

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555374</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAYFLOWER CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5043 PECK RD EL MONTE, CA 91732</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 0689  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure the resident's fall risk assessment was accurate to prevent further falls for three of three sampled resident (Resident 1, Resident 2 and Resident 3). This deficient practice had the potential for the residents to have further falls. Findings: a. A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated [DATE], indicated Resident 1 had clear speech and was able to make needs known. Resident 1 needed supervision from staff for transferring and eating. On 1/28/20, at 2:45 p.m., during an interview the Director of Nurses (DON), stated Resident 1 had a fall on 1/27/20, unwitnessed in his room. Resident 1 was able to tell the nurse what happened, that he lost balance and hit the doorframe in his room. A review of the Fall Risk assessment dated [DATE], indicated Resident 1 had no prior history of falls and the total score of the assessment was 15. Another Fall Risk Assessment was done on 1/12/20 indicated Resident 1 did not have any history of falls and total score was still 15. A review of the Fall Risk Assessment indicated: This Risk Assessment will be completed on admission, quarterly and as needed after falls. The total score will reflect potential for falls and a score of 18 or more High Risk and Care Plan will be developed to reduce falls and injuries. On 2/21/20, at 1:10 p.m., during an interview the DON, stated the nurses would do another assessment on the Fall Risk Assessment form after a fall. The DON stated she was unsure why they did not indicate on the assessment form the resident's last fall. The DON stated if they documented Resident 1's last fall, the score would be 19 indicating he was a high fall risk. b. A review of Resident 2's Admission Record indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's MDS, dated [DATE], indicated Resident 2 had clear speech and was sometimes able to make needs known. Resident 2 needed supervision from staff for transferring and eating. On 1/28/20, at 2:50 p.m., during an interview the DON, stated Resident 2 had an unwitnessed fall on 1/27/20, in the hallway. A review of Resident 2's Fall Risk assessment dated [DATE], indicated Resident 2 had no history of falls and score was eight. In another Fall Risk assessment dated [DATE], indicated Resident 2 had no history of falls and score was eight. The Fall Risk assessment dated [DATE], did not indicate the fall Resident 2 had on that day. On 2/21/20, at 1:10 p.m., during an interview the DON, stated Fall Risk Assessment are done at admission, quarterly, and after a fall. After a fall we do not document there was a history of falls. That's just the way we do it. Resident 2's score was eight before the fall and eight after the fall. c. A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 3's MDS, dated [DATE], indicated Resident 3 had clear speech and was sometimes able to make needs known. Resident 3 required extensive assistance, staff providing weight-bearing support, with staff for transferring and dressing. A review of Resident 3's Fall Risk assessment dated [DATE], indicated Resident 3 had no history of falls and score was 16. In another Fall Risk assessment dated [DATE], indicated Resident 3 had no history of falls and score was 16. On 2/21/20, at 1:15 p.m., during an interview the DON, stated Resident 3 had a fall on 1/12/20, unwitnessed in the resident's bathroom in the middle of the night. The DON stated on the Fall Risk Assessment that was done on 1/12/20 it did not indicate Resident 3's fall that happened that day. The DON stated if the form did indicate the recent fall Resident 3's score would have been a 20, indicating he was a high fall risk. On 2/21/20, at 1:30 p.m., during an interview the DON stated she had no policy and procedure on how to properly fill out the Fall Risk Assessment form and would have to talk to her consultant about it. The DON was unsure if they are supposed to indicate on the Fall Risk Assessment form the recent fall that just happened as a history of falls.</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.