

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055710</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRY VILLA WILSHIRE CONVALESCENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>855 NORTH FAIRFAX AVENUE LOS ANGELES, CA 90046</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 0842  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the medical records for one of two sampled residents (Resident 1) was accurately and timely documented to reflect Resident 1's allegation of being hit on 1/28/2020. This failure had a potential to place Resident 1 at risk for harm and could lead to not providing appropriate care to meet the resident's needs. Findings: On 2/13/2020, an unannounced visit was made to the facility to investigate an allegation of physical abuse involving Resident 1. A review of Resident 1's Face Sheet indicated the resident was admitted to the facility on [DATE], and was readmitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's History and Physical (H/P) dated 12/14/2019, indicated the resident does not have the capacity to understand and make decisions. A review of Resident 1's Change of Condition dated 1/28/2020, at 6 a.m., indicated an abuse allegation, a Certified Nurse Assistant (CNA) hit Resident 1. On 2/13/2020, at 2:45 p.m., a concurrent interview and record review with Director of Nursing (DON) of Resident 1's Licensed Personnel Weekly Progress Notes (LPWPN), from 1/28/2020, to 2/1/2020, indicated there was no documented evidence in reference to the incident of alleged physical abuse of Resident 1 on 1/28/2020. Documentation of a late entry for 1/28/2020, 11-7 shift, was entered after a nurse entry on 2/1/2020 (four days later). The late entry indicated Resident 1 removed his [MEDICAL CONDITION], with contents scattered around the room and two CNAs assisted with his care. However, there was no documentation in reference to the allegation of the resident being hit. On 2/14/2020, at 9:56 a.m., during a concurrent interview, and record review with Medical Records Director (MRD), Resident 1's LPWPN, dated between 1/28/2020 to 2/1/2020 was reviewed. MRD stated, it is not a good practice for late entry in the medical records. MRD stated, the entry for 1/28/2020 11-7 shift in Resident 1's LPWPN is considered late. A review of the facility's policy titled, Completion and Correction (Medical Records Manual) dated 1/1/2012, indicated: - Entries will be recorded promptly as the events or observations occur. - Entries will be complete, legible, descriptive and accurate. - Entries should be written in chronological sequence. If it is necessary to chart out of sequence during, the appropriate date and time will be entered. Late entries should be documented as soon as possible.		
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.