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 _____	**03/25/2020**

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 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 staff were documenting the treatments for one of two sampled residents (Resident 2). This failure resulted in incomplete and inaccurate medical documentation for Resident 2. Findings: A review of the admission record, dated 3/13/20, indicated facility originally admitted Resident 2 on 3/19/19 and re-admitted on [DATE], with [DIAGNOSES REDACTED]. During an interview on 3/13/2020 at 9:29 a.m., and concurrent record review, the Licensed Vocational Nurse (LVN) 1 stated there were missing initials in Resident 2's Treatment Records for (NAME)2020 for treatments for pressure sores and [MEDICAL CONDITION] care. LVN 1 stated once treatments were done, staff should document and initial in the treatment documentation. There were missing initials on the following treatments for the 7 a.m. to 3 p.m. schedule on 3/11/20 and 3/12/20: 1. right medial (middle) heel, 2. left heel, 3. [MEDICAL CONDITION] (surgical procedure that brings one end of the large intestine out through the abdominal wall) care, and 4. left buttocks pressure sore. During an interview on 3/13/2020 at 12:20 p.m., and concurrent record review, the Director of Nursing (DON) stated Resident 2's Treatment Record for month of (NAME)were missing initials and staff were aware of the need to complete documentation as soon as possible. A review of the facility's policy and procedure titled, Health Information/ Record Manual, revised on 9/9/10, indicated Documenting information on the resident in the health record provides: . Documented evidence of monitors and the course of a resident's illness and treatment during the course of treatment/services; A way to record the care received by the resident A person(s) making observations or rendering direct services to the resident shall document in the record Entries shall be: accurate, complete
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 observe infection control measures for one of two sampled residents (Resident 2) by: 1. Not cleaning the scissors after it was used to cut through old/soiled bandage and dressing. The same scissors (not cleaned) was then used for wound vac drape (adhesive covering) applied after wound care treatment and dressing change on sacrum stage four pressure ulcer (sore or injury is very deep, reaching into muscle and bone and causing extensive damage). 2. Not cleaning the outside surface of the medical adhesive spray container after using it during a pressure ulcer treatment and just returning it back in the treatment cart. These failures had the potential to place Resident 2 at risk for infection and contamination to other residents. Findings: A review of the admission record, dated 3/13/20, indicated facility originally admitted Resident 2 on 3/19/19 and re-admitted on [DATE], with [DIAGNOSES REDACTED]. During a wound care observation on 3/13/2020 at 10:52 a.m., Licensed Vocational Nurse (LVN) 1 was not cleaning the scissors used in cutting through old/soiled bandage and dressing. The same scissors was used also for wound vac drape applied after application of medication to the pressure ulcer and dressing change on sacrum stage four pressure ulcer. LVN 1 was using the Medical adhesive spray one to two inches away from wound during treatment. LVN 1 placed the spray container back to the treatment cart without cleaning the outside surface. During an interview on 3/13/2020 at 12:00 p.m., LVN 1 stated scissors should have been cleaned in between use specifically after cutting through the old/soiled bandage and before the clean dressing. LVN 1 stated the adhesive spray container should have been cleaned prior to returning the it back to the treatment cart for future use. LVN 1 stated these practices may cause infection to residents. During an interview on 3/13/2020 at 12:20 p.m., the Director of Nursing (DON) stated scissors should have been cleaned in between use during the treatment. DON stated the spray container should have been cleaned prior to returning back to the cart to prevent infection. A review of the facility's policy and procedure titled, Infection Prevention and Control Program Description, dated 9/1/04, indicated Prevention of infection which includes staff and patient education focusing on risk of infection and practices to decrease risk. Policies, procedures, and infection prevention and control practices are followed by staff.

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.