

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER AUTUMN HILLS HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 430 N.GLENDALE AVE GLENDALE, CA 91206	
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 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide the necessary care and services to one of 3 sampled residents (Resident 3) with pressure injuries (PI-areas of damaged skin caused by staying in one position for too long which reduces blood flow to the area and cause the skin to die and develop a sore) to avoid worsening of a pressure injury. For Resident 3, the low air loss (LAL) mattress (provides pressure redistribution by filling and un-filling air cells within the mattress so that contact points with the body are reduced) settings failed to allow the mattress to meet the resident's needs. This deficient practice had the potential for delayed healing of Resident 3's PI. Findings: A review of Resident 3's medical record indicated an admission on 6/13/15, with [DIAGNOSES REDACTED]. A review of Resident 3's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 1/24/20, indicated the resident had cognitive impairment (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) and required extensive assistance from staff for activities of daily living ((ADLs) such as dressing, toileting, personal hygiene, and bed mobility) and had a pressure reducing device while in bed. On 3/12/20, at 12:05 p.m., during an observation with Licensed Vocational Nurse 1, treatment nurse, (LVN 1), Resident 3 was observed lying in bed in a supine position resting on the mattress. LVN 1 further verified Resident 3's low air loss mattress was set in static mode. On 3/12/20, at 12:39 p.m., LVN 1 stated she had no knowledge if the LAL mattress setting should be on static or alternating mode to provide the resident the pressure relief. A review of Resident 3's physician order [REDACTED]. The physician order [REDACTED]. A review of the facility's policy and procedure, titled Pressure Ulcer Preventive Measure Policy dated 3/00, indicated specialty support surfaces (LAL) should follow manufacturer's instructions. According to an air mattress online manufacturer manual air mattress has usually two modes alternating and static mode, the required setting is alternating mode. The pump in alternating mode removes air from the alternating cylinders in the bed. This creates a wave motion which gently shifts the person's weight slightly. The static mode should be placed back to alternating mode. (http://www.stat-med.net/media/supra_operating_manual.pdf)</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.