

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555805</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEL VISTA HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5001 EAST ANAHEIM STREET EAST LONG BEACH, CA 90804</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review the facility failed to provide the necessary care and services for one of three sampled residents (Resident 1). For Resident 1 who was on [MED] ( anticoagulant medication used to prevent serious blood clots), the facility failed to transfer the resident to the General Acute Care Hospital (GACH) timely after a fall, as indicated in the facility policy. This deficient practice had the potential to result in adverse/harmful consequences for the resident. Findings: On 2/13/2020, an unannounced visit was made to the facility to investigate a complaint regarding resident neglect and safety. A review of the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS, a resident assessment and care screening tool) dated [DATE], indicated Resident 1 had the cognitive ability to make needs known and had the ability to understand and be understood. The MDS indicated Resident 1 required extensive assistance (resident involved in activity and staff provide weight bearing support) with one person physical assist for bed mobility and transfer. A review of the Physician's Order for Resident 1, dated 1/9/2020, indicated, [MED] tablet 2.5 milligrams (mg) give one tablet by mouth every twelve hours for [MEDICAL CONDITION]. A review of the Physician's Order for Resident 1, dated 1/9/2020, indicated, anticoagulant side effect medication- monitor for discolored urine, black tarry stools, sudden severe headache, nausea and vomiting, diarrhea, muscle joint pain, lethargy, bruising, sudden changes in mental status and /or nosebleed. A review of the Medication Administration Record [REDACTED]. A review of the MAR for Resident 1 indicated the resident was monitored by licensed staff for side effects of anticoagulant medication such as bruising, nose bleed and sudden changes in mental status, as ordered by the physician. A review of the care plan for Resident 1 titled Anticoagulant Therapy due to [MEDICAL CONDITION] Fibrillation dated 1/9/2020, indicated to monitor for bleeding/bruising every shift and notify physician as indicated and to administer medication as ordered: [MED]. A review of the Change of Condition (COC) document, indicated, Resident 1 sustained a fall on 2/3/2020, during morning (AM) medication pass. A review of Resident 1's Nursing Progress Notes, dated 2/3/2020 and timed at 6:00 a.m. indicated, Resident 1 was found on the floor lying flat face down. A review of Resident 1's Nursing Progress Notes, dated 2/3/2020 and timed at 11:00 a.m., indicated, Resident 1's doctor was made aware of the fall and with order to send Resident 1 to the emergency room (ER). A review of Resident 1's Nursing Progress Notes, dated 2/3/2020 and timed at 11:30 a.m. indicated Resident 1 was transferred to the GACH. Resident 1 was transferred to the GACH five hours and 30 minutes after the reported fall incident on 2/3/2020 at 6:00 a.m. A review of Resident 1's Physicians Orders, dated 2/3/2020, indicated to send the resident to GACH ER for further evaluation status [REDACTED]. During an interview on 2/13/2020 at 11:20 a.m., Assistant Director of Nursing (ADON) stated she was unaware that a resident on medication to prevent blood clot/blood thinners who sustained a fall should be sent to GACH immediately via 911/by paramedics. During an interview on 2/13/2020 at 1:00 p.m., Licensed Vocational Nurse 1 (LVN 1) confirmed Resident 1 was on anticoagulant medication and was transferred to GACH on 2/3/2020 at 11:30 a.m. after the fall. During a phone interview on 4/9/2020 at 2:45 p.m., with the facility's Director of Nursing (DON) regarding transfer of residents on anticoagulant to GACH after a change of condition (fall), DON stated, she would refer to the facility policy. A review of the facility Policy and Procedure titled Anticoagulation Clinical Protocol, dated September 2012, indicated, if a resident sustains a fall or has an unwitnessed fall, they should be transferred immediately by the paramedics. This facility policy and procedure was discussed to staff during staff in-service on [DATE].</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.