

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555081	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER DEL MAR CONVALESCENT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP 3136 NORTH DEL MAR AVENUE ROSEMead, CA 91770	
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 0838 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to evaluate their resident population, to identify the services and resources required to meet the resident's care needs. This deficient practice placed the residents at risk for lack of or delay in care and/or treatment services as needed due to not enough staffing and/or resources during daily care and/or during the pandemic for COVID 19 ([MEDICAL CONDITION] 2019 a contagious virus that causes mild to severe upper respiratory infection). Findings: A review of the Facility Assessment, dated 5/21/20, consisted of a facility analysis that included three parts, Resident Profile, Services and Care Offered Based on Resident's Needs and Facility Resources Needed to Provide Competent Support and Care to the Residents Every Day and During Emergencies. Under Part 1-Resident Profile included a subsection for acuity that indicated the facility uses CMS (Center for Medicare and Medicaid Services) matrix and form 672 (a CMS form in the facility would indicate the current condition of the residents at the time of completion of the form). The Facility Assessment analysis failed to include quantifiable data (data obtain from data sources such as RUGs (Resource Utilization Groups (reflect levels of resource need in long-term care settings, primarily to facilitate Medicare and Medicaid payments) are significant because they are the core services provided to residents such as rehabilitation, extensive services, and special care needs), MDS (Minimum Data Set data are comprehensive assessments of each resident's functional capabilities and helps nursing home staff identify health problems) and resident/patient acuity tools) to describe the number of residents that require the services in facility to understand and make an analysis of the required staff needed to meet the residents needs. On 7/21/20, at 1:30 p.m., during an interview and concurrent record review, the Administrator stated and verified, the Facility assessment dated [DATE], did not include quantifiable data to describe the facility's resident acuity level, in order to fully analyze and understand the potential implications regarding the intensity of care, services and staffing required to meet the residents needs. According to County of Los Angeles Department of Public Health Guidelines for Preventing and Managing COVID 19 in Skilled Nursing Facilities, dated 6/17/20, indicated the facilities should make sure adequate staffing was available to provide care to the residents during the COVID 19 pandemic. http://www.publichealth.lacounty.gov/media/Coronavirus/index.htm#healthoff</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.