

LA

SECTION 1424 NOTICE

CITATION NUMBER: 91-2261-0005959-S

Date: 03/12/2009 Time: 11:25 AM

YOU ARE HEREBY FOUND IN VIOLATION OF APPLICABLE CALIFORNIA STATUTES AND REGULATIONS OR APPLICABLE FEDERAL STATUTES AND REGULATIONS

Type of Visit : Incident/Complaint No.(s) : CA00124535


Licensee Name: GRANCARE, LLC  
 Address: ONE RAVINIA DRIVE, SUITE 1250 ATLANTA, GA 30346  
 License Number: 910000154 Type of Ownership: Limited Liability Company

READ-PM  
ENTO- 4/8/09

Facility Name: ARBOR VIEW REHABILITATION AND WELLNESS CENTER  
 Address: 1338 20TH STREET SANTA MONICA, CA 90404  
 Telephone: (310)255-2800  
 Facility Type: Skilled Nursing Facility Capacity: 144  
 Facility ID: 910000336

| SECTIONS VIOLATED | CLASS AND NATURE OF VIOLATIONS  | PENALTY ASSESSMENT | DEADLINE FOR COMPLIANCE |
|-------------------|---|--------------------|-------------------------|
| 72311(a)(1)(Ab)   | <p><b>CLASS B CITATION -- PATIENT CARE</b></p> <p>72311. Nursing Service - General</p> <p>(a) Nursing services shall include, but not be limited to, the following:<br/>           (1) Planning of patient care, which shall include at least the following:<br/>           (A) Identification of care needs based upon an initial written and continuing assessment of the patient's needs with input, as necessary, from health professionals involved in the care of the patient. Initial assessments shall commence at the time of admission of the patient and be completed within seven days after admission.<br/>           (B) Development of an individual, written patient care plan which indicates the care to be given, the objectives to be accomplished and the professional discipline responsible for each element of care. Objectives shall be measurable And time limited.</p> <p>Based on observations, interviews and record reviews, the facility failed to assess and develop an individualized plan of care for excessive secretions for Patient 2. Patient 2, who had Parkinson's disease and was totally dependent on staff for all his care was observed gurgling and the staff failed to suction him prior to lowering his head during a wound care treatment. Patient 2 stopped breathing within minutes after the wound care was started. Patient 2 had no plan of care for his excessive secretions.</p> <p>On February 24, 2009 at 9:30 a.m., an unannounced visit was made to the facility to investigate a complaint regarding quality of care and treatment.</p> | \$1,000.00         | 3/12/09 5:00 p.m.       |

Name of Evaluator:  
 Monica Smith  
 HFEN

Evaluator Signature: 

Without admitting guilt, I hereby acknowledge receipt of this SECTION 1424 NOTICE

Signature: B

Name: ROBERT LESKEW

Title: R.V.P.O.

NOTE: IN ACCORDANCE WITH CALIFORNIA HEALTH AND SAFETY CODE, FAILURE TO CORRECT VIOLATIONS IS GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE

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|                   | <p>On February 24, 2009 at 9:52 a.m., during the facility's tour, Patient 2 was heard gurgling excessive secretions from outside the patient's room door. There was a suction machine and nebulizer for breathing treatment at Patient 2's bedside.</p> <p>At 10 a.m., during a wound care observation for Patient 2, Staff C stated he heard the patient "yawn" before the wound care treatment began. Prior to starting the treatment, Staff C lowered the head of the bed from approximately 45 degrees to approximately 10 degrees, without assessing the patient's airway or attempting to suction him after he was heard gurgling. The patient was positioned on his right side, held by Staff G; while Staff C completed two wound dressing changes. Staff C asked Patient 2, "Are you having any pain." Patient 2 had no response. Approximately eighteen minutes from the time the wound care started, Staff G informed Staff C, that Patient 2 was no longer breathing. The patient was pronounced deceased by a physician at 10:45 a.m. on February 24, 2009.</p> <p>A review of Patient 2's face sheet indicated he was a 78 year-old male initially admitted to the facility on June 13, 2007, and readmitted on January 9, 2009. His diagnoses included Parkinson's disease, hypertension, esophageal reflux, multiple sacral decubiti and recurrent aspiration pneumonia. There was a physician order for Patient 2 to be placed on a "Do Not Resuscitate (DNR)" status on January 9, 2009 at 1:30 p.m.</p> <p>According to the National Institute of Health website, at <a href="http://www.nih.gov/pubmed">www.nih.gov/pubmed</a>, in the later stages of Parkinson's disease patient's receiving dopaminergic drugs, suffer from increase salivary secretions, and may have peripheral effect that increases reflux salivary secretions.</p> <p>A review of a Minimum Data Set (MDS) dated January 16, 2009, indicated Patient 2 had memory problems and was severely impaired in his cognitive skills for daily decision-making. Patient 2 rarely/never understood verbal information and content. The MDS also indicated Patient 2 was totally dependent on staff for all his activities of daily living (ADL's) including, mobility, transfer, dressing and eating.</p> <p>A review of Patient 2's physician's telephone orders dated February 24, 2009, indicated an order for Levsin drops 0.125 milligrams(mg) per cubic centimeters(cc) was given qid (four daily) and q2hr PRN (every 2 hours when needed), for excessive oral secretions. Albuterol 2.5 mg as a hand held nebulizer (HHN) and Atrovent 0.5 mg HHN four times a day as needed. A review of a nursing weekly/monthly summary, for Patient 2 dated</p> |

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|                   | <p>February 19, 2009, indicated a change in medication for the month of February of Levsin drops 0.125 mg/cc, 2 cc sublingual (SL) every two hours PRN. There was no documentation in the patient's health record of a care plan that addressed Patient 2's excessive secretions.</p> <p>On February 24, 2009 at 11:56 a.m., during a telephone interview, Patient 2's physician stated the patient had experienced an increase in secretions and she had ordered a medication (Levsin) to decrease the Patient's secretions.</p> <p>According to Physician's Desk Reference health website, <a href="http://www.pdrhealth.com/drugs/rx/printview/rx-mono-print.aspx?contentFileName=Lev">http://www.pdrhealth.com/drugs/rx/printview/rx-mono-print.aspx?contentFileName=Lev</a> Levsin is an antispasmodic medication given to help treat various disorders that involve Parkinson's disease. It may be used to control excessive secretions and drooling, because of it's drying effect.</p> <p>On February 24, 2009 at 12:11 p.m., Staff C stated during a wound care treatment observation for Patient 2, he noticed Patient 2's breathing was shallow, but he stated Staff G was telling him to lower the patient's head, so he did. Patient 2 was observed with gurgling from the doorway prior to entering the room. Staff C did not attempt to suction or clear Patient 2's airway. Staff C stated he would not have lower the patient's head, if he had "rales or rhonci." Staff C stated while he was doing the treatment on Patient 2's left hip, he had heard a gasp of air escape from the patient gastric tube site. Then he proceeded to ask Patient 2 was he all right, and if he had any pain, but Patient 2 did not respond.</p> <p>On February 24, 2009 at 12:37 p.m., during an interview, Patient 2's daughter stated the patient had problems with excessive secretions and the doctor ordered some medication a couple of weeks ago to dry his secretions.</p> <p>At 1:03 p.m., Staff B (Director of Nurses) stated if a patient had excessive secretions with rales and rhonci, the head of bed should have not been lowered to 10 degrees. Staff B stated Patient 2 was high risk for aspiration secondary to his Parkinson's disease. She further stated that Staff C did not follow the facility's policy and protocols when he lowered the head of the bed from a 45-degree to a 10-degree angle without first assessing the patient's airway and suctioning the excessive secretion. Staff B reviewed Patient 2's clinical record and stated she was unable to find a care plan for the patient's excessive secretions and new medication and Staff B stated there should have been one.</p> |

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|                   | <p>A review of the facility's policy titled "Oronasopharyngeal Suction" dated August 15, 2002, indicated oronasopharyngeal suctioning was indicated for patient who were unable to clear their airway effectively with coughing and expectoration, the policy stipulated this procedure should be done as often as necessary, depending on the patient's condition.</p> <p>Failure of the facility to assess and develop an individualized plan of care Patient 2, who had excessive secretions and was dependent on the staff to clear his airway, had a direct relationship to the health and safety of Patient 2.</p> |

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