

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER LAKEVIEW TERRACE		STREET ADDRESS, CITY, STATE, ZIP 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 F 0842	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to maintain accurate clinical records in accordance with accepted professional standards for one of three sampled residents (Resident 1). The facility failed to ensure a staff did not sign Resident 1's clinical record in error. This deficient practice had the potential to negatively impact the delivery of care and services to Resident 1. Findings: A review of Resident 1's Admission Record, dated 6/12/19, indicated the facility admitted Resident 1 on [DATE]0/19 with [DIAGNOSES REDACTED], to perform everyday activities), and [MEDICAL CONDITION] (a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality). A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated [DATE]7/19, indicated Resident 1 had severely impaired cognition (thought process). The MDS indicated Resident 1 was totally dependent (full staff performance every time) for walk in room/corridor and needing extensive assistance for dressing, toilet use, and personal hygiene. A review of Resident 1's History and Physical, dated [DATE]8/19, indicated Resident 1 had fluctuating capacity to understand and make decisions. During an interview on 3/24/20, and concurrent record review, the Social Services Director (SSD) stated she completed and signed Resident 1's Notice of Transfer / Discharge. SSD stated her signature begins with an a and has two loops with a curved dash to indicate two t letters. During an interview on 3/24/20, and concurrent record review, the SSD stated she was not sure if she signed Resident 1's Current Medications and/or Instructions document. SSD stated she did not believe another staff member forged her signature. During an interview on 3/25/20 at 11:14 a.m., and concurrent record review, the Director of Nursing (DON) 2 stated Licensed Vocational Nurse (LVN) 1 completed the clinical documents for Resident 1 in preparation for a transfer to a different facility. DON 2 stated she reviewed the Current Medications and/or Instructions document with the SSD and confirmed SSD signed this document in error. During an interview on 3/25/20 at 11:25 a.m., and concurrent record review, SSD stated she mistakenly signed Resident 1's Current Medications and/or Instructions form. SSD stated LVN 1 completed the instructions of medications for Resident 1 so LVN 1 should have signed the form, not her. A review of the facility's policy titled, Charting Errors and/or Omissions, revised on December 2006, indicated Accurate medical records shall be maintained by this facility.</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.