

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2023
NAME OF PROVIDER OR SUPPLIER  Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 Lincoln Park Ave 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44253</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 2) who received dialysis (the process of filtering the blood when the kidneys are not able to cleanse it) treatment received care in accordance with standards of practice, by failing to:</p> <ol style="list-style-type: none"> <li>1. Review the Dialysis Communication Form post (after) dialysis for any identified concerns, missed treatment/medications documented by staff at the dialysis center.</li> <li>2. Implement and follow up on the physician's order to administer intravenous (IV- inside a vein) vancomycin (antibiotic medication used to treat serious infections for which other medicines may not work) during dialysis for Resident 2 on 2/28/2023, 3/2/2023, 3/4/2023, and 3/7/2023.</li> <li>3. Document and perform post dialysis assessment for Resident 2 on 3/4/2023 and 3/14/2023.</li> </ol> <p>As a result of these deficient practices, on 3/14/2023, Resident 2 was transferred to general acute hospital (GACH) 2 and was admitted to the Intensive Care Unit (ICU) due to septic shock (a life-threatening condition caused by a severe localized or system-wide infection causing organ failure and dangerously low blood pressure that requires immediate medical attention).</p> <p>Findings:</p> <p>A review of GACH 1's Microbiology report (involve culturing of patient samples for disease forming micro-organisms) for Resident 2 dated 2/12/2023, indicated Resident 2 tested for positive for enterococcus faecalis (bacteria) which was sensitive (effective against a bacteria) to vancomycin.</p> <p>A review of GACH 1 Discharge Summary notes for Resident 2 dated 2/23/2023, indicated GACH 1 admitted Resident 2 on 2/12/2023. GACH 1 discharged Resident 2 on 2/23/2023 with a physician's orders to continue IV vancomycin (dose and frequency not specified) for six weeks with dialysis.</p> <p>A review of Resident 2's Progress Notes from GACH 1, dated 2/26/2023, indicated Resident 2 had a wound infection from a left hip open reduction and internal fixation (ORIF, a type of surgery that puts pieces of a broken bone into place using screws, plates, sutures, or rods) and needed six weeks of vancomycin.</p> <p>(continued on next page)</p>		

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2023
NAME OF PROVIDER OR SUPPLIER  Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 Lincoln Park Ave 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's admission record indicated the facility admitted the resident on 2/27/2023 with diagnoses including end stage renal disease (ESRD - loss of kidney function in which the kidneys no long work to meet the body's needs), dependence on renal dialysis and sepsis (the body's overwhelming and life-threatening response to infection that can lead to tissue damage).</p> <p>According to a review of Resident 2's Admission Note, dated 2/27/2023, the resident was admitted to the facility from GACH 1 with diagnoses of sepsis and ESRD on hemodialysis (HD - the process of removing waste products and excess fluid from the body using a machine when the kidneys are not able to do so). It also indicated the orders were verified with the physician and carried out.</p> <p>A review of Resident 2's Physician's Order, dated 2/28/2023 timed at 11:38 AM indicated vancomycin to be administered at dialysis center times six weeks every Tuesday, Thursday, and Saturday for sepsis.</p> <p>A review of the facility's Progress Notes for Resident 2 dated 2/28/2023, timed at 11:39 AM., indicated, Order for vancomycin communicated and faxed to . dialysis for dosing and frequency. Patient [Resident 2] to complete treatment (Vancomycin) times four weeks.</p> <p>A review of the fax confirmation sheet indicated the facility faxed the order regarding vancomycin to the dialysis center on 2/28/2023 at 11:49 AM.</p> <p>A review of the Physician's History and Physical (H&amp;P) for Resident 2, dated 2/28/2023, indicated Resident 2 was alert and oriented, was diagnosed with ESRD, was on hemodialysis and was to receive IV vancomycin with dialysis.</p> <p>A review of Resident 2's Impaired Renal function Care Plan, initiated 2/28/2023, indicated Resident 2 was on hemodialysis. The interventions included to properly relay medications to the dialysis clinic and to monitor vital signs pre and post dialysis. It also indicated Resident 2 was at risk for worsening condition due to dialysis clinic not administering IV Vancomycin as ordered.</p> <p>According to a review of Resident 2's Nurses Note, dated 2/28/2023, the resident was to be given IV vancomycin at the dialysis center.</p> <p>A review of Resident 2's Administration Note, dated 2/28/2023 indicated vancomycin to be given during dialysis.</p> <p>A review of the facility's Dialysis Communication Form indicated it was a three-section form. The first section was the pre-dialysis assessment to be completed by the facility. The second section was for the dialysis unit to fill out. The third section was the post dialysis assessment to be completed by the facility when the resident returned from dialysis.</p> <p>A review of Resident 2's Dialysis Communication form, the second section for the dialysis unit to fill out, dated 2/28/202, indicated no entry for the area Medication Given.</p> <p>A review of Resident 2's Dialysis Center Post Treatment Note, section Medications and Axillaries Administered, dated 2/28/2023, indicated the vancomycin 1000 milligrams (mg) was not given.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2023
NAME OF PROVIDER OR SUPPLIER  Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 Lincoln Park Ave 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>According to a review of Resident 2's Dialysis Communication form, the second section for the dialysis unit to fill out, dated 3/2/2023, indicated no entry for the area Medication Given.</p> <p>A review of Resident 2's Dialysis Center Post Treatment Note dated 3/2/2023, did not indicate Resident 2 received vancomycin at the dialysis center.</p> <p>A review of the Minimum Data Set (MDS - a comprehensive assessment and care screening tool), dated 3/3/2023, indicated Resident 2 had modified independence in cognition (some difficulty in new situations only). The MDS indicated Resident 2 required extensive assistance with one-person assist in bed mobility, locomotion on and off unit, dressing and personal hygiene and the resident was totally dependent and required one-person physical assist with transferring and toileting. The MDS indicated Resident 2 was receiving dialysis treatment.</p> <p>A review of the facility's Order Note for Resident 2, dated 3/4/2023, indicated Vancomycin was administered at dialysis center earlier today (3/4/2023) per physician's order.</p> <p>A review of Resident 2's Dialysis Center Post Treatment Note dated 3/4/2023, did not indicate Resident 2 received vancomycin at the dialysis center.</p> <p>The facility was unable to provide the Dialysis Communication Form for the date 3/4/2023, when requested.</p> <p>A review of Resident 2's Nurses Note, dated 3/4/2023 timed at 1:44 PM, indicated Resident 2, Returned back from dialysis in stable condition. Alert and verbally responsive. However, the nurses' notes did not indicate if the facility assessed Resident 2's vital signs (blood pressure, temperature, pulse, respirations, or pain level) or if the HD access site on the left upper arm (LUA) was dry and intact, and had no redness, pain, bleeding, or bruising. The nurses' notes did not indicate if the facility checked/assessed the HD access site on the LUA for the presence or absence of a thrill (a vibration felt on the skin over a blood vessel) and bruit (the sound created by turbulent [erratic motion] blood flow in an artery) and there was no documentation of the resident's lung sounds as indicated by the post dialysis assessment form.</p> <p>According to a review of the facility's Nurses Notes for Resident 2, dated 3/7/2023, timed at 2:46 PM., Resident 2 went for dialysis in AM.</p> <p>A review of Resident 2's Dialysis Communication form, the second section for the dialysis unit to fill out, dated 3/7/2023, indicated no entry in the area of Medication Given.</p> <p>A review of Resident 2's Dialysis Center Post Treatment Note dated 3/7/2023, the section Medications and Axillaries Administered, did not indicate the dialysis center administered vancomycin to Resident 2 on 3/7/2023.</p> <p>A review of the facility's Administration Note, dated 3/7/2023, indicated Registered Nurse 1 (RN 1) contacted the dialysis center and the dialysis center told RN 1 that Resident 2 did not receive any doses of vancomycin because the facility did not have laboratory (blood tests) results for Resident 2. The Administration Note also indicated the facility (SNF) would start administering the vancomycin to Resident 2.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2023
NAME OF PROVIDER OR SUPPLIER  Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 Lincoln Park Ave 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's Situation, Background, Assessment, Recommendation (SBAR - A tool used to facilitate prompt and appropriate communication between different disciplines caring for a resident), dated 3/8/2023, indicated vancomycin was not administered at the dialysis center. The SBAR indicated a nurse contacted the dialysis center and was told by a dialysis staff that the dialysis center previously received a message from the nursing facility not to administer vancomycin to Resident 2. The SBAR indicated the dialysis center staff could not provide the name of the facility's nursing staff he [Dialysis staff] communicated with. The SBAR also indicated a physician ordered to restart IV Vancomycin 900 mg on 3/8/2023 every Tuesday, Thursday, Saturday for six weeks for Resident 2.</p> <p>According to a review of the Dialysis Center Post Treatment Note, dated 3/14/2023, Resident 2's dialysis treatment started at 9:17 AM and ended at 12:13 PM.</p> <p>A review of all Resident 2's Nurses Notes, dated 3/14/2023, indicated there was no mention of when the resident left for dialysis, when she returned, or any post dialysis assessment done upon return.</p> <p>A review of Resident 2's Nurses Note, dated 3/14/2023 timed at 3:13 PM, indicated the facility (SNF) called the dialysis center due to Resident 2's altered mental status and unstable vital signs.</p> <p>A review of Resident 2's Nurses Note, dated 3/14/2023 timed at 4:20 PM, indicated the resident was transferred to GACH 2 for further evaluation via emergency services.</p> <p>A review of Resident 2's SBAR form, dated 3/14/2023 timed at 4:22 PM, indicated Resident 2 had altered mental status (AMS - a change in mental function) and an irregular pulse.</p> <p>A review of GACH 2's Emergency Physician Note, dated 3/14/2023, indicated the resident was brought in from the nursing home with AMS. It also indicated the resident's blood pressure was 90/50 millimeter of mercury (mmHg - Normal range is less than 120/80 mm Hg), heart rate 120 (Normal range is 60 to 100 beats per minute), respiration rate of 22 breaths per minute (Normal range is 12 to 16 breaths per minute), temperature of 101.2 degrees Fahrenheit ( F - normal range is 97 degrees F to 99 degrees F). The resident was started on Levophed (a medication used to treat life-threatening low blood pressure) to maintain the resident's blood pressure.</p> <p>According to a review of Resident 2's Nurses Note, dated 3/15/2023, Licensed Vocational Nurse (LVN) 1 called the dialysis center to follow up on the communication report for yesterday's treatment and the dialysis center did not have it.</p> <p>A review of GACH 2's Discharge Summary Narrative Report, signed 3/31/2023, indicated Resident 2 was transferred to the hospital for altered mental status and fever. Resident 2 was found to have septic shock and was admitted to the Intensive Care Unit (ICU).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2023
NAME OF PROVIDER OR SUPPLIER  Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 Lincoln Park Ave 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)		
<p>F 0698</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/7/2023 at 10:42 AM, Registered Nurse (RN) 1 stated Resident 2 was initially admitted on [DATE] from GACH 1 with diagnoses of sepsis, and ESRD with dialysis. RN 1 further stated Resident 2 had her dialysis schedule on Tuesday, Thursday, and Saturday. RN 1 stated the purpose of the Dialysis Communication form was to communicate important information between the facility and dialysis center. RN 1 stated on 3/7/2023, she happened to review the dialysis form and called the dialysis center to make sure the vancomycin was given that day. RN 1 stated, We needed to make sure that they were giving it. She further stated the dialysis center reported they were not able to give the vancomycin. I was worried because there was an infection and if it wasn't given the infection may have gotten worse and something could happen to the patient.</p> <p>On 4/7/2023 at 11:57 AM, Resident 2's Dialysis Communication Forms for 2/28/2023, 3/2/2023 and 3/7/2023 were reviewed. During a concurrent interview, Licensed Vocational Nurse (LVN) 1 stated there was no indication that vancomycin was given. LVN 1 stated, If they did, they would put it on the note. He further stated, I should have followed up on the vancomycin not being given. If I had followed up, I would have let my supervisor know so that there could have been a remedy. LVN 1 stated, The purpose of the form is to communicate between our facility and the dialysis center. It's important to know the situation of the patient and whatever the dialysis does with the patient. So, we know what is done. A possible outcome of Resident 2 not receiving vancomycin was her infection not getting better.</p> <p>During a phone interview on 4/7/2023 at 12:37 PM, the dialysis center's Facility Administrator (DFA) stated, During the initial administration on 2/28/2023 we received a call from the nursing home not to give it (vancomycin). He was not able to say who called from the facility and stated there was no documentation of the call. The DFA further stated the dialysis nurse noted the vancomycin was not given and did not indicate on the Dialysis Communication Form that it was given or not given.</p> <p>During an interview on 4/7/2023 at 12:40 PM, the Medical Records Assistant (MRA) stated there were no Dialysis Communication Forms for 3/4/2023 and 3/14/2023.</p> <p>During an interview on 4/7/2023 at 3:08 PM, the Director of Nursing (DON) stated that for 3/4/2023 and 3/14/2023 the dialysis company did not return the patient with the communication form. She further stated a post dialysis assessment should be done even if the form was not returned. The assessment form was completed to make sure that there were no complications and to receive needed instructions from the dialysis center regarding the patient's care. The purpose of the form was for communication with the dialysis company and to report any changes from here to the dialysis center. There should be some communication from the dialysis company. The DON further stated, It's the charge nurses' responsibility to check the (Dialysis Communication) form. If the nurse knows that the medication was supposed to be given, it was their responsibility to follow up and make sure it was provided. The DON stated infection and sepsis which can lead to death was a possible outcome.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2023
NAME OF PROVIDER OR SUPPLIER  Kei-Ai Los Angeles Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2221 Lincoln Park Ave 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 0698  Level of Harm - Actual harm  Residents Affected - Few	<p>On 4/7/2023 at 3:47 PM, Resident 2's Administration Note for 2/28/2023 and 3/4/2023 were reviewed. During a concurrent interview, RN 2 stated the charge nurse fills out the post dialysis assessment section and Resident 2 was to receive vancomycin during her dialysis on Tuesday, Thursday, and Saturday. RN 2 stated, I just assumed during that time that the medication was given so I could sign my e-MAR (electronic Medication Administration Record) because the medication was on the e-MAR, I had to make a note. All the while we were thinking it was being given at dialysis center. Another nurse found out because she refused to sign the e-MAR without being sure the medication was given. RN 2 stated a possible result from Resident 2 not receiving the antibiotic was a resistant infection or Resident 2's condition could get worse.</p> <p>A review of the facility's policy and procedure titled, Hemodialysis Access Care, revised 1/2010, indicated the general medical nurse should document in the resident's medical record any part of report from dialysis nurse post-dialysis being given.</p> <p>A review of the facility's policy and procedure titled, Hemodialysis, Care of a Resident, reviewed 1/2023, indicated its purpose was to prevent complications pre and post dialysis treatment and to provide a safe environment. It also indicated staff were to notify dialysis center of any special precautions or medication to be administered in the dialysis center, review the Dialysis Communication Form for any pertinent information regarding the patient's care post dialysis, record post-dialysis assessment on Dialysis Communication Form and all physician's orders such as lab work and administration of medications were to be followed as indicated by the physician.</p>		