

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555441	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER MEMORIAL HOSPITAL OF GARDENA D/P SNF		STREET ADDRESS, CITY, STATE, ZIP 1145 W. REDONDO BEACH GARDENA, CA 90247	
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 0700 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to provide adequate supervision while using an assistance device to prevent a fall accident for one resident (Resident 1) during Activities of Daily Living. This deficient practice resulted in a fall accident, Resident 1 sustained swelling to left side of his forehead, bleeding in his right eye and pain as a result of his injury. Findings: On 6/5/20 an unannounced visit was made to the facility to investigate a facility reported incident regarding quality of care/treatment and resident safety/falls. On 6/5/20 at 8:50 a.m., during an interview, the Director of Nursing (DON) stated during Activities of Daily Living (ADL), Certified Nursing Assistant (CNA 1) turned Resident 1 to his right side, the siderail dropped and Resident 1 fell on to the floor. A review of the Admission Record for Resident 1 indicated that Resident 1 was admitted to the facility on [DATE] with a history of respiratory distress (difficulty breathing), [MEDICAL CONDITION] to ventilator support (to assist with breathing), stroke, muscle contracture, high blood pressure, [MEDICAL CONDITION] (brain disease) and [MEDICAL CONDITION]. A review of the Nurses Notes for Resident 1 dated 5/12/20 indicated a loud sound was heard coming from Resident 1's room, resident was found on their left side lying on the ground. The Nurses Note indicated that CNA 1 was present and stated the siderail dropped when the resident was turned towards the same rail and she was not sure if the rail was down already. Documentation of the incident indicated that the facility inspected the siderail of Patient 1's bed and found the siderail to be in good working condition. A review of Resident 1's physician's orders [REDACTED]. A review of Resident 1's CT scan result dated 5/12/20 indicated left frontal scalp soft tissue swelling/subgaleal hematoma (swelling as a result of bleeding under the skin surface). A review of Resident 1's Minimum Data Set (a comprehensive assessment of each resident's functional capabilities that helps the nursing home staff identify health problems), dated 2/18/20 indicated Resident 1 was not able to communicate his needs, rarely/never has the ability to understand others, memory problems, cognitive level severely impaired, totally dependent for assistance and required one-person physical assist with bed mobility, transfers, toilet use, and personal hygiene. A review of Resident 1's Morse Fall Risk Screening Tool dated 4/27/20 indicated, Resident 1 was at a high fall risk due to his medical history and diagnoses. A review of the Fall Reduction Care Plan (for daily plan of care) developed 4/14/20, indicated the staff will prevent fall and injury related to fall daily by providing a safe and secure environment and by keeping Resident 1's side rails up and locked. A review of the ADL Care Plan developed 4/14/20, indicated Resident 1 was at risk for ADL decline related to impaired thinking, communication, presence of fracture and pain. According to Resident 1's goals and approach he will be free from further decline in ADL functioning, handle resident gently and carefully. A review of an undated and unsigned Fall Incident Investigation, received from the Director of Nursing (DON), stated Resident 1 fell [DATE], with an injury to the left side of forehead and bleeding in right eye, Certified Nursing Assistant (CNA 1) was suspended as a result of incident. The findings of the investigation indicated that CNA 1 failed to check the side rails on the right side of Resident 1's bed to confirm placement and did not lock the siderail in place before providing care and services. A record review of the facility's Policy and Procedure dated 4/17 and titled Fall Risk Assessment and Reduction Program indicated the objective of the facility was to minimize patient falls, patients falls are considered as an unintentional action where a resident is found on the floor. On going evaluation of patient's safety level is the responsibility of nurse.</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.