STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056489	A. BUILDING _____ B. WING _____	**07/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HOLLYWOOD PREMIER HEALTHCARE CENTER	**5401 FOUNTAIN AVE. LOS ANGELES, CA 90029**

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 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to follow-up with the physician regarding abnormal laboratory result for one of two sampled residents (Resident 1). This deficient practice resulted in the delay of necessary treatment to Resident 1. Findings: A review of Resident 1's Admission Record indicated, Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, standardized care and screening tool) dated 1/10/20, indicated Resident 1 was oriented to year and day. Resident 1 needed one person physical assistance with bed mobility, dressing, eating. Toilet use, personal hygiene and bathing. A review of Resident 1's Change of Condition (COC) dated 4/1/20, at 7:14 p.m., indicated, Resident 1 had elevated temperature of 101.8 degrees Fahrenheit. Resident 1 was given [MEDICATION NAME] (medication for pain and fever) and cooling measure provided. Resident 1's Physician was notified and the Physician gave an order that included comprehensive metabolic panel (CMP, test that measures 14 different substances in the blood) stat (immediately). A review of Resident 1's Laboratory Results Report indicated Resident 1's CMP result was faxed and reported by telephone to the facility on [DATE], at 1:30 p.m. The result indicated Resident 1's blood urea nitrogen (BUN, provides information about kidney and liver function) was 71 mg/dL (normal range is 7-23 mg/DL). A review of Resident 1's Nursing Notes dated 4/2/20, at 2:38 p.m. indicated the facility left a message with Resident 1's Physician regarding the laboratory results. A review of Resident 1's Nursing Notes dated 4/3/20, at 3:37 a.m. indicated Resident 1's Physician called with an order to administer three liters (L) of normal saline (NS, fluid replacement) at a rate of 80 milliliters per hour (ml/hr.) intravenously (IV, deliver directly into the vein) due to the high BUN. During a telephone interview and a concurrent record review with the Registered Nurse Supervisor (RNS) on 7/10/20, at 3:29 p.m., the RNS reviewed Resident 1's nurse's notes and laboratory result. The RNS stated Resident 1's Physician was notified on 4/1/20 at 2:38 p.m. The RNS was unable to find documentation that there was a follow-up call to the Physician regarding the abnormal laboratory result. The RNS further stated the Physician was notified again on 4/3/20 at 3:38 a.m. and the Physician gave an order to start the IV NS. During a telephone interview with the Director of Nursing (DON), on 7/10/20, at 3:54 p.m., the DON stated the Physician was notified on 4/2/20, at 2:38 pm. The facility was waiting for the Physician to call back. The Physician was notified again on 4/3/20, at 3:37 a.m. DON further stated the order was received 12 hours later. A review of the facility's undated Policy and procedures titled Test Results, indicated, Should the test results be provided to the facility, the attending physician shall be promptly notified of the results.
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accuracy of records was maintained for one of two sampled residents (Resident 1). This deficient practice had the potential for medication error and resident needs to be unmet. Findings: A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- standardized care and screening tool) dated 1/10/20, indicated Resident 1 was oriented to year and day. Resident 1 needed one person physical assistance with bed mobility, dressing, eating. Toilet use, personal hygiene and bathing. A review of Resident 1's Change of Condition, (COC) dated 4/1/20, at 7:14 p.m., indicated Resident 1 had an elevated temperature of 101.8 degrees Fahrenheit. Resident 1 was given [MEDICATION NAME] and cooling measures were provided. A review of Resident 1's Nurses Notes dated 4/2/20, at 1:12 p.m. indicated Resident 1 had one episode of watery stool. Resident 1's Physician was notified and an order was received to give [MEDICATION NAME] (medicine for diarrhea) 2 milligrams (mgs) after each loose stool with a maximum of four tablets per 24 hours. At 3:46 p.m., the Nurses Notes indicated Resident 1 had an episode of diarrhea and the medication [MEDICATION NAME] was given. A telephone interview and a concurrent record review of the Medication Administration Record [REDACTED]. The RNS stated, On 4/1/20, [MEDICATION NAME] (medication for fever and pain) was given to Resident 1 due to Resident 1 having a temperature of 101.8. The RNS confirmed the [MEDICATION NAME] was not signed as given. The RNS stated the MAR indicated [REDACTED]. During a telephone interview and concurrent review of the Nurses Notes and MAR indicated [REDACTED]. The DON further stated the MAR indicated [REDACTED]. A review of the facility's undated policy and procedures, titled, Guidelines for Medication Administration, indicated, To record the relevant and required information on the appropriate documentation record.

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.