STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056084	A. BUILDING _____ B. WING _____	**08/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ASTORIA NURSING AND REHAB CENTER	**14040 ASTORIA STREET SYLMAR, CA 91342**

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 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility to develop and implement a comprehensive person-centered care plan with measurable objectives and time frames addressing the weight loss of one of three sampled residents (Resident 1). This deficient practices tha the potential to result on further weight loss. Findings: A review of Resident 1's Face Sheet (Admission Record) indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] after a five-day stay at an acute care hospital (GACH). Resident 1's [DIAGNOSES REDACTED]. as a pump is inadequate to meet the body's needs), and pressure ulcer (a wound that occurs as a result of prolonged pressure on a specific area of the body) on the sacral (sacrum- triangular-shaped bone at the bottom of the spine) region. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 12/12/2019 indicated Resident 1's weight was 101 pounds. A review of Resident 1's MDS dated [DATE], indicated the resident can make self-understood and has the ability to understand others. The MDS indicated that resident required limited to extensive assistance with bed mobility, personal hygiene, transfer, dressing, and toilet use. Resident 1's weight was 92 pounds. A review of Resident 1's Monthly Weights for indicated upon readmission (4/30/2020), Resident 1 weighed 92 pounds, on 5/27/2020, the weight as 90 pounds and on 6/15/2020, the weight was 87 pounds. A review of Resident 1's Nutritional Review record, dated 6/10/2020 indicated the resident was noted with significant weight loss in three and six months. On 7/10/2020, at 3.30 p.m., during an interview with the Director of Nursing (DON) and a concurrent review of Resident 1's clinical record, the DON stated the clinical record did not contain and care plan related to weight loss. A review of the facility's undated policy and procedures titled, Nutritional Care- Significant Weight Changes, indicated, the Director of Food and Nutrition Services or appointee is responsible for obtaining monthly and weekly weight changes from nursing or electronic system to provide to the Registered Dietician (RD) in order to identify residents with significant weight changes. Nursing and RD will assess if the weight change if desirable or not and document accordingly, updating the care plan with interventions. Recommendations requiring a physician order [REDACTED]. A review of the facility's undated Policy and Procedure, titled Care Plans - Comprehensive, indicated, an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Care plan interventions are designed after careful consideration of the relationship between the resident's problem areas and their causes. Assessment of residents are ongoing and care plans are revised as information about the resident and resident's condition change. The care planning team is responsible for the review and updating of the care plans when there has been a significant change in the resident's condition.
F 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a low air loss mattress (LAL - a pressure-relieving mattress used to prevent and treat pressure ulcers (a wound that occurs as a result of prolonged pressure on a specific area of the body)) was functioning properly for one out of three sampled residents (Resident 1). Resident 1's LAL mattress was not set according to resident's weight per manufacturer's guidelines. This deficient practice placed Resident 1 at risk for discomfort, development of new pressure ulcers, and delayed healing of existing pressure ulcers. Findings: A review of Resident 1's Face Sheet (Admission Record, indicated the resident was originally admitted to the facility on [DATE] and was readmitted on [DATE] with [DIAGNOSES REDACTED]. as a pump is inadequate to meet the body's needs), and pressure ulcer (a wound that occurs as a result of prolonged pressure on a specific area of the body) on the sacral (sacrum- triangular-shaped bone at the bottom of the spine) region. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and screening tool) dated 5/4/2020, indicated the resident could make herself understood and understand others. Resident 1 required limited to extensive assistance with bed mobility, personal hygiene, transfer, dressing, and toilet use. Resident 1 had pressure ulcer on the sacrum. A review of Resident 1' physician's orders [REDACTED]. A review of Resident 1's Care Plan on wound management dated 5/25/20, indicated, altered skin integrity manifested by stage four pressure ulcer (pressure ulcer reached all the way to muscle, bone, or tendons (tissue which connects muscle to bone)). The Care Plan goal was to improve in size and stage of the pressure ulcer until resurfacing without any complications. One of the interventions was the use of pressure relieving device as appropriate size or stage -low air loss mattresses (LAL mattress). A review of Resident 1's Monthly or Weekly Vital Signs record indicated the resident's weight on 7/6/2020 was 91 pounds. During a concurrent observation and interview on 7/8/2020, at 10.27 a.m., with Licensed Vocational Nurse 1 (LVN 1), Resident 1 had stage four (Stage IV - full thickness skin loss with extensive destruction to muscle, bone, or supporting structure (such as tendon, or joint capsule)) and was lying on LAL mattress with weight setting of 180 pounds. LVN 1 confirmed Resident 1 mattress was set at 180 pounds. LVN 1 stated she did not know if the weight setting on LAL mattress was appropriate for Resident 1. A review of the facility-provided undated Operation Manual titled Proactive medical products - Protekt Aire 2000 operating instructions, indicated determine the patient's weight and set the control knob to that weight setting on the control unit. A review of the facility's undated Policies and Procedures titled Pressure Ulcers/ Skin Breakdown - Clinical Protocol, indicated the nursing staff and Attending Physician will assess and document an individual's significant risk factors for developing pressure sores. The Physician will authorize pertinent orders related to wound treatments including pressure reduction surfaces.

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.