

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555139	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER MIRACLE MILE HEALTHCARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP 1020 SOUTH FAIRFAX AVE LOS ANGELES, CA 90019	
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 0760 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure there was a physician's order for insulin (a medication to decrease blood sugar) before administering it to one of three sampled residents (Resident 1). This deficient practice placed Resident 1 at risk for [DIAGNOSES REDACTED] (low blood sugar). Findings: A review of Resident 1's Admission Record, dated 2/6/20, indicated the facility admitted Resident 1 on 2/1/20 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 2/7/20, indicated Resident 1 had severely impaired cognition (thought process) and unable to make decisions regarding tasks of daily living. A review of Resident 1's Physicians orders, dated 2/2/20 at 12 p.m., indicated the physician ordered for Resident 1 [MEDICATION NAME] Insulin sliding scale (a progressive increase in pre-meal insulin doses). During an interview on 3/4/20 at 9:34 a.m., and concurrent record review, the Licensed Vocational Nurse (LVN) 1 confirmed that Resident 1's physician's order for insulin per sliding scale (a certain amount of insulin to be given depending on the amount of sugar in the blood) was ordered on [DATE]. A review of Resident 1's Medication Administrator Record (MAR- a record of medications administered to residents) for February 1 - 29, 2020 indicated Resident 1 was given [MEDICATION NAME](medication to lower blood sugar) on the following date and times: 1. One unit [MEDICATION NAME]subcutaneously (under the skin), given on 2/1/20 at 6:30 a.m. 2. One unit [MEDICATION NAME]subcutaneously, given on 2/2/20 at 6:30 a.m. During an interview on 3/4/20 at 9:34 a.m., and concurrent record review, the Registered Nurse (RN) 1 stated there was no physician order for [REDACTED], the insulin. A review of the undated facility's policy and procedure titled, Physician Orders, indicated It shall be this facility's policy to provide care and services to the resident in accordance with physician orders. All aspect of resident's care, including but not limited to the following shall only be provided if ordered by the physician: . Medications</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.