

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055111	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/16/2020
NAME OF PROVIDER OF SUPPLIER FOUNTAIN VIEW SUBACUTE AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 5310 FOUNTAIN AVE LOS ANGELES, CA 90029	
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 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 of 2 residents (Resident 1), who was incontinent (unable to contain or retain) of bladder and bowel, was changed and cleaned in a timely manner after the staff was informed that Resident 1's incontinence brief was soiled. This deficient practice placed Resident 1 at risk for injuries and complications associated with incontinence of bladder. Findings: A review of Resident 1's Admission Record indicated the resident was admitted on [DATE], and readmitted on [DATE], with [DIAGNOSES REDACTED]. (paralysis on one side of the body) . A review of Resident 1's Minimum Data Set (MDS-a standardized assessment and care screening tool), dated 4/14/2020, indicated Resident 1's cognition was severely impaired (never/rarely made decisions). The MDS indicated the resident was totally dependent with one person assist for Activities of Daily Living (ADL) including eating, personal hygiene, and toilet use. A review of Resident 1's Care Plan for extensive to dependent assistance for Activities of Daily Living, created on 10/25/2019 and revised on 1/21/2020, indicated Resident 1 will lay in bed comfortably with dry briefs. A review of Resident 1's Care Plan for incontinent of bowel, created 7/17/2019 and revised on 2/25/2020, indicated Resident 1 will have incontinence care need met by staff to maintain dignity and comfort and to prevent incontinence related to complications. A review of Resident 1's Care Plan for experiences for [MEDICAL CONDITION] (inability to completely or partially empty the bladder) related to [MEDICAL CONDITION] bladder, created 7/17/2019 and revised on 3/02/2020, indicated staff will assist with perineal care as needed. On 6/24/2020 at 12 PM, Resident 1 was observed requesting to change her incontinence briefs using nonverbal cues. Resident 1 was observed pointing to her diaper brief and grunting. When asked if she needed a diaper brief change, she pointed to a sign indicating Yes on the wall with her foot. Licensed Vocational Nurse (LVN 1) was informed Resident 1 was requesting for an incontinence brief change. On 6/24/2020 at 12:35 PM, Resident 1 was observed requesting to change her incontinence brief using nonverbal cues. When asked if her incontinence brief had been changed, she pointed to No on the wall. During an interview on 6/24/2020 at 12:38 PM, and concurrent observation, LVN 1 stated Resident 1's incontinence brief had not been changed. He stated 30 minutes wait time for incontinence care was not acceptable. He stated leaving a resident in a wet brief can lead to skin breakdown, pressure injury (localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device) , moisture associated skin damage, and had the potential for urinary tract infection (UTI - an infection in any part of the urinary system (kidneys, bladder or urethra)). He stated he will find someone to change Resident 1 right away. During an interview on 6/24/2020 at 12:50 PM, Certified Nursing Assistant 1 (CNA 1) stated she was assigned to Resident 1. CNA 1 stated LVN 1 informed her of Resident 1 needing change of incontinence brief at 12:45 PM. CNA 1 stated Resident 1's brief was wet with urine but no bowel movement. She stated she changed the brief at 12:50 PM. A review of Resident 1's monitoring log, dated 6/24/2020, indicated diaper change at 12:50 PM. During an interview on 6/24/2020 at 2:08 PM, Registered Nurse 2 (RN 2) stated waiting 50 minutes to have incontinence briefs changed was not appropriate level of care. RN 2 stated 50 minutes was not appropriate time to wait for diaper change. RN 2 stated Resident 1 should have her briefs changed as soon as possible. She stated lying in urine can potentially lead to skin breakdown, moisture associated skin damage, and potentially UTI. During an interview on 6/24/2020 at 2:22 PM, the Sub-Acute Coordinator Supervisor (SACS) stated waiting 50 minutes was not appropriate wait time for incontinence care. SACS stated the standard practice should be changing as soon as possible or within 10 minutes. She stated some of the potential complications of lying in urine include skin breakdown, moisture associated skin damage, and urinary tract infection. The facility's undated policy and procedure titled, Continence Management, revised on 11/01/2019, indicated the purpose of the policy was to provide appropriate treatment and services for patients with urinary incontinence to minimize urinary tract infections and restore as much normal elimination function as possible.</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.