

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555649</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WEST COVINA MEDICAL CENTER D/P SNF</b>		STREET ADDRESS, CITY, STATE, ZIP <b>725 S. ORANGE AVENUE WEST COVINA, CA 91790</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 0693  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</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 (1) properly position, (2) provide adequate monitoring and (3) report vomiting to doctor for 1 of 3 random sampled residents (Resident 1) in accordance with current clinical standards of practice, Resident 1's care plan and the facility's policy. This deficient practice had the potential to cause unwanted medical complications [REDACTED]. On 6/10/20, during a tour of the facility with the Director of Nursing (DON), Resident 1 was observed lying in bed, asleep and positioned at an angle less than 30-degree (position of the head of bed). In addition, Resident 1's feeding pump was turned on, [MEDICATION NAME] 1.0 (food) was infusing at @ 95 cc/hr., the bottle of [MEDICATION NAME] 1.0 was empty. A Record Review of Resident 1's Standard admission orders [REDACTED]. In an interview on 6/10/20 at 3:20pm with the Nurse Supervisor 1 (RN 1) regarding Resident 1's position in bed, RN 1 stated Resident 1 was supposed to be at a 45-degree angle and proceeded to raised Resident 1's head of bed. RN 1 confirmed that the bottle of [MEDICATION NAME] attached to the feeding pump was empty and stated, let me get the nurse. RN 1 stated complications related to improper bed positioning could cause aspiration pneumonia (lung infection). In an interview at 3:25pm, with License Vocational Nurse (LVN 1), who was assigned to Resident 1, LVN 1 confirmed the bottle of [MEDICATION NAME] 1.0, stating it is empty. LVN 1, stated Resident 1's head of bed should be at a 45 degrees angle to reduce the risk of aspiration pneumonia. When asked what the doctor's order was for Resident 1's position while feeding, LVN 1 stated let me go check. When asked, how he determined accurate bed position placement, the LVN 1 stated I eyeball bed calculation. In an interview at 3:53pm, with the Certified Nursing Assistant (CNA 1), assigned to Resident 1, CNA 1 stated that Resident 1 should be at a 45-degree angle and that she did not notice that the feeding bottle was empty while providing care. A Record Review of Resident 1's Physicians Orders dated 12/4/19, indicated an order for [REDACTED]. A Record Review of Resident 1's Care Plan dated 6/7/20 for Risk for Complications related to Feeding Tube, with the goal that Resident 1 will tolerate the feeding and be free of complications such as Aspiration (food in airway), Nausea and Vomiting will be avoided by monitoring intake every shift and elevating the head of the bed to at least 30 to 45 degrees at all times during feeding, check and monitor resident, and report to doctor any nausea and vomiting. A Record Review of Resident 1's Medication Administration Record [REDACTED]. According to the MAR, Resident 1 was administered [MEDICATION NAME] on 6/1 at 6:00pm and 10:30am, 6/2 at 5:10pm, 6/3 at 1:30am, 6/3 at 10:00am, 6/5 at 10:00pm, 6/6 at 9:00pm and 6/7 at 9:45pm. According to the Medication Administration Comment documented at the back of the MAR, nursing documentation showed Resident 1 vomited one to two times on days [MEDICATION NAME] was administered. A Record Review of the Nursing Progress Notes indicated that [MEDICATION NAME] was administered to Resident 1 on the following days 6/1, 6/2, 6/3, 6/5, 6/6 and 6/7 and that the doctor was not notified, as indicated, on Resident 1's plan of care. A review of Resident 1's Minimum Data Set (a comprehensive assessment of each resident's functional capabilities that helps the nursing home staff identify health problems), dated 5/28/20 indicated Resident 1 not able to communicate his needs, rarely/never has the ability to understand others, memory problems, cognitive level severely impaired, impaired on both upper and lower extremities, totally dependent for assistance and required two-person physical assist with Activities of Daily Living. A record review of the facility's Policy and Procedure dated 5/19 and titled Feeding, Enteral Tube and Pump indicated the feeding tube is used to introduce food into the stomach when the patient is unable to chew and/or swallow, patient's head of bed should be kept at thirty degrees (30 ) minimum to help prevent aspiration. If patient vomits, terminate feeding immediately and notify physician. Measure amount of formula for feeding bottle.</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.