

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055764	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2020
NAME OF PROVIDER OF SUPPLIER WHITTIER PACIFIC CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 7716 S PICKERING AVENUE WHITTIER, CA 90602	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident's records contained complete and accurate information for one of three sampled residents (Resident 1). Resident 1's Body/Skin Assessment did not accurately indicate the resident's redness to the coccyx area (tailbone). This deficient practice had the potential to result in Resident 1 not being properly assessed and could cause a delay in treating underlying conditions. Findings: A review of Resident 1's Admission Face Sheet (a record of admission) indicated Resident 1 re-admitted to the facility on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Admission Minimum Data Set (MDS, a standardized resident assessment and care screening tool), dated 4/30/20, indicated Resident 1 was comatose. Resident 1 required total dependence (full staff performance every time) from staff for bed mobility, dressing, eating, and toilet use. A review of Resident 1's Admission Assessment, dated 4/23/20, a Registered Nurse 1 (RN 1) indicated Resident 1 had redness to his coccyx. A review of Resident 1's Licensed Nursing Note, dated on 4/23/20, RN 1 documented the resident's body/skin assessment was done and that Resident 1 had no skin issues. A review of Resident 1's Licensed Nursing Note, dated 4/24/20, a Licensed Vocational Nurse 1 (LVN 1) documented that Resident 1 had dark red, non-blanching (reddened area of the skin that does not turn white under finger pressure), non-open skin to the sacrococcyx (area by the tailbone). During an interview with RN 1 on 9/3/20 at 3:05 p.m., RN 1 stated that he observed the redness on the coccyx, but documented there were no skin issues because there was no skin breakdown or open wounds. RN 1 stated he should have indicated there was redness and no open wound at the time of assessment and should be more specific. RN 1 stated Resident 1 might not get the proper care if he documented inaccurately. During an interview with the Director of Nursing (DON) on 9/3/20 at 3:29 p.m., the DON stated RN 1's documentation on Resident 1's Licensed Nursing Note, dated 4/23/20, was inaccurate and should reflect the redness to the resident's sacrococcyx. The DON stated it is important to document correctly so they could provide the right treatment for [REDACTED]. A review of the facility's undated policy and procedure titled, Documentation in Medical Record, indicated all pertinent information concerning the resident shall be documented in the resident's medical record.		
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.