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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056113 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/20/2020 |
| NAME OF PROVIDER OF SUPPLIER ALEXANDRIA CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1515 N ALEXANDRIA AVE. LOS ANGELES, CA 90027 | |
| 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 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 and record review, the facility failed to develop a comprehensive care plan for one of three sampled residents (Resident 1) who was refusing artificial means of nutrition including feeding tubes (medical device inserted into the stomach to provide nutrition). This deficient practice had the potential for failing to address Resident 1's needs. Findings: A review of Resident 1's Admission Record indicated the facility admitted Resident 1 on 2/27/2020 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 4/28/20, indicated Resident 1 was disoriented to year, month and day. Resident 1 needed 1 person physical assistance with activities of daily living (ADLs - such as bed mobility, transfers, dressing, and personal hygiene). A review of Resident 1's physician's orders [REDACTED]. On 6/17/2020, at 1:48 p.m., during an interview with Registered Nurse Supervisor (RNS) and a review of Resident 1's clinical record, RNS stated there was no care plan developed addressing Resident 1's directive of no artificial means of nutrition. A review of the facility's policy on Person-Centered Care Plan, revised on 7/1/2019, indicated a comprehensive person-centered care plan must be developed for each patient and must describe the following: services that are to be furnished, any services that would be otherwise required but are not provided due to the patient's exercise of rights including the right to refuse treatment. | | |
| F 0711 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the physician's progress notes reflected a review of the resident's condition for one of three sampled residents (Resident 1). Resident 1, who was identified with failure to thrive and malnutrition, the physician's progress notes did not address Resident 1' poor oral intake and weight loss, the physician did not sign the Physician order [REDACTED]. Findings: A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - standardized assessment and care-screening tool) dated 4/28/2020, indicated Resident 1 was disoriented to year, month and day. Resident 1 needed 1 person physical assistance with activities of daily living (ADLs, such as bed mobility, transfers, personal hygiene and eating). A review of Resident 1's POLST, dated 3/16/2020, indicated Resident 1 did not want artificial means of nutrition including feeding tubes. The POLST was not signed by the physician. A review of the Physician order [REDACTED]. A review of the Registered Dietitian (RD) Progress Notes, dated 3/31 and 4/13/2020, indicated Resident 1 had significant weight loss and poor oral intake. A review of Resident 1's Physician's Progress Notes indicated Resident 1's physician visited on 4/21 and 5/1/2020 but did not address Resident 1's weight loss and poor intake. On 6/17/2020 at 10 a.m., during a telephone interview and concurrent clinical record review, the registered nurse supervisor stated the primary physician of Resident 1 was at the facility 4/21 and 5/1/2020. RNS unable to find physician documentation about the weight loss and poor oral intake of Resident 1. On 7/6/2020, at 6:17 p.m., during a telephone interview, Resident 1's physician acknowledged not signing the POLST and state being aware Resident 1 had poor oral intake and had weight loss. A review of the POLST Directions for Health Care Provider indicated to be a valid, the form must be signed by the physician or by a nurse practitioner or a physician's assistant acting under the supervision of a physician. A review of the facility's policy on Monthly Physician/Advanced Practice Provider (APP) Order Review, dated of 11/1/2019, indicated the Physician/Advanced practice provider (APP) orders will be reviewed by a licensed nurse on a monthly basis to ensure accuracy, completeness The licensed nurse performing monthly reviews will place orders in the medical record one day prior to month's end for subsequent physician review and signature. | | |
| 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.