

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BURLINGTON CONVALESCENT HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>845 S.BURLINGTON AVENUE LOS ANGELES, CA 90057</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 follow the physician's orders and provide care for a change in condition for two of two residents (Residents 1 and 2). For Resident 1, the physician's order for a psychological evaluation was not implemented in a timely manner. For Resident 2, a change in condition was not done for the refusal of medications. These deficient practices had the potential for a decline in quality of life of the resident and delay in medication therapeutic levels. Findings: 1. A review of Resident 1's Admission Record indicated the resident was admitted to the facility on [DATE] with admitting [DIAGNOSES REDACTED]. A review of Resident 1's Psychiatry Notes dated 8/26/19, indicated the psychiatrist recommended a psychiatric hospitalization for further evaluation due to Resident 1 presenting with racing thoughts, anxious and verbalizes feeling depressed. A review of Resident 1's Physician's Order dated 9/30/19 indicated to provide a psychology consult with follow-up treatment. A review of Resident 1's Care Plans included the following: a. On 9/30/19, indicated Resident 1 accused Resident 2 of kissing her on the left cheek without permission on 9/29/19 and was monitored for emotional distress. b. Nine days after the first incident, on 10/9/19, Resident 1 accused a staff for hitting her on her knee. Resident 1 was monitored for psychosocial well-being. On 10/16/19 at 11:45 a.m., during an interview and concurrent record review with Director of Nursing (DON), she verified the psychology consult was not done as ordered by the physician until 10/9/19, after the second incident. A review of the undated facility's policy and procedure titled, Behavior Management Committee, indicated a psychological referrals and visits should be completed as ordered. 2. A review of Resident 2's Admission Record indicated that the resident was admitted to the facility on [DATE] and was readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of the physician order for [REDACTED]. [MEDICATION NAME] 5 mg at 9 p.m. for [MEDICAL CONDITION] since 8/13/20 A review of Resident 1's Medication Administration Record [REDACTED]. On 10/16/19 at 10:57 a.m., during an interview and concurrent record review with Director of Nursing (DON), she verified Resident 1 change in condition was the refusal the [MEDICAL CONDITION] medications for the month of 9/19. The DON further stated there was no interdisciplinary team (IDT) done for Resident 2's refusal of medication to develop a plan of care. There was no documentation for the follow through of the change in condition. A review of the undated facility's policy and procedure titled, Change of Condition indicated the facility would ensure proper assessment and follow through for any resident with a change in condition.</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.