

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER FLAGSHIP HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 466 FLAGSHIP ROAD NEWPORT BEACH, CA 92663	
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 0825 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide or get specialized rehabilitative services as required for a resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to provide the rehabilitation services for five of five sampled residents (Residents 1, 2, 3, 4, and 5) who had received PT, OT, and ST orders from their physicians. This failure had the potential for decline in the residents' range of motion, mobility, and speech or eating functions. Findings: On 7/16/2020 at 0825 hours, an interview was conducted with the PT. The PT stated rehabilitation services (physical, occupational and speech therapy) were not being provided to the residents in the Red Zone (COVID-19 positive unit) because of the residents' COVID-19 positive status. The PT stated if any resident had been receiving rehab orders before they were transferred to the Red Zone, the rehab services were stopped when the residents moved into the Red Zone. The PT was asked if the residents' physicians were informed that the residents were no longer receiving any rehab therapy. The PT stated the rehab department staff had not informed the physicians, and he was not sure if the nurses notified the physicians. On 7/16/2020, at 1145 hours, an interview was conducted with the DON regarding rehab services not being provided in the Red Zone due to residents being positive COVID-19 status. The DON stated she was not aware the rehab services were stopped, and not aware if the residents' physicians had been informed. On 7/16/2020, at 1415 hours, an interview was conducted with the Director of Rehab services. The Director stated she made the decision to stop the provision of rehab services to residents who were on the Red Zone approximately seven days earlier. The Director stated the rehab staff were apprehensive about taking care of the COVID-19 positive residents. When the Director was asked what could potentially happen when residents' rehab services were suddenly stopped, she stated the residents could decline. On 7/16/2020, at 1430 hours, a meeting was conducted with the Administrator, DON, IP, and DSD. The Administrator and the DON acknowledged the findings. On 7/16/2020 at 1535 hours, a follow-up interview was conducted with the Director of Rehab. The Director was asked if there were orders from the physicians to discontinue rehab services for the residents residing in the Red Zone. The Director checked the residents' records who were residing on the Red Zone and stated there were no orders to discontinue rehab services. The Director was asked if there should have been physicians' orders prior to stopping the rehab services, she stated yes. 1. Medical record review for Resident 1 was initiated on 7/20/2020. Resident 1 was admitted to the facility on [DATE]. Review of MDS dated [DATE], showed Resident 1 required extensive assistance with ADL care with one person's physical assistance. Review of Resident 1's physician's orders [REDACTED]. Review of Service Log showed the last ST services were provided on 7/12/2020. 2. Medical record review for Resident 2 was initiated on 7/20/2020. Resident 2 was admitted to the facility on [DATE]. Review of MDS dated [DATE], showed Resident 2 required extensive assistance with ADL care with one to two plus persons' physical assistance. Review of Resident 2's physician's orders [REDACTED]. Review of Service Log showed the last OT services were provided on 7/9/2020, for therapeutic exercises. 3. Medical record review for Resident 3 was initiated on 7/20/2020. Resident 3 was admitted to the facility on [DATE]. Review of MDS dated [DATE], showed Resident 3 required extensive assistance with ADL care with one person's physical assistance. Review of Resident 3's physician's orders [REDACTED]. Review of Service Log showed the last PT services were provided on 7/12/2020, for therapeutic exercises, gait training therapy, group therapeutic procedures, and therapeutic activities. Review of Service Log showed the last OT services were provided on 7/10/2020, for therapeutic exercises and therapeutic activities. 4. Medical record review for Resident 4 was initiated on 7/20/2020. Resident 4 was admitted to the facility on [DATE]. Review of MDS dated [DATE], showed Resident 4 required extensive assistance with ADL care with one person's physical assistance. Review of Resident 4's physician's orders [REDACTED]. Review of Service Log showed the last OT services were provided on 7/9/2020, for therapeutic exercises and therapeutic activities. 5. Medical record review for Resident 5 was initiated on 7/20/2020. Resident 5 was admitted to the facility on [DATE]. Review of MDS dated [DATE], showed Resident 5 required extensive assistance with ADL care with two plus persons' physical assistance. Review of Resident 5's physician's orders [REDACTED]. Review of Service Log showed the last PT services were provided on 7/12/2020, for therapeutic exercises and group therapeutic procedures. Review of Service Log showed the last OT services were provided on 7/11/2020, for therapeutic exercises and therapeutic activities. On 7/22/20, at 1340 hours, a telephone interview was conducted with the Regional Director of Rehab. The Regional Director stated she was informed by the facility's Director of Rehab regarding rehab services that were stopped in the Red Zone without notifying the residents' physicians. The Regional Director stated she agreed the physicians should have been notified before stopping the treatment, as residents were at risk for decline.</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.