STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055504	A. BUILDING _____ B. WING _____	**07/09/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
COUNTRY VILLA SOUTH CONV CTR	**3515 OVERLAND AVENUE LOS ANGELES, CA 90034**

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 0657 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise a comprehensive person-centered care plan for one of three sample residents (Resident 1). This deficient practice resulted in no new intervention to treat Resident 1's uncontrolled pain. Findings: On 6/22/2020 a review of Resident 1's Admission Record indicated a re-admitted d 10/18/19 with a [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 1/25/2020, indicated Resident 1 did not have memory problems and could make decisions. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's Initial Pain assessment dated [DATE] identified chronic (long-term) back pain rated at its worse a 9 of 10 (9/10 pain rating scale from zero to 10, zero indicating no pain and 10 the worst possible pain) and 2/10 at its best. A review of Resident 1's Care Plan developed on 10/18/19 for the residents frequent chronic moderate back pain, had a goal dated 1/18/2020 for Resident 1 to verbalize decreased pain requiring less pain medications. The interventions included assess for medication effectiveness, evaluate the need of routine medications, and provide non-pharmacological interventions such as repositioning and a calming environment. The care plan was revised 1/21/2020 and 4/20/2020 with no changes in interventions to relieve Resident 1's pain. A review of Resident 1's daily Pain Assessment Flowsheet and the pain assessment documented on the Medication Administration Record (MAR) from 3/2020 to 5/2020, indicated administration of [MEDICATION NAME] daily with 8/10 pain before administration and 2-3/10 after administration. A review of Resident 1's Change of Condition form dated 5/15/2020 indicated Resident 1's chronic pain became worse radiating to bony areas of shoulders and knees and [MEDICATION NAME] was ineffective. The physician was informed and ordered transfer to a hospital for evaluation. On 6/22/20 at 2 p.m., during a review of Resident 1's clinical record with the Director of Nursing (DON), she was unable to find documentation since Resident 1's readmission on 1/18/19 2020 through 5/15/2020, the care plan intervention were revised and new interventions were developed to address the resident's daily severe pain. A review of the undated facility's policy on Comprehensive Person - Centered Care Planning, indicated the IDT will review and revise the comprehensive care plan after each MDS assessment.
F 0697 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide safe, appropriate pain management for a resident who requires such services.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to manage pain for one of three sample residents (Resident 1). Resident 1 endured daily severe pain for three months without new interventions to control Resident 1's. Findings: On 6/22/2020 a review of Resident 1's Admission Record indicated a re-admitted d 10/18/19 with a [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool) dated 1/25/2020, indicated Resident 1 did not have memory problems and could make decisions. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's Initial Pain assessment dated [DATE] identified chronic (long-term) back pain rated at its worse a 9 of 10 (9/10 pain rating scale from zero to 10, zero indicating no pain and 10 the worst possible pain) and 2/10 at its best. A review of Resident 1's Care Plan developed on 10/18/19 for the residents frequent chronic moderate back pain, had a goal dated 1/18/2020 for Resident 1 to verbalize decreased pain requiring less pain medications. The interventions included assess for medication effectiveness, evaluate the need of routine medications, and provide non-pharmacological interventions such as repositioning and a calming environment. A review of Resident 1's daily Pain Assessment Flowsheet and the pain assessment documented on the Medication Administration Record (MAR) from 3/2020 to 5/2020, indicated administration of [MEDICATION NAME] daily with 8/10 pain before administration and 2-3/10 after administration. There was no documentation the interdisciplinary team (IDT - group of staff from different healthcare disciplines (physician, nursing, social services, dietician, rehabilitation staff, the resident and family) addressed Resident 1's continuous pain and lack of effectiveness of the medication [MEDICATION NAME]. There was no evidence they attempted different approaches including non-medication strategies (warm or cold compress, physical therapy for pain management) or new routine medications. A review of Resident 1's Change of Condition form dated 5/15/2020 indicated Resident 1's chronic pain became worse radiating to bony areas of shoulders and knees and [MEDICATION NAME] was ineffective. The physician was informed and ordered transfer to a hospital for evaluation. On 6/22/20 at 2 p.m., during a review of Resident 1's clinical record with the Director of Nursing (DON), she was unable to find documentation from 3/1/2020 to 5/15/2020, when the resident had daily severe pain, the nursing staff informed the physician Resident 1's uncontrolled pain, ineffective pain medication, and lack of routine pain medication.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE