

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056195</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LA BREA REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>505 N. LA BREA AVENUE LOS ANGELES, CA 90036</b>	
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 0693  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure it was the correct gastrostomy tube feeding (GT- a tube inserted through the abdomen that delivers nutrition directly to the stomach) formula given to one of two residents (Resident 1) as ordered by the physician. This deficient practice had the potential for Resident 1's nutritional needs not being met and placed the Resident 1 at risk to develop complications related to the wrong formula that was given. Findings: A review of the admission record indicated Resident 1 was re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A record review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/19/2020, indicated Resident 1 was severely cognitively impaired (never or rarely made decisions). The MDS indicated Resident 1 needed total dependence with bed mobility, dressing, and toilet use with one person assist with transfer, locomotion, and personal hygiene. The MDS Nutritional Approaches indicated Resident 1 had a feeding tube. A record review of Resident 1's physician's orders [REDACTED]. A record review of Resident 1's nutritional assessment, dated 5/18/2020, indicated an enteral feeding of [MEDICATION NAME] 1.2. A record review of Resident 1's interdisciplinary team conference record, dated 6/17/2020, indicated enteral feeding of [MEDICATION NAME] 1.2 at 65 ml/hr for 20 hours. During an observation on 6/22/2020 at 12:45 PM, Resident 1 was observed with gastric tube feeding of Glucerna 1.2 (a calorically dense formula that has a unique blend of carbohydrates, including slowly digestible carbohydrate clinically shown to help minimize blood glucose (sugar) response) at 65 ml/hr. During an observation on 6/22/2020 at 1:05 PM, and concurrent interview, the Licensed Vocational Nurse 1 (LVN 1) stated current GT feeding bottle is Glucerna 1.2 at 65 ml/hr for Resident 1. He stated the physician's orders [REDACTED]. He stated the wrong enteral feeding formula was given to Resident 1. He stated some complications of giving the wrong formula are insufficient nutrition, diarrhea, and vomiting. During an observation on 6/22/2020 at 2:36 PM, and concurrent interview, the Director of Nursing (DON) stated current GT feeding bottle was Glucerna 1.2 at 65 ml/hr for Resident 1. He stated the physician's orders [REDACTED]. He stated that per facility's policy, one needed to verify physician's orders [REDACTED]. He stated the wrong enteral feeding formula was given to Resident 1. He stated Resident 1 could have developed complications of enteral feeding due to wrong enteral feeding of weight loss, electrolyte imbalance (abnormal concentration of electrolytes (minerals) in the body if unchecked can cause heart rhythm disturbances, and [MEDICAL CONDITION] (may cause loss of consciousness, falls, or massive muscle spasms)), and vomiting. A review of the facility's policy and procedure titled, Enteral Feeding - Safety Precautions, revised on 5/2014, indicated that in preventing errors in administration the facility staff should Check the enteral nutrition label against the order administration. Check the following information: a. Resident name, ID (identification) and room number; b. Type of formula; c. Date and time formula was prepared; d. Route of delivery; e. Access site; f. Method (pump, gravity, syringe); and g. Rate of administration (ml/hour).</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.