

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056321	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER OLYMPIA CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 1100 S. ALVARADO ST LOS ANGELES, CA 90006	
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 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of three medication carts (MC 1) was locked and in good repair. This deficient practice had the potential to result in unauthorized resident and personnel access to medications. Findings: On 10/6/2020, an unannounced visit was made to the facility to investigate an alleged resident abuse incident. During an observation on 10/6/2020 at 2:50 p.m., the top left drawer of the MC 1 was unlocked. During an interview with the Licensed Vocation Nurse (LVN 1) on 10/6/2020, at 2:50 p.m., LVN 1 confirmed the finding and stated station 1's medication cart top left drawer was broken. LVN1 further stated this may cause unauthorized medication access by the residents if left unlocked. During an interview with the Registered Nurse (RN 1), on 10/6/2020, at 2:53 p.m., RN 1 confirmed the findings and stated MC 1 top left drawer was broken. During an observation and a concurrent interview with the Infection Preventions (IP), on 10/6/2020, at 3:00 p.m., the IP stated the lock-pin on the top left drawer of the MC 1 at station 1 was broken. During an interview and a concurrent record review with the Director of Nursing (DON) on 10/6/2020 at 4:00pm, the DON read the facility's Medication Storage in the Facility policy and procedures and stated medication rooms, carts, and medication supplies are locked or attended by persons with authorized access. The DON acknowledged the finding.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.