STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555306	A. BUILDING _____ B. WING _____	**09/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
KEI-AI SOUTH BAY HEALTHCARE CENTER	**15115 S VERMONT AVE GARDENA, CA 90247**

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 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement the physician's order, a resident's plan of care and the facility's policy for one of three sampled residents (Resident 1). Resident 1, who had a [DIAGNOSES REDACTED]. This deficient practice resulted in Resident 1 not receiving the prescribed dosage of an IV antibiotic, which had the potential of the infections to worsen. Findings: A review of Resident 1's Admission Record, indicated the resident was admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Progress (Nurses) Notes, dated 3/9/2020 and timed at 8:11 a.m. indicated the resident had a peripheral intravenous central catheter ((PICC) an IV access that extends to the superior vena cava (large vein that carries blood to the heart) for the use of administering medications) to the left upper arm. A review of Resident 1's Minimum Data Set (MDS), a resident assessment and care screening tool, dated 3/23/2020 indicated Resident 1's cognition (ability to reason and think) was intact, required an extensive assistance of a two-person physical assist with transferring, toileting and personal hygiene. The MDS indicated Resident 1 had a [DIAGNOSES REDACTED]. A review of Resident 1's nurse's notes, dated 3/10/2020 and timed at 11:17 p.m., through 3/14/2020 timed at 7:05 p.m., indicated Resident 1 was receiving intravenous ((IV) into the vein) antibiotic of [MEDICATION NAME] for a [DIAGNOSES REDACTED]. On 3/17/2020 at 1:35 p.m., Resident 1 went out to a physician appointment in stable condition. At 4:48 p.m., the same day, the facility was made aware Resident 1 was taken to the emergency room due to exhibiting shortness of breath. On 3/20/2020 at 7:13 a.m., Resident 1 was readmitted to the facility. A review of Resident 1's physician orders indicated the following orders [MEDICATION NAME] 2 gm ((grams) unit of measurement) via IV as follow: On 3/9/2020 every 12 hours for UTI, discontinued 3/9/2020 On 3/9/2020 one time a day for endocarditis until 4/20/2020 and discontinued on 3/20/2020 On 3/21/2020 1 gm IV every 24 hours for endocarditis for 4 weeks. A review of Resident 1's Nurses Note, dated 3/21/2020 and timed at 1:22 a.m. indicated an order for [REDACTED]. A review of Resident 1's nurse's note, dated 3/25/2020 and timed at 4:23 a.m. indicated Resident 1 continued to receive IV antibiotics for endocarditis with no adverse reactions. According to the nurse's note, the IV site had no bleeding or redness. A review of Resident 1's Nurse's Note, indicated the IV antibiotic continued on 3/26/2020 and 3/27/2020 without any adverse reactions noted. A review of the facility's Pharmacy Delivery Receipts for Resident 1's medications ([MEDICATION NAME]) indicated four (4) vials of [MEDICATION NAME] 1 gm was delivered on 4/5/2020 at 1:08 p.m. and on 4/9/2020 at 11:20 a.m. A review of Resident 1's IV Administration Record (IAR) indicated the resident received [MEDICATION NAME] 1 GM via IV on 4/4/2020 and from 4/14/2020 through 4/30/2020. According to the IAR, Resident 1 did not receive [MEDICATION NAME] from 4/5/2020 through 4/13/2020. A review of a nurse's note dated 4/13/2020 and timed at 12:14 p.m. indicated Resident 1's Primary Care Physician was made aware of the missed doses of IV antibiotics with new order to restart the IV antibiotics for 4 more weeks. The director of nursing (DON) and the resident's POA (power of attorney (written authorization to present or act on another's behalf in private affairs business or some legal matters)) was made aware. The nurse's note indicated the IV was attempted to be re-insert but was unsuccessful. On 4/14/2020 at 6:49 a.m., Resident 1 had a midline IV placed on the right upper arm and [MEDICATION NAME] IV was re-started as ordered. On 6/8/2020 at 11:40 a.m., during an interview, Licensed Vocational Nurse 1 stated Resident 1's IV medications for endocarditis was administered by the Registered Nurse (RN). On 6/8/2020 at 11:55 a.m., during an interview, RN 1 stated if the resident's IV access was lost, the staff must wait for the IV nurse to re-insert a new IV access. RN 1 stated the nurse may ask the physician to change the medication order to by mouth or IM ((intramuscular)an injection into the muscle). RN 1 stated if medication doses were missed the nurse must notify the physician, do an incident report, document and find out the plan from the physician. RN 1 stated she was not sure if there was any documentation regarding Resident 1's behaviors on removing the IV access and the need for re-insertion of the IV access. RN1 stated she documented the missed doses of [MEDICATION NAME] when she noticed they were missed. Upon request RN 1 was unable to provide an incident report for Resident 1's missed doses of [MEDICATION NAME] or any other documentation regarding the missed doses of [MEDICATION NAME] for 3/29/2020, 3/30/2020 and 4/6/2020 through 4/13/2020 (for 9 days). On 6/8/2020 at 12:45 p.m., during an interview and concurrent observation, Resident 1 was sitting in a wheelchair in the physical therapy room. Resident 1, who was alert and oriented, stated she felt better since she received the medication she needed for her infection. A review of the facility's policy and procedure (P/P) titled, Administering Medications revised December 2012 indicated if a drug was withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall initial and circle the Medication Administration Record [REDACTED]. The P/P indicated the individual administering the medication must initial the resident's MAR indicated [REDACTED]. The medication must be administered in accordance with the orders, including any required timeframe.

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.