

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055541	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER ROYAL TERRACE HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 1340 HIGHLAND AVE. DUARTE, CA 91010	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to complete the Fall Risk Assessment accurately on 9/20/19 for one of one sampled Resident (Resident 1), as indicated on the facility policy. This deficient practice had the potential to not identify and address fall risk factors, which could result in repeated falls, injury, and harm to the resident.</p> <p>Findings: A review of the Admission Record indicated Resident 1 was readmitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of the Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 9/20/19 indicated Resident 1's brief interview of mental status (BIMS, screening that aids in detecting cognitive impairment) score was 3 (a score of 1-7 reflects severe cognitive (mental action or process of acquiring knowledge and understanding) impairment). Resident 1 required limited assistance with toilet use. Resident 1 required extensive assistance with bed mobility, transfer, dressing, and personal hygiene. Resident 1 did not walk and did not move between locations in and outside her room (locomotion). Resident 1 was occasionally incontinent of bowel and bladder. Resident 1 had a fall incident with major injury since last assessment. Resident 1 received diuretic (drug that promotes increased production of urine) for seven (7) days. A review of Resident 1's physician's orders [REDACTED]. [MEDICATION NAME] (diuretic) 20 milligrams (mg- unit of measurement) by mouth two times a day for hypertension; ordered on [DATE] 2. [MEDICATION NAME] 10 mg by mouth one time a day for hypertension; ordered on [DATE] 3. [MEDICATION NAME] Extended Relief (ER) 25 mg by mouth one time a day for hypertension; ordered on [DATE] A review of the Resident 1's progress notes, dated 9/20/19, indicated Resident 1 had a fall incident. A review of the facility form titled, Fall Risk Assessment, dated 9/20/19 indicated Resident 1 had a score of five (5), which did not consider Resident as high risk for potential falls (a score of 10 or greater is considered high risk for potential falls). The Fall Risk Assessment indicated Resident 1 was alert, ambulatory and continent. Resident 1 received antihypertensives only and did not have any predisposing diseases. On 3/23/20 at 1:04 p.m., during a concurrent record review and interview with the MDS Coordinator, she stated Resident 1's Fall Risk Assessment, dated 9/20/19 was not accurately completed. MDS Coordinator stated Resident 1 should have been assessed as disoriented for level of consciousness. MDS Coordinator also stated Resident 1's ambulation and elimination status should have been assessed as chair bound and incontinent as indicated on the MDS, dated [DATE]. MDS Coordinator added Resident 1's medications should have included the use of diuretics as indicated on the physician order. MDS Coordinator stated Resident 1's predisposing diseases should have included arthritis (painful inflammation and stiffness of the joints) and [MEDICAL CONDITION] as indicated on the Admission record. MDS Coordinator stated it was important to have an accurate Fall Risk Assessment to determine if Resident was a high risk for fall and in order to be able to develop a care plan addressing fall risk factors, which could prevent fall. A review of the facility's policy titled, Fall Risk Assessment, revised 12/2007, indicated the nursing staff, in conjunction with the Attending Physician, Consultant Pharmacist, therapy staff, and others, will seek to identify and document resident risk factors for falls. It also indicated the assessment data shall be used to identify underlying medical conditions that may increase the risk of injury from falls (such as [MEDICAL CONDITION]). It also indicated a review for medications or medication combinations that could relate to falls or fall risk, such as those that have side effects of dizziness, ataxia (lack of muscle control or coordination of voluntary movements, such as walking or picking up objects) or [MEDICAL CONDITION] (abnormally low blood pressure). It also indicated to evaluate functional factors that may increase fall risk, including ambulation, mobility, gait, continence and cognition.</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.