

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555375</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WINDSOR GARDENS CONVALESCENT CENTER OF LONG BEACH</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3232 E. ARTESIA BLVD. LONG BEACH, CA 90805</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 0692  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide enough food/fluids to maintain a resident's health.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow physician orders [REDACTED]. This deficient practice put Resident 1 at risk for dehydration (DHD). Findings: A review of Resident 1's Admission Face sheet indicated Resident 1 was admitted to the facility, 2/11/2020 with a most recent admission on 2/15/2020. Resident 1 had [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS) an assessment and care screening tool dated 2/22/2020 indicated Resident 1 was not able to understand and be understood by others. The MDS indicated, Resident 1 required a two person's assist with bed mobility, transferring from a bed and chair to a standing position. The MDS also indicated Resident 1 require a one person assist with dressing, eating, toilet use and personal hygiene. According to the MDS Resident 1 had a GT and was receiving 501 cc or more daily, in fluid or tube feeding. A review of Resident 1's Laboratory (lab) results dated 2/21/2020 indicated Resident 1 had a sodium level of 147 milliequivalent per liter (( mEq/L) unit of measurement). Normal range is 135-145 mEq/L. Resident 1 had a BUN level of 32 milligrams per deciliter (mg/dL) unit of measurement). The normal range is 7-23mg/dL. A review of a Nutrition assessment dated [DATE] and timed 11:54 a.m., indicated Resident 1 was receiving Nepro 50 milliliters per liter ((ml/hr) unit of measurement) for 20 hours daily with free water flushes of 50ml every 3 hours. This assessment indicated Resident 1 was at risk for altered nutrition related to lab values and impaired kidney function. The nutritionist's recommendations indicated free water at 60 ml/hr for 20 hours daily for a total of 1200ml, Nepro 60 ml/hr for 20 hrs. for a total intake of 1200 ml. A review of a physician's orders [REDACTED]. The order indicated feeding should start at 12 p.m. until 8 a.m. or until complete. A review of Resident 1's care plan dated [DATE], indicated Resident 1 required enteral (GT) feeding related to inability to swallow. The staff's interventions included to check residual every shift, hold feedings if residual is greater than amount stated in the order, irrigate tube during continuous feeding, before and after feeding and before and after medication administration, monitor intake and output (I/O) every shift and record on the Medication Administration Record [REDACTED]. LVN 1 stated she assumed Resident 1 was to receive 60 ml of water flush because the physician's orders [REDACTED]. LVN 1 stated she Resident 1's feeding pump's settings was never checked because each time LVN 1 took over the resident's care, the feeding and water flushes were already running. According to LVN 1, the pump, physician orders [REDACTED]. On 3/4/2020 at 1:45 p.m., during a concurrent interview and review of Resident 1's physician orders, dietary recommendations and medication administration records (MAR), a Registered Nurse (RN 1) stated that Resident 1 was supposed to receive total of 1200 ml of GTF and 1200 ml of water flushed daily. RN 1 stated on 2/20/2020 Resident 1 did not receive the required amount of feeding and water flushes as follows: 1) On 2/20/2020, Resident 1 received 500 ml of water and 1100 ml of GTF 2) On 2/21/2020, Resident 1 received 680 ml of water 3) on 2/22/2020, 1440 ml water and 800 ml GTF 4) on [DATE]20 880 ml water and 1360 GTF 5) on 2/25/2020 1160 water and 360 GTF 6) on 2/26/2020 1080 water and 1360 GTF 7) On 2/27/2020 960 water and 1160 GTF 8) On 2/28/2020 960 water and 920 GTF 9) On 2/29/ 20ml water and 440 water. According to RN 1 the amount of fluids Resident 1 received did not match the physician's orders [REDACTED]. A review of the facility's policy titled Enteral Nutrition with a revised date of 11/2012, indicated enteral nutrition would be administered in a safe and effective manner to prevent complications and maintain or improve the resident's hydration and nutritional status. This policy also indicated the staff would check physician orders [REDACTED]. According to this policy, the staff would set the hourly infusion rate, total volume to be infused (dose limit) and other parameters per physician's orders [REDACTED]. A review of the facility's policy titled Physician orders, accepting, transcribing and implementation with a revised date of 11/2012, indicated</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.