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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555139 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/04/2020 |
| NAME OF PROVIDER OF SUPPLIER MIRACLE MILE HEALTHCARE CENTER, LLC | | STREET ADDRESS, CITY, STATE, ZIP 1020 SOUTH FAIRFAX AVE LOS ANGELES, CA 90019 | |
| 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) | | |
| <p>F 0656</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>F 0695</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to develop and implement a person centered care plan for one of three sampled residents (Resident 1). This deficient practice had the potential to cause an avoidable decline in functioning related to a communication barrier. Findings: A review of the clinical record indicated Resident 1 was readmitted to the facility on [DATE]. A review of the admission assessment indicated Resident 1's primary language was Italian and she was unable to make her needs known. A review of the Minimum Data Set (MDS -a standardized assessment and care screening tool) dated February 14, 2020 indicated Resident 1 can sometimes understand verbal expression and responds adequately to simple communication only. During an observation and interview, on February 25, 2020 at 8:48 a.m., Resident 1 was observed in her bed moaning loudly. Certified Nurse Assistant 1 (CNA 1) stated that was how she communicated her needs. CNA 1 stated that Resident 1 sometimes speaks to her in Italian and she has to use Google translate to understand her. During an observation and interview with Licensed Vocational Nurse 1 (LVN 1), on February 25, 2020 at 9:10 a.m., she stated Resident 1 was moaning because she was wet or needed pain medication. LVN 1 was asked if Resident 1 was verbal or could speak and LVN 1 stated she did not know. LVN 1 called Registered Nurse 1 to assess the resident for pain and found no evidence of pain present. Resident 1 continued to moan loudly with a gurgled cough and RN 1 determined the need for transfer to acute facility related to difficulty breathing. During an interview and concurrent record review with RN 1 on February 25, 2020 at 10 a.m., he stated and confirmed there was a communication barrier between the Resident 1 and the staff. A review of Resident 1's medical record indicated there was no care plan related to communication barrier. RN 1 stated and confirmed that the communication barrier was identified by the facility at the time of the initial assessment was completed. RN 1 stated it should have been placed on a care plan. A review of the facility's undated policy titled, Care Plan, indicated a comprehensive care plan should be completed within 7 days after completion of resident assessment and should be oriented to prevention of avoidable declines in functioning levels.</p> <p>Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure supplemental oxygen was administered and maintained by a licensed staff member for one of three sampled residents (Resident 1). This deficient practice had the potential to worsen Resident 1's current respiratory distress and lead to respiratory arrest (stop breathing). Findings: A review of the physician's orders [REDACTED]. A review of the physician's orders [REDACTED]. On 2/26/20 at 9:10 a.m., Resident 1 was observed in bed moaning loudly with a gurgled cough. The Licensed Vocational Nurse 1 (LVN) called the Registered Nurse 1 (RN) to come to bedside and assess the resident. RN 1 listened to breath sounds with his stethoscope (medical instrument used for listening to heart and lungs) and heard rales (abnormal lung sound resembling water sloshing around) on both sides of chest. RN 1 stated Resident 1's oxygen saturation (the measurement of oxygen within the blood) was low and her respiratory rate (how many breaths taken per minute) was high. RN 1 instructed LVN 1 to administer 2 liters of oxygen to Resident via nasal cannula. During an observation and interview on 2/26/20 at 10 a.m., Certified Nurse Assistant 1 (CNA 1) was observed providing am care for Resident 1. The nasal cannula was noted on the side of the bed. CNA 1 stated and confirmed that she removed the nasal cannula from Resident 1 because the tubing was kinked. CNA 1 stated she should not have removed the oxygen and instead should have asked the licensed nurse to assist. During an interview and record review on 2/26/20 at 10:10 a.m., LVN 1 stated CNA's should ask licensed staff to remove kinked oxygen tubing from Resident 1. A review of the facility's undated policy titled, Oxygen Therapy, indicated tubing shall be checked by licensed nurse for kinks to prevent obstruction of flow of oxygen to the resident.</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.