

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555397</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY VILLA REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>340 SOUTH ALVARADO STREET LOS ANGELES, CA 90057</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to provide a safe transfer from the bed to the shower gurney for one of two sampled residents (Resident 1). This deficient practice resulted in the fall of Resident 1 who sustained a fracture (break on the bone) on the right lower leg. Findings: A review of the face sheet indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of the Minimum Data Set (an assessment and care planning tool), dated 10/22/19, indicated under functional status, bed mobility and transfers, Resident 1 was totally dependent and required two or more persons' for physical assist. A review of Respiratory Therapist 2's (RT 2) signed statement, dated 1/16/20, indicated RT 2 saw Resident 1 on the floor with Certified Nursing Assistant 2 (CNA 2) standing by Resident 1's feet, and a student nurse by the head of Resident 1. The signed document indicated RT 2 was not made aware of Resident 1 going to shower so RT 2 could have assisted with the transfer or shower. It was further documented that the protocol for the facility was for CNA 2 to inform RT 2 when Resident 1 was going to shower. A review of the Resident 1's right knee two view x-ray (imaging of the bones), dated 1/22/20, indicated a displaced proximal tibia and fibula fractures (break on both bones on the right lower leg). During an observation of morning care rendered to Resident 1, on 1/31/20 at 10:53 AM, Resident 1 was observed wearing a facility gown, with a flow by oxygen (major ways of administering a concentrated life sustaining element in the air via High Humidity or moist air to resident) through a [MEDICAL CONDITION] (tube inserted on the front of the neck for breathing), and with a cast on the right lower leg. Licensed Vocational Nurse 1 (LVN 1) and CNA 1 were providing morning care. During an interview, on 1/31/20 at 11 AM, CNA 1 stated Resident 1 had a cast on the right lower leg and stated it should be two staff doing the care. CNA 1 added he needed another staff to assist him with the changing of the position of Resident 1 while in bed and transferring Resident 1 out of the bed. CNA 1 further added a respiratory technician must be there to connect and disconnect the oxygen during transfers. During an interview with Sub Acute Coordinator (SAC) on 1/31/20 at 11:13 AM, SAC stated she was in-charge of investigating the fall of Resident 1 on 1/16/20. The SAC stated the investigation concluded CNA 2 transferred Resident 1 through a mechanical lift from the bed to the shower gurney by himself, and CNA 2 did not check if the shower gurney side rails were locked and secured. As CNA 2 was putting away the mechanical lift, when Resident 1 started to kick and move, and the side rails went down. This led to Resident 1 falling on the side of the gurney where the side rails went down, opposite side from CNA 2. The SAC added respiratory technicians were needed in transferring Resident 1 for showers. This must be coordinated by the CNA with the respiratory technician assigned. During an interview, on 1/31/20 at 11:52 AM, Respiratory Therapist 1 (RT 1) stated respiratory therapists were requested when residents were to be transferred from bed to shower gurney. RT 1 added respiratory therapists were responsible for connecting and disconnecting residents from oxygen. During an interview, on 1/31/20 at 1:35 PM, the Director of Staff Development (DSD) stated and confirmed CNA 2 did not ask for assistance when transferring Resident 1 from the bed to the shower gurney through a mechanical lift. The DSD added CNA 2 failed to abide with the safe work standard (2-man assist practice while transferring for residents with [MEDICAL CONDITION]). A review of the facility policy and procedures titled, Transfer, revised 7/1/15, indicated safe and secure mechanical lift transfers may require the help on one, two, or three caregivers depending of the resident's condition.</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.