dated 5/29/13 and timed at 11:50 a.m., indicated Resident 1 was to be DNR (do not resuscitate) and to provide the resident with cor measures (any action taken to promote the soothing of a patient, such as a back ru change in position, administration of selected medications or treatments) only.</li> <li>A review of the physician's progress record, dated 5/29/13 and timed 1:45 p.m., indicated "family has elected for comfort care measures &amp; hospice (a philosophy of that recognizes death as a natural part of life and seeks neither to prolong nor hast dying process) &amp; no PEG (percutaneous endoscopic gastrostomy, a type of feeding tube) or other interventions."</li> </ul>
	A review of the physician's order, dated 5/29/13 and timed at 11:50 a.m., indicated Resident 1 was to be DNR (do not resuscitate) and to provide the resident with comfort measures (any action taken to promote the soothing of a patient, such as a back rub, a change in position, administration of selected medications or treatments) only.
	indicated "family has elected for comfort care measures & hospice (a philosophy of care that recognizes death as a natural part of life and seeks neither to prolong nor hasten the dying process) & no PEG (percutaneous endoscopic gastrostomy, a type of feeding
	According to the Discharge Summary from the hospital, dated 5/30/13, during the hospitalization, Resident 1 had an EEG (electroencephalogram, a test that detects electrical activity in your brain using small, flat metal discs or electrodes attached to your scalp) done and the result was consistent with seizure. The discharge summary report indicated Resident 1 was transferred to hospice as requested by the family. Resident 1's discharge diagnoses were status post intracranial hemorrhage, subdural hematoma, dementia, history of stroke, and seizure disorder.
	A review of the physician order (from the hospital), dated 5/30/13, indicated to discharge Resident 1 to a skilled nursing facility with hospice care. Resident 1 went to another skilled nursing facility where he died on 6/9/13, 10 days after being discharged

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SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	from the hospital.
	A review of Resident 1's death certificate indicated he died on 6/9/13 in a skilled nursing facility, his death was not reported to a coroner, autopsy was not performed, and the immediate cause of his death was cardiac arrest. The underlying cause (disease or injury that initiated the events resulting in death) were multiple organ failure and cerebral vascular disease (a group of brain dysfunctions related to disease of the blood vessels supplying the brain). Other significant conditions contributing to his death but not resulting in the underlying cause were dementia, seizures, and stroke.
	On 2/11/14, at 1:45 p.m., during an interview, the licensed vocational nurse (LVN 1) stated Resident 1 was not provided with floor mattress and alarm in the bed prior to his fall on 5/19/13.
	On 2/11/14, at 2 p.m., during an interview, the MDS coordinator stated she did not see any floor mattress beside Resident 1's bed and no alarm in the bed prior to Resident 1's fall on 5/19/13.
	On 2/11/14, at 2:30 p.m., the director of nursing (DON) reviewed Resident 1's fall care plan. After reviewing Resident 1's fall care plan, the DON stated, during an interview, there should have been interventions or measures established in the fall care plan for Resident 1 prior to his fall on 5/19/13. The DON stated, while reviewing Resident 1's fall care plan, that at the time of the fall, the height of Resident 1's bed was not in the low position, there was no floor mattress beside his bed and there was no alarm in the bed. The DON stated there were no fall precautions for Resident 1.
	On 2/11/14, at 3 p.m., during an interview, LVN 2 stated she did not see any floor mattress beside Resident 1's bed and there was no alarm in his bed on 5/19/13.
	On 2/11/14 at 3:15 p.m., during an interview, CNA 1 stated on the night of 5/19/13, she heard a loud noise, went to Resident 1's room, and found Resident 1 facing the wall while sitting on the floor. She stated there was no alarm on Resident 1's bed and she could not remember seeing any floor mattress beside his bed. During an observation with CNA 1, on 1/22/15 at 3:20 p.m., the space between the bed previously occupied by Resident 1 and the wall was about an arm's length.
	On 2/11/14 at 4 p.m., during an interview, CNA 2 stated when he saw Resident 1 on the floor on 5/19/13, he did not see any alarm on Resident 1's bed and he could not

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SECTIONS VIOLATED	CLASS AND NATURE OF VIOLATIONS
	remember seeing any floor mattress beside his bed.
	On 1/23/15 at 10:45 a.m., during an interview, Physician 1 (the facility's Medical Director and Resident 1's primary physician on 5/19/13) stated always assume that a fall occurred when a resident is found sitting on the floor. In the case of Resident 1, who had an unwitnessed fall, had no evidence of external trauma to the head, but had developed a bleed on the frontal lobe of his brain, Physician 1 stated without an autopsy, it would be hard to confirm the cause of the bleed.
	A review of the facility's policy and procedure titled, "Fall prevention and Management Program," revised 12/1/12, indicated to provide a safe environment that minimizes complications associated with falls. The licensed nurse and/or interdisciplinary team (IDT, a group consisting of the head of the different departments who work together to discuss a resident's care) will develop a plan of care according to the identified risk factors and root cause.
	Therefore, the facility failed to provide Resident 1 who was identified to be a high risk for falls, a safe environment that minimized complications associated with falls, and develop a plan of care that included the provision of a low bed, a bed alarm and placement of a mattress on the floor (a landing pad) beside the bed, according to the facility's policy and procedure for falls.
	These violations resulted in Resident 1's fall, sustaining a brain hematoma (a localized swelling filled with blood) with altered level of consciousness and grand mal seizure (a loss of consciousness and violent muscle contractions). Consequently, Resident 1 was transferred to the hospital for treatment. Resident 1 was admitted at the hospital for 10 days and was discharged to another skilled nursing facility under hospice care. Resident 1 died at the skilled nursing facility 10 days after discharge from the hospital.
	This failure presented either imminent danger that death or serious harm would result or a substantial probability that death or serious physical harm would result.

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# ADC nerve what & accepted 3/31/15

7 TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055167	A. BUILDINGB WING		(X3) DATE SURVEY COMPLETED 12/02/2014	
				STATE, ZIP CODE Los Angeles, CA 90037-2415 LOS ANC		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	PR	ID PROVIDER'S PLAN OF CO LEFIX (EACH CORRECTIVE ACTION SI AG REFERENCED TO THE APPROPI	HOULD BE CROSS-	(X5) COMPLETE DATE
	of Public Health during visit: CLASS A CITATION 94-2275-0011362-F Complaint(s): No comp Representing the Depa Surveyor ID # 27812, F The inspection was limit event investigated and findings of a full inspect F279 - 42 CFR 483. Plans. The facility m care plan for ea measurable objectives resident's medical,	laints found rtment of Public Health: IFEN ted to the specific facility does not represent the tion of the facility. 20(k)(1). Comprehensive nust develop a comprehe ach resident that in s and timetables to m nursing, and mental, that are identified in	Care ensive cludes eet a and	Vernon Healthcare Center response and Plan of Corro of the requirements under federal law. The plan of corro submitted in accordance regulatory requirements. construed as admission of deficiency cited or any lia provider submits this plar with the intention that it by any third party in any action or proceedings aga provider or its employee, of directors, or shareholders. The provider reserves the challenge the cited finding time the provider determi disputed findings are relie manner adverse to the int provider either by the gove agencies or third party.	rection as part r state and orrection is with specific It shall not be r any alleged bility. The n of correction is inadmissible civil, criminal inst the agents, officers, right to rs if at any nes that the d upon in a erests of the	
	must ensure that ea	5 (h)(2). Accidents. The ch resident receives ade sistance devices to p	equate	Corrective action for res to have been affected by deficiency:	this	05/20/13
	identified to be a environment that associated with falls, that included the pro alarm and placement	and develop a plan of ovision of a low bed, a of a mattress on the flo the bed, according to	safe ations f care a bed oor (a	Resident 1 is no longer at He was discharged to acu 5/20/13		

By signing this document, I am acknowledging receipt of the entire citation packet, <u>Page(s). 1 thru 12</u>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

3-31-15

(XA) DATE

	OF DEFICIENCIES OF CORRECTION	IRECTION IDENTIFICATION NUMBER A BUILDING COMPLETE		DATE SURVEY COMPLETED 12/02/2014		
	OVIDER OR SUPPLIER	STREET ADDRESS 1037 W Vernon		, ZIP CODE ngeles, CA 90037-2415 LOS ANGEI	ES COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION SHOW REFERENCED TO THE APPROPRIA	JLD BE CROSS-	(X5) COMPLETE DATE
	sustaining a brain filled with blood) wit and grand mal sei and violent muscl Resident 1 was tra	esulted in Resident 1's fall, hematoma (a localized swelling h altered level of consciousness zure (a loss of consciousness e contractions). Consequently, ansferred to the hospital for		Corrective action for resi maybe affected by this de On 12/12/14, the IDT re revised other residents at I fall to ensure that residen care needs are properly ad	ficiency: viewed and high risk for t's specific	12/12/14
	for 10 days and wa nursing facility unde at the skilled n discharge from the ho A review of Residen was admitted on 1	spital. It 1's clinical record indicated he 1/12/12 and was readmitted to		Measures that will be put to ensure that this deficie recur: On 12/12/14 The DSD, DI Nurse Consultant, re-edu IDT on developing interd care plans reflective of ind	ncy does not NS and/or cated the isciplinary	12/12/14
	Included difficulty in CVA (cerebrovascu aphasia (a loss of produce and/or com damage), generaliz progressive loss of thinking, and beha	21/13. Resident 1's diagnoses walking, history of right-sided lar accident or stroke) with r impairment of the ability to prehend language, due to brain red weakness, dementia (a brain function affecting memory, avior), and encephalopathy (a in that alters brain function or		of the residents and review revision at minimum quan annually, change of condi- needed basis. The IDT will develop, revi- revise the resident's plan of admission, quarterly, ann	rterly, tion and as iew and of care upon	Ongoin
	11/15/12, indicated mobility, poor bala decreased ability to walking, and lack of goal included Resid for fall through documented evidence	of Resident 1's care plan for falls, dated indicated risk factors that included limited poor balance, decreased mental ability, d ability to communicate, unsteady when and lack of awareness. The fall care plan's luded Resident 1 would minimize his risk through interventions. There was no ted evidence of interventions or measures ad to address Resident 1's risk factors to		the resident's asis will iews to iance on rry care plans eds of the revision at ially, change	Monthly	

State-2567

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER: 055167		(X2) MUL A. BUILDI B. WING		(X3) DATE SUF COMPLET	
	ROVIDER OR SUPPLIER HEALTHCARE CENTER		SS, CITY, STATE	. 2IP CODE ngeles, CA 90037-2415 LOS AP	NGELES COUNTY	•
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLET DATE
	Treatment (POLST, Resident 1 was to resuscitation) if he breathing and full tre- is breathing. The Minimum Data care screening too Resident 1 had long problems, required provided weight be required full staff per for bed mobility, tran- personal hygiene a control) of bowel and to A review of the full dated 1/21/13, and had a high risk for falls A review of the ph indicated for Residen cover on the bed su to episodes of ge However, Resident 11/15/12 was not up behavior of getting of risk factor). A review of the full 5/19/13, at 10:45 p.m	sician Orders for Life-Sustaining ), dated 1/24/13, indicated receive CPR (cardiopulmonary has no pulse and is not atment if he has a pulse or he Set (MDS, an assessment and ol), dated 5/20/13, indicated g-term and short-term memory extensive assistance (staff earing support and at times erformance) to total assistance nsfer, ambulation, dressing, and and was incontinent (had no oladder. 'Fall Risk Assessment Form," 4/21/13, indicated Resident 1		Immediate Corrective Resident 1 is no longer facility. He was dischar hospital on 5/20/2013. Identification of other having the potential to the same deficient pra- corrective action will I The IDT will review ot risk for fall by 12/12/20 plan of care will be rev revised accordingly. Measures to be put in p recurrence of the defic By 12/12/14, the Nurs Director of Nursing Se and or Director of Staf (DSD) will re- educate and CNAs on facility's incident prevention po procedures emphasizin establishing fall care pl interventions addressin risk factors to prevent to the facility's policy a	a resident of the ged to an acute r residents o be affected by actice and what be taken: her residents at 014 and their iewed and place to prevent ient practice: e Consultant, revices (DNS) f Development licensed nurses accident olicy and ng on lan with ng the resident's a fall according	05/20/1

			COMPLET	(X3) DATE SURVEY COMPLETED 12/02/2014		
	ROVIDER OR SUPPLIER HEALTHCARE CENTER		ADDRESS, CITY, STATI Vernon Ave, Los A	E. ZIP CODE Angeles, CA 90037-2415 LOS A	NGELES COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRI	SHOULD BE CROSS-	(X5) COMPLETE DATE
	room and found Res to his bed Resident the bed and was fi assessed by a fil Resident 1 had not 1 was assisted back to A review of the 72 H List (a form indicati on how often the r done) indicated Res of consciousness, a middle of the eye) a minutes two times 11:15 p m.) and ever at 12:15 a.m., 1:15 a.m. The 72 Hour Neuro 5/19/13 at 10:45 p.m. Resident 1's syston number in the blood pressure in the arter between 128-136 mit the diastolic blood which measures th between heartbeats) was alert (level of were equal and re scheduled neuro ch a.m. The Nurses Notes indicated Resident Resident 1 was obse	sident 1 sitting on the floor 1 had his back leaning ag acing the wall. Resident censed nurse, who indi- sustained any injuries. Res bed by two CNAs. Hour Neuro (neurological) C ing a pre-printed time sch neurological checks were t ident 1's blood pressure, and pupils (the circle in signs were monitored every (on 5/19/13 at 10:45 p.m. y hour three times (on 5/2	gainst 1 was cated sident Check edule o be level o the y 30 and 20/13 from a.m., top s the was cury); mber, teries g; he bupils next 4:15 a.m., tition. e on	By 12/12/14, the Nurse Director of Nursing Se or Director of Staff De (DSD) will re- educate accident incident preve procedures emphasizin analyze the root cause, appropriate interventio effectiveness and if ne or escalate interventio further falls. Resident's high risk fo their special needs she LN and/or IDT on a d reflect that the residen fall. The Licensed nurse utilizing the special nee monitor and ensure in implemented and doct By 12/12/14, the Nurse Director of Nursing Se or Director of Staff De (DSD) will educate the Licensed Nurses and t of special needs sheet the recognition of residen risk for fall.	e Consultant, ervices (DNS) and velopment IDT on facility's ention policy and ing the need to develop ons, monitor for reded, revise and/ ins to prevent r falls will have et updated by the aily basis to t is high risk for ses and CNAs reds sheet will iterventions are umented. e Consultant, ervices (DNS) and evelopment e C.N.A's he IDT on the use to facilitate t who are high and Department he list to monitor	12/12/14 Ongoing

State-2587

and plan (	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NU	ER/CLIA JMBER:	A. BUILDI B. WING		(X3) DATE SUR COMPLETI		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE VERNON HEALTHCARE CENTER 1037 W Vernon Ave, Los Angeles, CA 90037-2415 LOS ANGELES COUNT				ANGELES COUNTY				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEEDE		FULL	10 PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE ACTIO REFERENCED TO THE APP	N SHOULD BE CROSS-	(X5) COMPLETE DATE	
	pressure {(BP) the circulating volume arteries} was meas reference range is rate was 160 beats range from 60 to respirations were reference range for from 12 to 16 breath was 101 degrees range from 97.8 dep physician was notified was transferred at paramedics. A review of the ho (ED) Medical Char Resident 1 arrived in hypotension (abnorm Medical Chart indic a.m., Resident 1 (formerly known as generalized seizure the nursing home, consciousness affie (emergency medical Versed (a drug that and can cause at memory during the to hospital). The ED Medical Char feet) due to BP of antiseizure medication	of blood on the v ured at 150/112 mr less than 120/80 mr is per minute (norm to 100 beats per 22 breaths per minute), and Fahrenheit (norma grees F to 99 degreed at 4:02 a.m. and 4:08 a.m. to the ospital's "Emergency art," dated 5/20/11 in the ED due to hal low blood pressu- cated that on 5/20 had a tonic clo grand mal seizure that affects the ent post ictal (the alte er a seizure) al services), and at causes relaxation i partial or comple- use of the drug) en Chart indicated Res- nburg position (head 64/46 mmHg, Dilantir	walls of the mHg (normal mHg), heart rail reference er minute), nute (normal t rest range temperature al reference ees F). The Resident 1 hospital via Department 3, indicated seizure and tre). The ED D/13 at 4:38 mic seizure , a type of tire brain) in red state of with EMS was given a, sleepiness ete loss of route (to the sident 1 was d lower than n 1 gram (an		The Department Man Licensed Nurses will compliance during ev Observation Rounds. reported to the Admi DNS for appropriate Monitoring perform that correction is acl sustained: The Administrator w summary trend analy to the facility's month committee for furthe evaluations and record	monitor for very shift QI Findings will be nistrator and corrective actions. ance to ensure nieved and ill provide a sis of the findings nly CQI Steering r review,	Ongoing	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 055167			(X3) DATE SURVEY COMPLETED 12/02/2014	
	ROVIDER OR SUPPLIER HEALTHCARE CENTER		DDRESS, CITY, STATE, 2	ZIP CODE geles, CA 90037-2415 LOS	ANGELES COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE ACTIV REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLET DATE
	cubic centimeter (cd (salt solution) was was transferred to o close observation. A review of the Hist hospital, dated 5/2 not have any prior examination indicate oriented, and only res A review of the C [CT] scan uses x-ra structures inside of 5/20/13, indicated (centimeter) inte (bleeding in the bra the brain]) in the adjacent 8 cm wid hematoma (a collect the brain and is usu injury) at the left fro comparison to the p There is opacification that there is material is filling the sphere the nose and eyes), r The neurologist con indicated the reaso frontal intraparehnct 1. The physical ex- indicated "There i	and a bolus (a dose) of ) 0.9 percent (%) normal siguen via IV, and the resi- the intensive care unit (ICU tory and Physical from the a 20/13, indicated Resident seizure. The resident's phy- ed he was not alert and ponded to pain simulation. T Scan (computed tomogra- ays to make detailed picture the body) of the head, d "Impression: There is a raparenchymal hemorrh in parenchyma [the main pa- left frontal lobe. There is e x 4 cm in length sub- tion of blood on the surfac- tally the result of a senous h- ntal region. The above is ne- prior study on March 3rd, 2 in of the sphenoid sinus (m- al such as blood or mucus bid sinus that is located be- new from the prior study." msultation report, dated 5/2 in for consultation was the hymal hemorrhage of Resi- ramination section of the re- s no external evidence of H- e Battle signs (bruising v	aline dent ) for cute 1 did sical not aphy s of ated 2 cm age rt of an dural e of head w in 2011. eans that hind			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055167	(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/02/2014	
	OVIDER OR SUPPLIER HEALTHCARE CENTER		S, CITY, STATE, ZI Ave, Los Ang	P CODE eles, CA 90037-2415 LOS A	NGELES COUNTY	
(X4) ID PREFIX · TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEEDED BY FULL R LSC IDENTIFYING INFORMATION)	.1D PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPR	SHOULD BE CROSS-	(X5) COMPLETI DATE
	by the escape or ruptured blood vest behind one or both a dark purple di eyes, giving an a raccoon)* The neurologist co Resident 1's hemo (the effect of a secondary patholog displacing surround of the brain past th	rface of the skin and is caused f blood into the tissues from seels and the bruising appears ears) or raccoon eyes (refers to scoloration forming around the ppearance similar to that of a onsultation report also indicated rrhage was without mass effect growing mass that results in lical effects by pushing on or ing tissue) or midline shift (shift he center line which can indicate intracranial [inside the skull]				
	A review of Reside imaging, a test that to take detailed structures inside the performed to rule 5/21/13, indicated brain and had sev subdural (on the s his brain. The MR dense material in representing blood. The gastroenterolog conducted due to indicated the resid	ent 1's MRI (magnetic resonance uses magnetic and radio waves pictures of organs and other e body) of the brain, which was out underlying mass, dated Resident 1 had bleeding in his eral hematomas: left front brain, urface) both sides, and deep in it report also indicated that the the sphenoid sinus is possibly gist undated consultation report Resident 1's feeding difficulty, dent was evaluated by both urosurgery and the plan was to care.				

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			DRRECTION IDENTIFICATION NUMBER. A BUILDING		(X3) DATE SURVEY COMPLETED 12/02/2014	
	OVIDER OR SUPPLIER HEALTHCARE CENTER		STREET ADDRESS, CITY, STA 1037 W Vernon Ave, Los	TE, ZIP CODE Angeles, CA 90037-2415 LOS	ANGELES COUNTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY F LSC IDENTIFYING INFORMATI		(EACH CORRECTIVE ACT	OF CORRECTION TION SHOULD BE CROSS- PROPRIATE DEFICIENCY)	(X5) COMPLET DATE
	indicated Resident last 24 to 36 hour placement (also known that is placed direct abdominal wall inci- fluids, and medicati- few days to assess his mental status neurologist. The (through the nose a feeding in the interim. A review of the phy timed at 11:50 a.m be DNR (do not a resident with comfor to promote the sou	sician's order, dated , indicated Resident resuscitate) and to p ort measures (any a othing of a patient, e in position, admin	low for the tomy tube be, a tube through an n of food, or the next ovement in by the nasogastric mach) tube 5/29/13 and 1 was to provide the ction taken such as a	•		
	5/29/13 and timed elected for comfort philosophy of care natural part of life a hasten the dyin (percutaneous endo feeding tube) or other According to the hospital, dated 5/30 Resident 1 had an test that detects e	scopic gastrostomy,	family has hospice (a borolong nor no PEG a type of from the spitalization, alogram, a your brain			

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TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 055167		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/02/2014		
NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, ZIP CODE           VERNON HEALTHCARE CENTER         1037 W Vernon Ave, Los Angeles, CA 90037-2415 LOS ANGELES COUNTY						
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLET DATE
	with seizure. The indicated Resident requested by the diagnoses were hemorrhage, subdu of stroke, and seizure A review of the phe dated 5/30/13, indice a skilled nursing Resident 1 went to	ral hematoma, dementia, history e disorder. ysician order (from the hospital), cated to discharge Resident 1 to facility with hospice care. another skilled nursing facility on 6/9/13, 10 days after being				
	he died on 6/9/13 death was not reprint performed, and death was cardiad (disease or injury thin death) were muy vascular disease related to disease the brain). Other to his death but cause were dementian On 2/11/14, at 1:4	ent 1's death certificate indicated in a skilled nursing facility, his orted to a coroner, autopsy was d the immediate cause of his c arrest. The underlying cause that initiated the events resulting ittiple organ failure and cerebral (a group of brain dysfunctions of the blood vessels supplying significant conditions contributing not resulting in the underlying a seizures, and stroke. IS p.m., during an interview, the nurse (LVN 1) stated Resident				
	1 was not provided the bed prior to his fa On 2/11/14, at 2 p.	with floor mattress and alarm in				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP IND PLAN OF CORRECTION IDENTIFICATION 055167				(X3) DATE SURVEY COMPLETED 12/02/2014				
	ROVIDER OR SUPPLIER HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1037 W Vernon Ave, Los Angeles, CA 90037-2415 LOS ANGELES COUNTY						
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE ACTIO REFERENCED TO THE APPR	N SHOULD BE CROSS-	(X5) COMPLETE DATE			
	the bed prior to Resid On 2/11/14, at 2:3 (DON) reviewed Re reviewing Resident stated, during an im- interventions or me care plan for Reside The DON stated, w care plan, that at the Resident 1's bed wa was no floor mattress no alarm in the bed fall precautions for Resident 1's bed and on 2/11/14, at 3 p. stated she did not Resident 1's bed and on 5/19/13. On 2/11/14 at 3:15 p stated on the night noise, went to Re Resident 1 facing the She stated there wa and she could not mattress beside his CNA 1, on 1/22/15	sident 1's bed and no a ent 1's fall on 5/19/13. 10 p.m., the director of esident 1's fall care pla 1's fall care plan, th terview, there should have easures established in ent 1 prior to his fall on while reviewing Resident. The time of the fall, the h as not in the low position is beside his bed and the The DON stated there we esident 1. m., during an interview, see any floor mattress d there was no alarm in m., during an interview, of 5/19/13, she heard esident 1's room, and e wall while sitting on the is no alarm on Resident of During an observation at 3:20 p.m., the space flooccupied by Resident 1	nursing n. After e DON ve been the fall 5/19/13. 1's fall reight of n, there ere was were no LVN 2 beside his bed CNA 1 a loud found ne floor. 1's bed by floor ion with between						
•	stated when he sa	n's length. h., during an interview, lw Resident 1 on the f see any alarm on Resid	floor on .						

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. 055167			(X3) DATE SURVEY COMPLETED 12/02/2014			
				ESS, CITY, STATE, ZIP CODE on Ave, Los Angeles, CA 90037-2415 LOS ANGELES COUNTY				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTION REFERENCED TO THE APPRO	SHOULD BE CROSS-	(X5) COMPLETE DATE		
	mattress beside his b On 1/23/15 at 10 Physician 1 (the Resident 1's prima always assume that is found sitting on t 1, who had an unw external trauma to bleed on the fronta stated without an confirm the cause of A review of the fac "Fall prevention and 12/1/12, indicated that minimizes com The licensed nurs (IDT, a group conside departments who resident's care) w according to the cause. Therefore, the facili who was identified environment that associated with fall	45 a.m., during an interview, facility's Medical Director and ry physician on 5/19/13) stated a fall occurred when a resident he floor. In the case of Resident itnessed fall, had no evidence of the head, but had developed a I lobe of his brain, Physician 1 autopsy, it would be hard to						
	landing pad) besic facility's policy and p	nt of a mattress on the floor (a de the bed, according to the rocedure for falls. resulted in Resident 1's fall,	· · · · · · · · · · · · · · · · · · ·					

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 055167	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/02/2014		
	ROVIDER OR SUPPLIER HEALTHCARE CENTER		DORESS, CITY, STATE, ZIP CODE errion Ave, Los Angeles, CA 90037-2415 LOS ANGELES COUNTY				
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTION S REFERENCED TO THE APPROF	SHOULD BE CROSS-	(X5) COMPLETE DATE	
	filled with blood) w and grand mal se and violent mus Resident 1 was treatment. Residen for 10 days and w nursing facility und at the skilled discharge from the h This failure present death or serious h						
4	· .	· · ·					
Event ID:X	81111	3/31/2015	2:0	3:28PM			

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