

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055964	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER FRIENDSHIP MANOR NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 902 SOUTH EUCLID AVENUE NATIONAL CITY, CA 91950	
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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to notify the family, in a timely manner, of a significant change in medical condition for 1 of 3 sampled Residents (1). This failure led to Resident 1's next of kin (family members) unaware of Resident 1's health status and to be involved in decision making which resulted to the delay of medical care and treatment for [REDACTED]. Resident 1's Record of Admission indicated, three family members were listed with their contact information. During a record review of the nurses SBAR Communication Form and Progress Note dated 3/9/19 at 3:45 P.M., indicated Resident 1 had a change in medical condition. Resident 1 complained of Darkened vision and bilateral pinpoint, non-reactive pupils (possible indication of head trauma). The SBAR Communication Form indicated Resident 1's physician was notified of the change of condition. The physician ordered to perform neurochecks (assessment performed to individual's neurological functions and level of consciousness) every 4 hours x 24 hours. The nursing progress notes indicated Resident 1 had other relevant medical information of Diabetes Mellitus (high blood sugar) and history [MEDICAL CONDITION](cerebrovascular accident - Stroke). The Neurological Assessment Flow Sheet (NAFS) dated 3/9/19 to 3/10/19 was reviewed. The NAFS indicated: 3/9/19 at 4:00 P.M., Pupil (part of the eye that controls how much light is let into the eye) response was PP (Pinpoint). 3/9/19 at 8:00 P.M., Pupil response: Pinpoint 3/10/19 at 12:00 midnight, Pupil response: Documented with a check mark. 3/10/19 at 4:00 A.M., Pupil response: Documented with a check mark. 3/10/19 at 8:00 A.M., Pupil response: Pinpoint. 3/19 at 12:00 P.M., Pupil response: Pinpoint. On 3/20/19 at 5:02 P.M., an interview was conducted with a family member (FM) 1 who was visiting Resident 1. FM 1 stated she visited Resident 1 at least three times a week and stayed at Resident 1's bedside for one and a half hours. FM 1 stated she was not able to visit Resident 1 on 3/9/19, because she was not feeling well. FM 1 stated she visited Resident 1 on 3/10/19 at 4:00 P.M. and brought some food for him. FM 1 stated she placed the food on the overbed table and when she asked Resident 1 to eat, Resident 1 complained he could not see the food and utensils. FM 1 stated there was plenty of light coming in from outside of the room and inside Resident 1's room. FM 1 stated, At around 6:00 P.M., Resident 1 continued to say, I can't see, it's all dark. FM 1 stated Resident 1 complained of headache. FM 1 stated, This is when I started to complain to the nurses, to call the doctor to come to Resident 1 or send him to the hospital. FM 1 stated Resident 1 was sent to general acute hospital (GACH) emergency department at 7:00 P.M., one hour after FM 1 had voiced her complaint to the nurses. During an interview on 3/20/19, at 4:10 P.M., with the director of nursing (DON), the DON stated the responsible party was Resident 1 himself and the resident should have notified FM 1. The DON also stated there were cases in which there were several family members involved with Resident 1's care. DON stated Resident 1 was the responsible party and he (Resident 1) should have notified his family. During an interview on 3/20/19, at 5:35 P.M., with the facility registered nurse (RN) 1, RN 1 stated Resident 1 was alert and oriented x 4, and aware of the change of his medical condition. RN 1 stated, Resident 1 did not tell me, or requested, for me to notify FM 1. I know FM 1 very well and I would casually notify her if she was around the facility as a courtesy. RN 1 acknowledged she had documented on the nursing progress notes dated 3/9/19 indicated RN 1 notified FM 1 of the resident's change of medical condition. RN 1 stated, I forgot to cross that out when I saw Resident 1 was the responsible party. I did not notify FM 1. During an interview on 3/21/19, at 9:45 A.M., with the facility case manager (FCM) 1, FCM 1 stated she received a telephone call from FM 2 who was upset because the family was not notified of Resident 1's change of medical condition on 3/9/19. FCM 1 stated Resident 1 had a change of medical condition on 3/9/19 and RN 1 did not notify the family. FCM 1 stated, Resident 1's family should have been notified about the change of health status on 3/9/19. FCM 1 stated, The family is actively involved with the care and treatment for [REDACTED]. He woke up with the symptoms .[DIAGNOSES REDACTED]. CT (x-ray used to detect bleeding and [MEDICAL CONDITION]) head showed moderate nonhemorrhagic stroke. Right PCA (posterior cerebral artery) Infarct while on ASA (Aspirin- medication to help prevent another stroke) and [MED] (blood-thinner used to prevent the formation of new blood clots), mild associated right occipital hemorrhage . During a review of the facility's policy and procedure (P&P) titled, Notification of Changes, dated 5/18, the P&P indicated, .6. The resident or designated representative, or family; as appropriate, should be notified of a significant changes in the resident's health status.</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.