

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056116</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LOS ALTOS SUB-ACUTE AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>809 FREMONT AVENUE LOS ALTOS, CA 94024</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 0552  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Ensure that residents are fully informed and understand their health status, care and treatments.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to follow their policies regarding the notification of the responsible party (RP, person designated to make decisions on behalf of the resident) about a significant weight loss in one of three sampled residents (Resident 1). This failure had the potential to affect the ability of the RP to participate in Resident 1's treatment. Findings: Review of Resident 1's clinical record indicated he was admitted on [DATE] and had [DIAGNOSES REDACTED]. the body), heart failure (a chronic condition in which the heart does not pump blood as well as it should), cardiomyopathy (a disease of the heart muscle making it more difficult for the heart to pump blood to the rest of the body) and [MEDICAL CONDITION] ([MEDICAL CONDITION], a lung disease characterized by chronic obstruction of lung airflow interfering with normal breathing). He was not self-responsible and had a family member designated as his RP. Resident 1's clinical record also indicated he was 65 inches tall and weighed 223 pounds on 3/6/2020. The Progress Notes and the Change of Condition Note, dated 4/8/2020, indicated the resident had lost four pounds in a week and the RP was advised. The Interdisciplinary Team Note (IDT, a team of healthcare professionals from different professional disciplines who work together to manage the physical, psychological and spiritual needs of the patient), dated 4/20/2020, indicated the resident weighed 218 pounds and his weight loss was thought to have been the result of diuretic use (medication used to enable the kidneys to rid the body of excess fluid). There was no evidence the RP was advised of the weight loss or the IDT meeting. Review of Resident 1's IDT Note, dated 5/3/2020, indicated the resident weighed 192 pounds and had experienced a significant weight loss in the past 30 days. There was no evidence indicating the RP was advised of the weight loss or the IDT meeting. Review of the Physician's Progress Note, dated 5/22/2020, indicated Resident 1's weight readings from the last three encounters were 218 pounds on 3/14/2020, 225 pounds on 3/22/2020, and 189 pounds on 5/22/2020. The physician noted the resident had dementia, [MEDICAL CONDITION], a chronic cough due to [MEDICAL CONDITION], was on medication for fluid overload and heart failure, and his condition had weakened. She planned to order physical therapy. She also noted she spoke to Resident 1's RP and discussed his concerns. Review of Resident 1's IDT Note, dated 6/15/2020, indicated the resident weighed 180 pounds and had experienced a significant weight loss of 44 pounds in the last 180 days thought to be due to the use of diuretics. There was no evidence the RP was advised of the weight loss or the IDT meeting. Review of the Physician's Progress Note, dated 6/30/2020, indicated Resident 1's weight readings from the last three encounters were 218 pounds on 3/14/2020, 225 pounds on 3/22/2020, and 173 pounds on 6/30/2020. The physician noted the resident's dementia was in at least the moderate stage, his cognition varied from moderate to severe impairment to mild impairment, and that he was declining in both cognition and physical function. She also noted she spoke to Resident 1's RP and discussed his concerns. Review of Resident 1's Progress Notes, dated 7/6/2020, indicated the RP came to the facility to take the resident to an appointment. The RP was upset the resident was so weak, had lost 53 pounds, and that no one had told him. Review of the IDT Note, dated 7/8/2020, indicated the resident had experienced a significant weight loss of 52 pounds thought to be due to an increase in the dose of diuretics, a low sodium diet, and inadequate oral intake due to a decreased appetite and the progression of his illness. The family was included in this meeting. During an interview with the Director of Nurses (DON) on 9/14/2020 at 2:15 p.m. and on 9/17/2020 at 3:05 p.m., she stated the facility advised the RP of Resident 1's four pound weight loss on 4/8/2020. She also stated the facility did not document speaking to the RP again until 7/9/2020 and they thought the physician (MD A) was speaking to the RP about the weight loss. The DON stated the IDT policy indicated the RP will be invited to the IDT meetings but during coronavirus (COVID, a respiratory illness that can spread from person to person), the RP could only participate by phone. She stated she could not find any documentation indicating the RP had been invited to the IDT meetings. In addition, she stated the facility had been weighing the resident as ordered and the weight loss was considered desirable until the end of June. During an interview with the RP on 9/15/2020 at 1:45 p.m. and on 9/23/2020 at 9:30 a.m., he stated he was advised Resident 1 had lost four pounds on 4/8/2020 and prior to that time, he was advised if there was a weight fluctuation of a few pounds. He stated he came to pick up the resident on 7/6/2020 to take him to a medical appointment and was shocked at the resident's appearance since he had very little body strength and had lost so much weight. The RP stated no one advised him of the resident's weight loss. He stated he talked to the physician on several occasions but she never discussed the weight loss. He also stated he knew the facility had been weighing Resident 1 regularly and that the weight loss was planned but he wished he had been told so he could have participated in the decision regarding how to lose weight without causing so much muscle loss. He stated he was never invited to participate in an IDT meeting either in person and/or on the telephone until he noticed Resident 1's weight loss at the end of June and the meeting was conducted on 7/8/2020. He stated since the IDT meeting on 7/8/2020, the communication has improved. He is now advised of the resident's condition, and he understands the resident's condition has declined necessitating a feeding tube. During an interview with MD A on 9/23/2020 at 9 a.m., she stated she talked to Resident 1's RP several times between 4/8/2020 and 7/8/2020 but she never specifically talked about the resident's weight loss. Since the 7/8/2020 IDT meeting, she stated she has made a point of speaking to the RP herself. She also stated she did not routinely attend IDT meetings. Review of the facility's undated policy, Interdisciplinary Team Plan of Care, indicated each resident and their family will be involved in the development and review of their plan of care. The interdisciplinary team conferences shall evaluate the resident's progress towards meeting goals, revise the plan of care and treatments, and collaborate with the resident and the family. Residents, family members, and RPs shall be invited to attend the conference. Review of the facility's 2016 policy, Change of Condition, indicates assessments should be documented as soon as possible and the physician and RP should be notified of the assessment findings, the current status, and subsequent actions.</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.