STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056078	A. BUILDING _____ B. WING _____	**07/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAKEVIEW TERRACE	**831 S LAKE STREET LOS ANGELES, CA 90057**

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 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 observation, interview and record review, the facility failed to ensure staff followed the facility's policy and procedures regarding transfer by a portable lift machine for one of two residents (Resident 2). This failed practice had the potential to result in accidental fall and injury for Resident 2. Findings: A review of Resident 2's Admission Record, indicated Resident 2 was readmitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's Minimum Data Set (MDS - an assessment and care screening tool), dated 4/6/20 was conducted. The MDS indicated Resident 2 was cognitively intact (the process of acquiring knowledge and understanding through thought, experience, and the senses) in daily decision making skills. Resident 2 required a mechanical lift with extensive physical assistance help, from two-persons for transfers (how resident moves between surfaces), tub bathing, and showering. During an observation on 6/22/20, at 1:15 PM, the Certified Nursing Assistant 1 (CNA 1) was transferring Resident 2 with a hoyer lift (a mechanical lift). Resident 2 was sitting in the lift sling seat in his room hovering next to his bed and was observed lifted high in the air, sitting inside a mechanical lift sling seat. CNA 1 was performing the transfer without assiatance from other staff. During an interview with CNA 1 at 1:45 PM, CNA 1 stated she should have had another person assisting her with the Hoyer lift transfer. CNA 1 further stated she had received training regarding safe transfer with the hoyer lift. During an interview with the Director of Nurses (DON), on 6/22/20 at 2 PM, the DON stated there should be two staff when moving a resident by the hoyer lift. A review of the facility's undated policy and procedures titled, Using a Portable Lifting Machine, reviewed on 1/22/20, indicated, Two nursing assistants are required to perform transfer of the resident by a portable lift machine.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure staff followed its' policy and procedures regarding the wound dressing change for one of two sampled residents (Resident 1). This failed practice had the potential for the development the an infection (a disease caused by microorganisms that invade tissues). Findings: A review of the Admission Record, indicated Resident 1 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The vessel valves blood can also flow backwards and blood can collect or pool in the legs) and non-pressure chronic ulcer to right foot, right lesser toes, and lower leg. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 5/6/20, indicated Resident 1 was cognitively intact (the process of acquiring knowledge and understanding through thought, experience, and the senses) in daily decision making skills. A review of Resident 1's Doctor's Progress Notes, dated 2/20/20, indicated Resident 1 has a right leg venous stasis ulcer (a skin wound caused by pooled blood or [MEDICAL CONDITION]). A review of Resident 1's physician's orders [REDACTED]. shin area (area on the anterior between the kneecap and the food). There was brown liquid that had leak slowly through through the [MEDICATION NAME] dressing in multiple places but with a noticeable area where the strap from a boot was which was approximately 2 centimeters (cm, a unit of measure) by 7 cm. LVN 1 stated Resident 1's dressing has not been changed since 6/19/20. LVN 1 further stated Resident 1 refuses some days to have his wound changed, however, LVN 1 was unable to show documentation of Resident 1's resfusal of a wound change. During an interview with Resident 1 on 6/22/20 at 1:30 PM, Resident 1 stated he prefers the dressing to be changed at 1:15 PM or 1:30 PM, right after lunch. Resident 1 further stated he did not refuse to have his dressing changed on 6/20/20 or 6/21/20. During a record review and concurrent interview with the Director of Nurses (DON), on 6/22/20 at 1:45 PM, Resident 1's Treatment Administration Record (TAR) for the month of June 2020 was reviewed. The TAR indicated there was an initial indicated for LVN 2 for the 6/20/20 and 6/21/20, however, no corresponding signature for that initial on the June 2020 TAR. The DON stated when a resident refuses the entry is circled and provided an explanation for the refusal on the back of a treatment record. The DON further stated LVN 2 forgot to circle the initial and document on the back. The DON further stated the supervisor should have been notified of a Resident 1's refusal. There was no indication on Resident 1's June 2020 TAR indicating a Supervisor was notified. During a phone interview with LVN 2, on 6/29/20 at 2:45 PM, LVN 2 stated on 6/20/20 and 6/21/20 he attempted to perform a wound dressing change but Resident 1 refused. LVN 2 further stated he did not notify the Registered Nurse Supervisor of Resident 1's refusal on 6/20/20 or on 6/21/20. LVN 2 further stated he forgot to document Resident 1's refusal on Resident 1's TAR. A review of the facility's policy and procedure titled, Wound Care, reviewed on 1/22/20, indicated, A licensed nurse is to document if a resident refuses treatment and the reason(s) why. The document also indicated to notify the supervisor if a resident refuses the wound care.

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.