

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/22/2020
NAME OF PROVIDER OF SUPPLIER HOLLYWOOD PRESBYTERIAN MEDICAL CENTER D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 4636 FOUNTAIN AVENUE 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 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the responsible party that one of three sampled residents (Resident 1) had a [MEDICAL CONDITION] (low blood pressure) on 7/4/20 and fever on 7/15/20. This deficient practice resulted to facility not observing Resident 1's rights of being notified. Findings: A review of the Admission Face Sheet (admission record) indicated the facility admitted Resident 1 on 6/10/20, with [DIAGNOSES REDACTED]. A review of Resident 1's Daily Assessment Inquiry, dated 7/4/20 at 1:27 am, indicated that at 00:15 a.m. Resident 1's blood pressure was 84/48 mmHg (unit of measurement for blood pressure). On 7/4/20 at 7:00 a.m., the blood pressure was 89/48 mmHg. On 7/15/20 at 11:00, Resident 1's temperature was 104 degrees Fahrenheit by mouth and 103.5 by the armpit (increase in body temperature is considered as fever which is 100.4 degrees Fahrenheit or higher). During an interview on 8/7/20 at 3:30 p.m., the resident representative stated he was not notified of any changes in the Resident 1's condition on 7/4/20 for the low blood pressure and on 7/15/20 for the fever. During an interview on 9/22/20 at 3:25 p.m., and concurrent record review of Resident 1's medical records, the Administrator stated there was no documented evidence that Resident 1's representative was informed of the low blood pressure on 7/4/20. During an interview on 9/22/20 at 4:40 p.m., and concurrent record review of Resident 1's medical records, the Administrator stated there was no documented evidence that Resident 1's representative was informed of the fever on 7/15/20. A review of the facility's Policy and Procedure titled, Change of Condition, Notification, approved on 8/28/19, indicated the purpose which is To keep resident/representative . informed of changes in resident's condition in a timely manner.		
F 0657 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to revise the care plan on [MEDICAL CONDITION] (low blood pressure) when one of three sampled residents (Resident 1) had a [MEDICAL CONDITION] (low blood pressure) on 7/4/20. This deficient practice had the potential of Resident 1 not receiving appropriate care treatment and services. Findings: A review of the Admission Face Sheet (admission record) indicated the facility admitted Resident 1 on 6/10/20, with [DIAGNOSES REDACTED]. A review of Resident 1's care plan on High Risk For [MEDICAL CONDITION], dated 6/17/20, indicated the resident was at risk for postural or orthostatic [MEDICAL CONDITION] (low blood pressure caused by a change in position) and with a goal of having no [MEDICAL CONDITION] within three months. A review of Resident 1's Daily Assessment Inquiry, dated 7/4/20 at 1:27 am, indicated that at 00:15 a.m. Resident 1's blood pressure was 84/48 mmHg (unit of measurement for blood pressure). On 7/4/20 at 7:00 a.m., the blood pressure was 89/48 mmHg. During an interview on 9/22/20 at 3:25 p.m., and concurrent record review of Resident 1's medical records, the Administrator stated there was no documented evidence that Resident 1's care plan for [MEDICAL CONDITION] was revised or updated when resident had [MEDICAL CONDITION] on 7/4/20. A review of the facility's Policy and Procedure titled, Interdisciplinary Care Plan, approved on 8/28/19, indicated All residents will have a comprehensive care plan to meet their individual needs that is prepared by an interdisciplinary team (IDT) after admission and periodically reviewed and revised after subsequent assessments or change in condition.		

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.