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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>555139</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                            | (X3) DATE SURVEY COMPLETED<br><b>03/16/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MIRACLE MILE HEALTHCARE CENTER, LLC</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1020 SOUTH FAIRFAX AVE<br/>LOS ANGELES, CA 90019</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 0689<br><br><b>Level of harm - Actual harm</b><br><br><b>Residents Affected - Few</b>  | <p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 implement accident risks and hazards for one sampled resident (Resident 1). For Resident 1, who was totally dependent on staff and required two-person assist while transferring per the comprehensive assessment, the facility failed to implement care plan interventions to assist Resident 1 to the extent as needed and prevent accidents and injuries. This deficient practice resulted in Certified Nurse Assistant 1 (CNA 1) attempted to solely transfer Resident 1 from bed to the wheelchair, during the transfer and pivot, Resident 1 twisted his left ankle. Resident 1 sustained a left ankle fracture (broken) and required transfer to the general acute care hospital for treatment. Findings: On 9/9/19, at 9:10 a.m., an unannounced visit was made to the facility to investigate a facility-reported incident regarding quality of care and treatment. A review of Resident 1's Admission Record indicated an admission date of [DATE], with [DIAGNOSES REDACTED]. A review of the care plan dated 5/2/19, (not titled) indicated Resident 1 was at risk for fall due to impaired balance, muscle weakness, lack of coordination. The care plan goal indicated Resident 1 would experience minimal or no injuries from falls. The care plan interventions indicated to monitor the resident and assist resident to extent as needed and to maintain a safe environment. A review of another care plan, dated 5/2/19 (not titled) indicated Resident 1 will need assistance in performing activities of daily living (ADL) secondary to weakness and required extensive assistance for transfers. The care plan interventions included for facility staff to assist the resident in performing ADLs such as dressing, eating, toilet use, assist the resident to be up on the wheelchair and to encourage to participate in activities. According to a review of the Minimum Data Set (MDS - standardize assessment and care screening tool), dated 5/10/19, Resident 1 was cognitively intact. The MDS indicated that Resident 1 was totally dependent on staff with two-person physical assist while transferring from bed onto wheelchair. A review of CNA 1's statement, dated 8/31/19, indicated at 8:45 a.m. on 8/31/19, CNA 1 was assisting Resident 1 to transfer from bed onto the wheelchair. During the transfer and pivot, Resident 1 twisted his left ankle. A review of the Change of Condition / Interact Assessment Record, dated 8/31/19, at 12:34 p.m., indicated Resident 1 had pain in the left ankle and his left ankle was twisted. The record indicated the assigned CNA (CNA 1) reported the resident twisted his left ankle during transferring from bed to wheelchair in the morning around 8:45 a.m. Resident 1 was assessed immediately with no redness, bruising or swelling noted, but the resident complained of pain rated at an 8 out of 10 (10 = severe pain, 0 = no pain) to the left ankle. The record indicated Resident 1 was given an ice pack but the resident stated he wanted pain medication. The charge nurse administered pain medication. The physician was notified with an order for [REDACTED]. At 10:30 p.m., the physician ordered to transfer Resident 1 to an emergency room (ER) for evaluation. A review of the GACH orthopedic consultation report, dated 9/3/19, indicated Resident 1 came to the ER for having swelling and pain on the left foot and ankle. Resident 1 could not move his foot and complained of pain rated at a 9 out of 10 on the left ankle. The record indicated he was diagnosed with [REDACTED] lungs). A review of Resident 1's History and Physical Record, dated 9/6/19, indicated Resident 1 had the capacity to understand and make decisions. During an interview, on 9/9/19, at 12:38 p.m., Licensed Vocational Nurse 1 (LVN 1) stated that the CNA transferred Resident 1 from bed to chair and the resident hit his leg on the chair. LVN 1 stated that the Registered Nurse (RN) then assessed the resident afterwards and Resident 1 complained of pain. LVN 1 stated that only one CNA was involved during the bed to wheelchair transfer for Resident 1. On 1/25/20, at 4:03 p.m., during an interview the Registered Nurse Supervisor (RNS) stated that when she interviewed Resident 1 on 8/31/19, he stated that he twisted his ankle when he was transferring from bed to wheelchair. The RNS stated that Resident 1 was a total transfer and he required two-person assistance during transfer. The RNS stated CNA 1 rushed him to get up. The RNS stated that the CNA wrote a statement about what happened. A review of the facility's policy titled, Falls and Fall Risk, Managing, revised December 2007, indicated based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent from falling and to try to minimize complications from falling. The policy indicated the staff, with the input of the Attending Physician, will identify appropriate interventions to reduce the risk of fall. If a systematic evaluation of a resident's fall risk identifies several possible interventions, the staff may choose to prioritize interventions.</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.