| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **055710** | A. BUILDING _____ B. WING _____ | **03/04/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| **COUNTRY VILLA WILSHIRE CONVALESCENT CENTER** | **855 NORTH FAIRFAX AVENUE LOS ANGELES, CA 90046** |

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) |
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| F 0700<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1) who had bilateral side rails in bed was assessed for risk of entrapment (being caught in or as in a trap), obtain a physician's orders [REDACTED]. These deficient practices placed Resident 1 at risk for potential accidents such falls or entrapment, which could lead to physical harm or injuries. Findings: A review of Resident 1's admission record indicated the resident was initially admitted to the facility on [DATE], and readmitted on [DATE], with multiple [DIAGNOSES REDACTED]. to perform everyday activities) and history of falling. A review of Resident 1's History and Physical record, dated 10/31/2019, indicated Resident 1 did not have the capacity to understand and make decisions due to advanced dementia. A review of Resident 1's Minimum Data Set (MDS - a standardized care screening and assessment tool) dated 11/28/2019, indicated the resident's cognitive skills for daily decision-making was severely impaired and was totally dependent on staff for activities of daily living (ADLs). The resident was also assessed to be totally dependent on staff for bed mobility (how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture). A review of Resident 1's care plan dated 2/12/2020, indicated, At risk for spontaneous fracture due to [MEDICAL CONDITION] (weakened bone strength and is susceptible to fracture)and osteopenia (reduced bone mass). The interventions included the use of padded side rails. A review of Resident 1's Side Rail Evaluation dated 2/12/2020, indicated the use of side rails as being considered for proper positioning; previous alternatives tried included the use of padded side rails. On 2/13/2020, at 1:30 p.m., during a concurrent observation and interview with Certified Nursing Assistant (CNA) 1, Resident 1 was observed sleeping in bed with two padded side rails on each side of the bed, extending from head of bed to below the shoulders. CNA 1 stated, Resident 1 likes to turn to her left side. On 2/13/2020, at 2:48 p.m., during a concurrent observation and interview with Licensed Vocational Nurse (LVN) 1, Resident 1 was observed sleeping in bed with two padded side rails on each side of the bed, extending from head of bed to below the shoulders. LVN 1 stated, Resident 1 usually moves around the bed. On 2/13/2020, at 2:55 p.m., during a concurrent interview and review of Resident 1' s physician orders, LVN 1 stated, there was no order for side rails. She also stated that there was no need for a physician order [REDACTED]. LVN 2 also stated that a bed rail evaluation is completed by the registered nurse upon a resident's admission. On [DATE], at 11:07 a.m., during a concurrent interview and record review, the Registered Physical Therapist (RPT) stated, a physician order [REDACTED]. RPT stated, there was no side rails order for Resident 1. On [DATE], at 12:47 p.m., a concurrent interview and review of Resident 1's Side Rail Evaluation, dated 2/12/2020, with the Director of Nursing Services (DON), indicated, Prior to side rails being placed on bed, and mattress and side rails must meet Food and Drug Administration (FDA) measurement standards to reduce the risk of entrapment which may cause serious injury death. Record the measurements on the NP120 form A-Side Rail measurement Checklist. DON stated, there were no additional forms or documentation completed for evaluation of entrapment risks. A review of Resident 1's Side Rail Evaluation, dated 2/12/2020, indicated, Explaining the risk does not take the place of informed consent, which must be obtained by the physician and verified by the licensed nurse. DON stated, there was no informed consent for siderail signed by the resident or the family in Resident 1's medical record. A review of the facility's policy and procedure titled, Side Rails, dated 9/2017, indicated, Interdisciplinary Team will determine the need for side rails based on individual assessment, which includes the risk of entrapment. The policy also indicated, If appropriate, the facility staff in conjunction with the attending physician will assess and document the resident's risk for injury due to neurological disorders or other medical conditions. |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.