

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 08/14/2020
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and medical record review, the facility failed to ensure one of two sampled residents (Resident 1) was provided care to address her preferences. Resident 1 was expressed she felt like she was treated like a child and not listened to. This had the potential to affect the resident's well-being. Findings: On 7/17/20 at 1309 hours, a telephone interview was conducted with Family Member 1. Family Member 1 stated Resident 1 did not want to have shower; Resident 1 become really frightened, could not breathe and felt like she was going to fall when she was sprayed with water. Family Member 1 stated Resident 1 was promised the staff would only wash the resident by performing the bed baths, and no showers. Clinical record review was initiated on 7/30/20. Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's plan of care showed a care plan problem initiated on 6/19/18, titled ADL self-care performance deficits related to disease process and assistance with ADL tasks. Under the interventions, it showed Resident 1 preferred to have bed bath related to having fear of water. On 8/6/20 at 1410 hours, a telephone interview was conducted with LVN 5 regarding Resident 1. LVN 5 was asked if Resident 1 was showered. LVN 5 stated all the residents were showed at least twice a week in the shower room. LVN 5 stated Resident 1 received bed baths or showers, but Resident 1 did not like her face washed. On 8/12/20 at 1527 hours, a telephone interview was conducted with CNA 7. CNA 7 stated Resident 1 would sometime refused to be showered and had told the CNA she did not want her hair and face to get wet. CNA 7 stated sometimes Resident 1's hair was dirty and informed the charge nurse and was told to showered the resident. CNA 7 stated there were times when a shower was skipped because the resident did not want it and was given a bed bath instead. On 8/13/20 at 1030 hours, a telephone interview was conducted with the MDS Coordinator and DON. The MDS Coordinator confirmed a bed bath could be provided to Resident 1 due to her fear of water. On 8/13/20 at 1209 hours, a telephone interview was conducted with Resident 1. Resident 1 stated she did not want or like water on her face and did not like to get her wet. Resident 1 stated the staff did not often listen to her, treated her like a child or like she did not know what they were talking about. When asked if she was showered, Resident 1 stated yes, the staff did wheel her into the shower room and used a shower hose to shower her. She expressed she did not like getting her face wet as it scared her.		
F 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	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 interview, medical record review, and facility P&P review, the facility failed to develop and implement a plan of care approach to reduce the risk for skin breakdown and ulcer formation for one of two sampled residents (Resident 2) who was at high risk for skin breakdown. This failure placed Resident 2 at risk for skin breakdown. Findings: Review of the facility's P&P titled Skin Management dated July 2017 showed appropriate preventive surfaces (e.g. beds, wheelchairs, etc.) will be implemented for residents identified at risk for skin breakdown. Interventions are to be documented in the residents plan of care. Medical record review for Resident 2 was initiated on 7/22/20. Resident 2 was admitted to the facility on [DATE], and readmitted on [DATE]. Review of the Braden Scale (skin breakdown risk assessment tool) dated 5/8/20, showed Resident 2 was identified to be at high risk for pressure sore. Review of the general acute care hospital's discharge instructions dated 6/3/20, showed the resident needed an air loss mattress. Review of Resident 2's plan of care did not show documentation a care plan problem was developed to address Resident 2's high risk for pressure sore or the acute care hospital's discharge instructions that Resident 2 needed an air loss mattress. On 7/30/20 at 1207 hours, a telephone interview was conducted with LVN 4. LVN 4 stated Resident 2 was laying on a regular mattress, not an air loss mattress. LVN 4 further stated an air loss mattress was used for the residents determined to be high risk, immobile, bedbound, had history of pressure sore, or currently have skin breakdown. LVN 4 stated she did not recall the resident had history of pressure sores. On 8/13/20 at 1010 hours, a telephone interview and concurrent medical record review for Resident 2 was conducted with the DON. The DON confirmed the resident's plan of care failed to address Resident 2's high risk for pressure sore or the acute care hospital's discharge instructions for the use of an air loss mattress.		
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.