| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555438 | A. Building<br>B. Wing | 09/23/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Kei-Ai Los Angeles Healthcare Center | 2221 Lincoln Park Ave<br>Los Angeles, CA 90031 |

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 0757<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Ensure each resident's drug regimen must be free from unnecessary drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395<br><br>Based on interview and record review, the facility failed to ensure licensed staff did not administer Senokot (a medication used to treat constipation) to one of three sampled residents (Resident 1) who was experiencing diarrhea (loose stools, a side effect of Senokot) from 7/4 - 7/18/2022.<br><br>This deficient practice of administering medications in the presence of adverse effects (unwanted, dangerous side effects of medication therapy) caused Resident 1 to experience diarrhea leading to hypotension (low blood pressure), transfer to the general acute hospital (GACH 1) emergency room (ER), where Resident 1 was diagnosed with severe dehydration (a potentially life-threatening medical emergency, can cause serious damage to your kidneys, heart, and brain) due to prolonged diarrhea, an infected Stage II decubitus bed sore (skin appears as a shallow, crater-like wound or a blister containing a clear or yellow fluid) in the sacral area (lower back), an abrasion to the scrotum, and sepsis (life threatening illness caused by the body's response to an infection) due to the Stage II decubitus bed sore. Resident 1 resided in the GACH for 10 days.<br><br>Findings:<br><br>A review of the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including surgical amputation of the right leg below the knee (BKA), peripheral vascular disease (PVD, disease causing restricted blood flow to the legs or other body parts) and diabetes (condition that causes a person's blood sugar level to become high).<br><br>A review of Resident 1's Physician's Order dated 6/29/2022 at 4:35 p.m., indicated to administer Senokot 8.6 milligrams (mg.), two tablets by mouth at bedtime for constipation and to hold for loose stools.<br><br>A review of the Care Plan created on 6/30/2022, indicated Resident 1 had dehydration or potential fluid deficit related to decreased fluid intake. The care plan goal indicated Resident 1 would be free from signs and symptoms of dehydration which included headache, dizziness, fatigue, and weakness. The listed interventions included to observe and notify the responsible party of signs and symptoms of persistent vomiting and diarrhea, notify the physician of the resident's change of condition, and consult with the registered dietitian (RD) for Resident 1's hydration needs.<br><br>(continued on next page) |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|

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| F 0757<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | A review of the Change in Condition (COC) note dated 7/4/2022 at 1:08 p.m., indicated Resident 1 had three episodes of diarrhea in the morning. The physician was notified and gave an order to administer Loperamide 2 mg tablets by mouth every eight hours as needed for diarrhea and infuse Normal Saline (used for fluid or electrolyte [essential minerals in that are vital in the key functions in the body] replenishment) Intravenously (IV) two liters at 50 milliliters per hour (ml/hour).<br><br>According to a review of the Care Plan dated 7/4/2022, Resident 1 had episodes of diarrhea and the goal indicated Resident 1's diarrhea will resolve within 72 hours without complications. The care plan interventions included to observe and report signs and symptoms of skin breakdown, provide good peri-care, administer Loperamide 2 mg. as ordered, and report adverse reaction from the medication.<br><br>A review of the Bowel and Bladder Elimination (BBE) form dated 7/2022, indicated Resident 1 had episodes of diarrhea on the following dates:<br><br>-7/4/2022 - three episodes.<br><br>-7/10/2022 - one episode.<br><br>-7/11/2022 - three episodes.<br><br>-7/12/2022 - four episodes.<br><br>-7/13/2022 - three episodes.<br><br>-7/14/2022 - three episodes.<br><br>-7/16/2022 - three episodes.<br><br>-7/17/2022 - four episodes.<br><br>-7/18/2022 - two episodes.<br><br>A review of the Medication Administration Record (MAR) from 7/1 to 7/31/2022 indicated Resident 1 was administered Senokot 8.6 mg. two tablets by mouth at 9 p.m. on 7/4, 7/10, 7/11, 7/12, 7/13, 7/14 and 7/16/2022.<br><br>A review of the MAR for 7/1 to 7/31/2022, the MAR indicated Resident 1 was administered Loperamide two mg. tablets by mouth on 7/13/2022 at 2 a.m. (the same day he received the Senokot) and on 7/17/2022 at 3:36 p.m. However, there was no documentation found that Resident 1 was administered loperamide every eight hours as needed, per physician's order when Resident 1 had episodes of diarrhea on 7/4, 7/10, 7/11, 7/12, 7/14, 7/16, and 7/18/2022.<br><br>A review of Resident 1's Nurses Notes dated 7/12/2022 at 10:37 a.m., indicated the nurse practitioner (a registered nurse who has additional education and training in how to diagnose and treat diseases) was notified that .resident still with episodes of diarrhea. The Notes indicated the NP gave an order which included to continue to administer loperamide. The Bowel Bladder Elimination form indicated Resident 1 continued to receive the Senokot for five days after this order.<br><br>(continued on next page) |

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| F 0757<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | A review of the Situation, Background, Appearance, Review and Notify (SBAR) dated 7/18/2022 indicated Resident 1 had a blood pressure of 87/57 millimeter mercury (mm/Hg, a blood pressure of less than 90 is considered low blood pressure) and had two episodes of diarrhea. The nurse practitioner was notified and gave orders to transfer Resident 1 to GACH 1 by paramedics.<br><br>According to a review of the Paramedics Patient Care Report dated 7/18/2022, at 11:49 a.m., Resident 1 had a chief complaint of general weakness with diarrhea of over two weeks. Resident 1's blood pressure was 94/56 at 12:05 p.m.<br><br>A review of the GACH 1 Emergency Department (ED) Continuity of Care note dated 7/18/2022, at 8 p.m., indicated during assessment, Resident 1's lower back showed what .appears to be a decubitus bedsore . with mild surrounding erythema (redness of the skin caused by injury or another inflammation causing condition). The ED note indicated Resident 1 stated that the area had become more painful and tender over the past several days.<br><br>A review of the GACH 1 Photographic Documentation dated 7/18/2022, indicated Resident 1 had an abrasion in the scrotum and a Stage II pressure injury (bedsore) in the sacral area with serosanguineous drainage (thin, watery discharge that contains a small amount of blood).<br><br>A review of the Nephrology Consultation Note dated 7/19/2022 indicated Resident 1 had acute kidney injury (AKI, kidneys [organ that remove waste and extra water from the body] suddenly stop working) from severe dehydration, acidosis (condition in which the body's fluids are more acidic than normal) due to severe diarrhea and sepsis. The consultation further noted Resident 1 was on IV fluids and antibiotics.<br><br>According to a review of the GACH 1 Cardiology Consultation Note dated 7/19/2022, Resident 1 had hypotension secondary to fluid loss with diarrhea and early septic shock (a life-threatening condition that happens when your blood pressure drops to a dangerously low level after an infection).<br><br>A review of the GACH 2 History and Physical (H and P) dated 7/20/2022 indicated GACH 2 admitted Resident 1 from GACH 1 for continuity of care, evaluation, and treatment of sepsis due to wound infection and possible infectious diarrhea.<br><br>During an interview on 7/28/2022, at 10:52 a.m., Certified Nursing Assistant (CNA 1) stated Resident 1 had diarrhea and redness on both buttocks and the scrotal area. CNA 1 stated she would clean Resident 1 after each episode of diarrhea.<br><br>During a telephone interview on 8/18/2022, at 1:28 p.m., the Resident 1's MAR for the Senokot for 7/2022 and the COC dated 7/4/2022 were reviewed with the registered nurse supervisor (RNS 1). RNS 1 stated when Resident 1 had diarrhea, the Senokot should have been stopped because the physician's order indicated to hold for loose stools.<br><br>On 8/23/2022 at 9:47 a.m., during an interview, the Director of Nursing (DON) stated when Resident 1 had episodes of diarrhea, the Senokot should have been stopped and the loperamide should have been given as ordered by the physician. The DON further stated episodes of diarrhea would make the Moisture Associated Skin Damage (MASD - caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus, saliva, and their contents / decubitus bed sore) worse.<br><br>(continued on next page) |

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| F 0757<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During an interview on 8/23/2022, at 10:32 a.m., the Registered Dietician (RD) stated the facility should have notified the RD when Resident 1 was having diarrhea. The RD stated the diarrhea can make Resident 1 at risk for fluid deficit (dehydration) and electrolyte imbalance. The RD stated one of the interventions would be to review Resident 1's medications and recommend holding stool softeners to find out if the stool softeners were causing the diarrhea.<br><br>On 8/23/2022 at 11 a.m., during an interview, CNA 1 stated Resident 1 had diarrhea and every time Resident 1 turned, Resident 1 would have loose bowel movement come out. CNA 1 stated Resident 1 had a skin tear in the scrotal area.<br><br>During a telephone interview on 8/25/2022 at 1:33 p.m., the NP stated the facility should not have given the Senokot when Resident 1 was having diarrhea, because Resident 1 would continue to have diarrhea. The NP stated diarrhea can lead to hypotension and dehydration.<br><br>A review of the facility policy titled, Medication Administration - General Guidelines, dated 2/23/2015, indicated medications were administered in accordance with good nursing principles and practices and only by persons legally authorized to do so. The policy indicated medications were administered in accordance with written orders of the attending physician. |