STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056489	A. BUILDING _____ B. WING _____	**05/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HOLLYWOOD PREMIER HEALTHCARE CENTER	**5401 FOUNTAIN AVE. LOS ANGELES, CA 90029**

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 **Level of harm -** Actual harm **Residents Affected -** Few	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a safe environment for one of two sampled residents (Resident 1) who was at risk and had a history of [REDACTED].), when the Charge Nurse (CN) 1 left the key in the front entrance door alarm, after activating the alarm system. This failure gave Resident 1 the opportunity to elope, wander 15 miles away from the skilled nursing facility and died at a general acute care hospital. Findings: During a tour of the facility with the Maintenance Supervisor (MS) on [DATE] at 2:55 PM, the front entrance had a double door which locked from the inside. There was an alarm on the doors which the MS activated with a key. The MS pushed the emergency bar on one of the doors to open the door from the inside. This action triggered the alarm which the MS activated prior to opening the door. During a review of Resident 1's face sheet (a document which has data information about the resident) dated [DATE], showed an admission to the facility on [DATE]. Resident 1 had [DIAGNOSES REDACTED]. A review of Resident 1's Nursing Progress Notes dated [DATE] at 6:00 AM, indicated on [DATE] from 11:00 PM to 4:25 AM, Resident 1 sat on a chair in the lobby and fell sleep. At 4:30 AM, a certified nurse assistant noticed Resident 1 was no longer in the lobby. From 4:35 AM to 4:55, the facility staff searched within a 5-mile radius for Resident 1, called the police and different hospitals. The facility staff could not find Resident 1. A review of Resident 1's Elopement Risk Evaluation dated [DATE] at 11:12 PM, indicated a score of 16, which meant the resident was a high risk for elopement. A review of Resident 1's Plan of Care initiated on [DATE], focused on Resident 1's tendency to wander out of the facility. The Plan of Care indicated Resident 1 had Hx (history of) AMA (Against Medical Advice, leaving the facility with proper doctor's order for discharge), a HX of elopement, and refusal to wear a Wander Guard (an active tracking application designed to prevent persons at risk from leaving a facility unless they are accompanied). One of the interventions indicated to check the resident's whereabouts at least every hour and to check and see that all exits doors are properly alarmed. During an interview on [DATE] at 3:10 PM, the Maintenance Supervisor (MS) said the night nurse locks the doors and activates the alarm. After all the visitors leave the facility staff activates the alarm. The MS added at 4:30 AM, the alarm should be active. During an interview on [DATE] at 4:43 AM, Charge Nurse (CN) 1 stated about 4:30 AM on [DATE], CN 1 heard the Registered Nurse called Code Green (an overhead page which meant a resident is missing). Resident 1 had left the facility. During an interview on [DATE] at 4:56 AM, CN 2 stated, he was a charge nurse at Station 1 when Resident 1 eloped. CN 2 stated, he gave the certified nursing assistant (CNA), working in the rooms closest to the lobby, instructions to monitor Resident 1. CN 2 stated between 4:00 and 4:30 AM on [DATE], the CNA informed him Resident 1 was no longer in the front lobby. When asked about the alarm key, CN 2 stated he had the key and used it to activate the front door alarm. CN 2 further stated, after activating the front door alarm he left the key in the alarm at the front door. He reasoned, at the time there were many people coming in and out of the facility. When CN 2 heard Code green over the intercom, he noticed the front door alarm was off. CN 2 denied hearing someone turning off the front door alarm. During a follow-up interview on February 4, 2020 at 2:48 PM, the MS stated, the charge nurse who activates the front door alarm should keep the alarm key in their possession. The CN should not leave the key in the alarm. The MS added the leaving the key, in the alarm, can cause the alarm system to fail and provides an opportunity for anyone to disarm the alarm, including Resident 1 who eloped. During interview on February 4, 2020 at 2:57 PM, the director of staff development (DSD) stated, Station 1 has the key to the front door alarm. The DSD expected the charge nurse at Station 1 to lock the front door and activate the alarm, but not leave the key in the alarm at the front door. During an interview on February 4, 2020 at 3:05 PM, the administrator stated Resident 1's family informed the skilled nursing facility (SNF) on [DATE], that they found Resident 1, 15 miles away from the SNF, in a hospital where the resident died . During a review of the facility's, undated, policy and procedure title, Policies and Procedure for Door Alarm System, indicated, The night shift charge nurse should do his/her rounds and check that all doors are secured and all alarms are active.

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.