

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2020
NAME OF PROVIDER OF SUPPLIER FIRESIDE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 947 3RD STREET SANTA MONICA, CA 90403	
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 0777 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to verbally notify the physician that one of five sampled residents (Resident 1) had a colonic ileus (a functional defect of the large intestine that can cause major digestive issues and abdominal pain) based on a radiology (branch of medicine concerned with the use of [MEDICATION NAME] energy (such as X-ray) or radioactive material in the [DIAGNOSES REDACTED]. Findings: On [DATE], an unannounced visit was made to the facility to investigate a complaint. A review of the Record of Admission indicated Resident 1 was re-admitted on [DATE] with [DIAGNOSES REDACTED]. chambers beat too quickly). A review of Resident 1's Minimum Data Set (MDS - an assessment and care planning tool), dated [DATE], indicated Resident 1 had clear speech, ability to express ideas and wants, and clear comprehension. The MDS indicated Resident 1 required extensive assistance with dressing, toilet use, and personal hygiene. A review of the interdisciplinary (combining or involving two or more academic disciplines or fields of study) progress note, dated [DATE] at 10:56 a.m., indicated Resident 1 was complaining of nausea and vomiting and was given [MEDICATION NAME] 4 mg tablet every 6 hours by mouth as needed for nausea and vomiting as ordered by the physician. A review of the clinical record indicated Resident 1 had a kidney, ureters, and bladder series (KUB - an X-ray study that allows the doctor to assess the organs of your urinary and gastrointestinal systems). KUB series result, dated [DATE], indicated Resident 1 had a colonic ileus with no sign of obstruction. Result was faxed to the physician [DATE] at 10:18 p.m. A review of the interdisciplinary (combining or involving two or more academic disciplines or fields of study) progress note, dated [DATE] at 1:24 a.m., indicated at 12 midnight Resident 1 was found unresponsive, no pulse, unable to obtain blood pressure, and no respirations. Skin was warm/cool to touch. Resident 1 was a full code and Cardiopulmonary resuscitation (CPR - a lifesaving technique useful in many emergencies, including a [MEDICAL CONDITION] or near drowning, in which someone's breathing or heartbeat has stopped) was initiated at 12:02 a.m. Paramedics were called and pronounced Resident 1 dead at 12:31 a.m. A review of the certificate of death indicated Resident 1 died on [DATE] at 12:31 a.m. The death certificate indicated the immediate cause of death was [MEDICAL CONDITION] (heart suddenly stops beating), [MEDICAL CONDITION], and [MEDICAL CONDITION] (CAD - a serious condition caused by a buildup of plaque in your coronary arteries). During an interview on [DATE] at 1:40 p.m., the director of nursing (DON) stated she cannot find in the medical record a physician order for [REDACTED]. During an interview on [DATE] at 10:50 a.m., and concurrent record review, the DON stated the facility received the faxed results on the KUB series on [DATE] at 8:55 p.m. The DON stated the KUB results were faxed to the physician on [DATE] at 10:18 p.m. The DON stated there was no documented evidence there was a follow up from the staff by calling the physician. The DON stated staff did not follow protocol by not calling the physician because a situation of this nature, staff needed to verbally speak and get verbal inputs from the physician. A review of Resident 1's care plan titled Cardiac Distress indicated Resident 1 is at risk for cardiac distress related to cardiac artery disease, hypertension, [MEDICAL CONDITION] and [MEDICAL CONDITION] flutter. Nursing interventions included laboratory as ordered and report finding to physician promptly, report any significant abnormal vital signs to physician promptly, and medication as ordered, monitor/report effectiveness and side effects. A review of the facility policy titled, Lab and diagnostic Test Results -Clinical Protocol, revised on [DATE], indicated A nurse will identify the urgency of communicating with the Attending Physician based on physician request, the seriousness of any abnormality, and the individual's current condition Nursing staff will consider the following factors to help identify situations requiring prompt physician notification concerning lab or diagnostic results: . The result is something that should be conveyed to a physician regardless of other circumstances (that is, the abnormal result is problematic regardless of any other factors) Direct voice communication with the physician is the preferred means for presenting any results requiring immediate notification, especially when the resident's clinical status is unstable or current treatment needs review or clarification.</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.