STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555700	A. BUILDING _____ B. WING _____	**06/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE REHABILITATION CENTRE OF BEVERLY HILLS	**580 SOUTH SAN VICENTE BLVD. LOS ANGELES, CA 90048**

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 0641 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure each resident receives an accurate assessment.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately assess Resident 1 during the observation period (look back period) of the Minimum Data Set (MDS - an assessment and planning tool). Resident 1 had a tab alarm (electronic device that monitors movement and alerts the staff when movement is detected) which was not coded in the MDS. This deficient practice may result in failing to identify the care needs of Resident 1. Findings: A review of the Admission Record, indicated Resident 1 was admitted to the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A review of the MDS dated [DATE] indicated Resident 1 was oriented to year, month and day. Resident 1 needed two or more person physical assist with bed mobility and transfers and needed one person physical assist with rest of Activities of Daily Living (ADLs). A review of the Devices and physician's orders [REDACTED]. A review of the MDS dated [DATE], section P, Restraints and Alarms, P0200 Alarms indicated Resident 1 was not coded for the tab alarm ordered on [DATE]. During a telephone interview and concurrent review on 12/24/19, at 2:21 p.m., with MDS nurse, Resident 1's MDS dated [DATE] was reviewed. The MDS nurse stated the order for the tab alarm dated 10/4/19 should have been coded. The MDS nurse stated a correction would be submitted.
F 0689 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents received adequate supervision and assistance devices for one of two sampled residents (Resident 1). Resident 1, who had a high risk for falls and used a tab alarm (electronic device that monitors resident movement and alerts staff when movement is detected) did not have a care plan with effective interventions for the tab alarm. These deficient practices caused an increased risk to the safety of Resident 1. Findings: A review of the Admission Record (face sheet) indicated Resident 1 was admitted to the facility on [DATE] and re-admitted on [DATE] with [DIAGNOSES REDACTED]. A review of the interdisciplinary team (IDT) Admission Fall Assessment, dated 10/4/19, indicated a score of 29. A total score of 10 and above represents a high risk for falls. A review of the Devices and Physical Restraint Orders/Consents, dated 10/4/19, at 2:35 p.m. indicated Resident 1 had an order to use the tab alarm while Resident 1 was in the wheelchair to alert staff. There was no physician's order to use the tab alarm while Resident 1 was in his bed. According to a review of the Care Plan, initiated on 10/5/19, Resident 1 was identified at risk for falls. The Care Plan indicated Resident 1 lost his balance when he attempted to stand up to use the bathroom. The care plan interventions indicated to assist Resident 1 getting in and out of bed. A review of the Minimum Data Set (MDS, an assessment and care screening tool) dated 10/11/19, indicated Resident 1 was oriented to year, month and day. Resident 1 needed two or more person physical assist with bed mobility and transfers and needed one person physical assist with other Activities of Daily Living (ADLs). A review of the Progress Notes dated 10/29/19, at 7:10 p.m., indicated Resident 1 was found lying on the floor at the foot of the bed. Resident 1 had hit his head against the wall. Resident 1 was assessed while lying on the floor. There was no redness, discoloration or swelling noted on Resident 1's head. The Notes indicated Resident 1 had been going to the bathroom and lost his balance while walking. The Nurse Practitioner (NP) was notified. At 7:30 p.m., Resident 1 complained of bilateral buttocks and left hip pain. The NP was notified and ordered x-rays. The x-ray indicated pubic rami (bottom portion of the pelvis and comprises the bones we sit on) fractures and the NP was notified. At 11:27 p.m., Resident 1 was sent out to the general acute hospital (GACH) for Computed Tomography (CT) scan of the head, sacrum, pelvic and coccyx (tail bone). A review of the Resident Assessment Instrument (RAI) Version 3.0 Manual dated 10/2019, indicated when the use of an alarm was considered as an intervention in the resident's safety strategy, use must be based on the assessment of the resident and monitored for efficacy on an ongoing basis, including the assessment of unintended consequences of the alarm use and alternative interventions. During an interview on 11/12/19, at 11:11 a.m. with certified nursing assistant (CNA 1), indicated Resident 1 was found lying on the floor in his room. CNA 1 stated Resident 1 had wanted to go to the bathroom and fell backwards at the foot of his bed. CNA 1 stated she had observed Resident 1 remove the tab alarm many times in the past. CNA 1 stated she informed the licensed nurses about this. During an interview on 11/12/19, 12:39 p.m., with the licensed vocational nurse (LVN 1), stated Resident 1 does not like the tab alarm because it emits a loud noise. LVN 1 stated she has observed Resident 1 remove the tab alarm. LVN 1 stated she did not document or inform anyone. A review of the facility's medical director preliminary review dated 11/20/19, sent to the Department via facsimile, indicated an x-ray dated 8/2/19, resulting in a pathologic bone fracture in the pelvic ring (butterfly shaped group of bones at the base of the spine). Although the apparent fall was likely a contributing factor, the presence of pelvic ring fracture due to metastases also raises the possibility that a pathologic fracture may have actually caused or contributed to the fall itself, rendering it unavoidable. The preliminary review indicated the placement of bed and wheelchair tab alarms were monitored each shift but the care plan documentation was missing. During an interview on 11/12/19, at 2:14 p.m. with the director of nursing (DON) stated the tab alarm was ordered on [DATE] during Resident 1's admission. The DON stated she was not informed that Resident 1 was removing the tab alarm. If she had known, the tab alarm could have been changed to a sensor pad alarm (pressure sensor that detects when the user is no longer on the bed/wheelchair). During an interview and concurrent record review on 12/30/19 at 12:46 p.m. with the DON, Resident 1's Devices and Physical Restraints Orders/Consents dated 10/4/19 and the Devices and Physical Restraints assessment dated [DATE] were reviewed. DON stated there should be a [DIAGNOSES REDACTED]. The DON stated there should be a physician order for [REDACTED]. For a physical and/or device, an initial care plan will be developed utilizing the least restrictive measure necessary to meet the individual needs of the resident.

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.