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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>056063</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                          | (X3) DATE SURVEY COMPLETED<br><b>06/03/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>INFINITY CARE OF EAST LOS ANGELES</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>101 S FICKETT STREET<br/>LOS ANGELES, CA 90033</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 0710<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <p><b>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</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 follow the physician's order to check the blood sugar levels and administer insulin as ordered by the physician and failed to follow its policy to document blood sugar level and medication administration for two of three sampled residents (Residents 1 and 2). The deficient practice had the potential for the residents medical needs will not be met that could lead to adverse (harmful) consequences and complications. Findings: a. A review of an Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS- a standardized resident assessment and care-screening tool), dated 1/25/20, indicated Resident 1's cognition (a mental process of acquiring knowledge and understanding) was intact. Resident 1 was independent for bed mobility, transfer, walking, dressing, eating, toilet use, personal hygiene, and bathing. Resident 1 received insulin injections. During a review of Resident 1's physician's (MD) order, dated 6/12/19, indicated to check blood sugar level and cover with Humalog (insulin- drug to lower blood sugar level) sliding scale subcutaneous (under the skin, into the fats) three times a day at 8 a.m., 12 p.m., and 5 p.m. During a concurrent interview and record review on 4/9/20, at 10:25 a.m., with Director of Nursing (DON), stated Resident 1's Medication Administration Record [REDACTED]. The MAR indicated [REDACTED]. b. A review of an Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of the MDS, dated [DATE], indicated Resident 2's cognition was intact. Resident 2 was totally dependent on staff with one person physical assist for transfer, dressing, toilet use, personal hygiene, and bathing. Resident 2 received insulin injections. A review of Resident 2's MD's order, dated 2/4/19, indicated to give [MEDICATION NAME] (supplement) 325 milligrams (mg) by mouth two times a day for [MEDICAL CONDITION], Vitamin C (supplement) 500 mg by mouth two times a day, and [MEDICATION NAME] (stool softener) 250 mg by mouth two times a day to hold for loose bowel movement. A review of Resident 2's MD order, dated 3/28/19, indicated to check blood sugar level and cover with [MEDICATION NAME] R (insulin- drug to lower blood sugar level) sliding scale subcutaneous three times a day before meals and at bedtime. A review of Resident 2's MD order, dated 2/19/20, indicated to give [MEDICATION NAME] R six units subcutaneous three times a day 10 to 15 minutes before meals for DM. During a concurrent interview and record review of Resident 2's MAR indicated [REDACTED]. During an interview on 4/9/20, at 10:20 a.m., DON stated per facility policy blood sugar level and medication should be documented after administration to demonstrate that it was checked and given per MD order to treat the resident's condition. During a review of the facility's policy and procedure (P&amp;P) titled, Insulin Administration, dated September 2014, indicated, to check blood glucose per physician order or facility protocol .Document included the resident's blood glucose result, as ordered, the dose and concentration of the insulin injection, and injection site. During a review of the facility's P&amp;P titled, Administering Medications, dated April 2019, indicated, medications are administered in a safe and timely manner, and as prescribed .The individual administering the medication initials the resident's MAR indicated [REDACTED]. As required or indicated for a medication, the individual administering the medication records in the resident's medical record included the dosage and injection site.</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.