Note: This August 17, 2005 deficiency statement (regarding complaint no. CA00054224) was issued to Lake Balboa Care Center, Van Nuys, CA by the Los Angeles County Department of Health Services' Health Facilities Inspection Division, North District. The **August 17, 2005 deficiency statement and related August 25, 2005 letter are "public records"** pursuant to California Govt. Code § 6252(e), (g).

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

THOMAS L. GARTHWAITE, M.D.
Director of Health Services and Chief Medical Officer

JONATHAN E. FIELDING, M.D., M.P.H.
Director of Public Health and Health Officer

Health Facilities Division
DARLENE TAYLOR, Chief
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15643 Sherman Way, Suite 200
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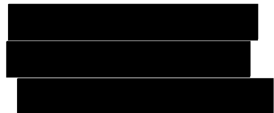
August 25, 2005



Dear

FACILITY: Lake Balboa Care Center
COMPLAINT NUMBER: CA00054224

The Licensing & Certification Program (L&C) within the California Department of Health Services has completed an investigation of your complaint concerning quality of care/treatment, pharmaceutical services, physical environment, and dietary services, at Lake Balboa Care Center. L&C made an unannounced visit to the facility on 08-17-2005, and investigated circumstances surrounding your complaint through direct observation, interviews, and/or review of documents. Ms. Cristina Descallar, HFE I, has substantiated your complaint.

L&C validated the complaint allegation during the onsite visit. Pursuant to our investigation, L&C sent the facility a statement of deficiencies, and the facility submitted If L&C issued a statement of deficiencies form, the facility was required to submit a plan of correction that met federal and state requirements. The same federal form, known as an "CMS 2567," is used for both purposes. If L&C substantiated your complaint allegation, we have enclosed a copy of the final CMS 2567 for your review.

Section 1420(b) of the California Health and Safety Code provides that you have the right to an informal conference if you are dissatisfied with the Department's findings. To exercise this right, you must notify this office in writing within fifteen (15) calendar days of the date of this letter. If you request an informal conference, the Department will offer the facility licensee an opportunity to participate. The Department will attempt to hold the informal conference within thirty (30) calendar days of our receipt of your request. Within ten (10) working days following the informal conference, the Department will notify you and the licensee in writing of the results.

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Thank you for sharing your concerns, we will continue our efforts to ensure that patients receive care, services and reside in an environment in accordance with their needs and preference.

Should you have any questions, please contact Michael Stampfli, Health Facilities Evaluator Supervisor, at (818) 901-4375.

Sincerely,

DARLENE TAYLOR, CHIEF
HEALTH FACILITIES INVESTIGATION DIVISION

Michael Stampfli, Supervisor
North District Office

Enclosure *[CMS 2567]*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC Received [handwritten] 8/?/05

Printed: 08/17/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056180	A. BUILDING ____ B. WING ____	C 08/17/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE BALBOA CARE CENTER	16955 VANOWEN STREET VAN NUYS, CA 91406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the Department of Health Services during an Abbreviated survey and Complaint visit. Complaint No. CA00054224 Representing the Department of Health Services: Cristina Descallar, RN-HFE I Highest S/S: D	F 000		
F 272 SS=D	483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions;	F 272		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature] - Andrew L. Johnson	Administrator	8-23-05

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.

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F 272	Continued From page 1 Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment. This Requirement is not met as evidenced by: Based on interview and record review, nursing staff failed to ensure that a resident with a diagnosis of atrial fibrillation (cardiac dysrhythmia, irregular rhythm of the heart) was assessed for heart rhythm (regular or irregular) and increased weakness for Resident 1. Findings include: On July 18, 2005, during a complaint investigation, a review of Resident 1's clinical record revealed the resident's initial admission to the facility was dated November 5, 2003. The resident's diagnoses included atrial fibrillation, cerebro-vascular accident, and hypertension. Since her admission, the resident was on the anticoagulant Coumadin and the cardiotonic Digoxin. The plan of care dated November 6, 2003, for the resident's potential for complications due to heart disease, cerebro-vascular accident, and Digoxin and Coumadin use, included in the approaches to monitor vital signs, monitor for chest pain,	F 272	F 272.20, 483.20 (b) COMPREHENSIVE ASSESMENTS It is the practice of the facility to document initially and periodically a comprehensive and accurate assessment. Resident with significant change of condition to be assessed and monitor until the therapeutic significant change assessment, Assessment of vital signs to include documentation if there is any significant change such as irregular heart rate present. The person identified (license nurse) is no longer working in the facility. Licensed nurses were in-serviced on July 25, 2005 vital signs, assessment and management of irregular heart rate. Medical records director will conduct an audit on a daily basis to all residents with change of condition as part of on-going quality assurance process. Results of the audit will be submitted to director of nurses to follow-up.	7/25/05

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F 272	Continued From page 2 nausea, vomiting, and bleeding. According to a nurse's note dated September 28, 2004, at 4:40 p.m., the resident's attending physician referred the resident to a neurologist due to an increased weakness. The documentation did not include the vital signs to determine any irregularities. The next nurse's note dated September 29, 2004, at 11:20 a.m. indicated the resident was complaining of being nauseated. The vital signs recorded were within normal limits. However, there was no documentation to indicate that an assessment of the heart rhythm was done to determine if the heart rhythm was regular or irregular. There was no documentation to indicate the progress of the resident's weakness identified on September 28, 2004. The resident was transferred to an acute hospital at 12:45 p.m. with the vital signs recorded within normal levels, however, in the emergency room she was found in atrial fibrillation with rapid ventricular response at 130 beats per minute. Further review of the resident's clinical record revealed that on December 29, 2004, at 11:30 a.m., when the resident was transferred from her bed to the wheelchair to use the toilet, she started sweating. The vital signs were checked and were within normal limits. The resident complained of feeling nauseated. The resident was transferred to an acute hospital at 12:50 p.m. where she was found in atrial fibrillation with rapid ventricular rhythm. Prior to both transfers to the acute hospital on September 29, and December 29, 2004, there was no further assessment of the resident's heart rhythm.	F 272		

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F 272	Continued From page 3 .	F 272		
F 279 SS=B	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This Requirement is not met as evidenced by: Based on observation, interview and record review, the interdisciplinary team failed to ensure that the resident's plan of care is revised and updated in reference to the physician's order to change the resident's incontinent brief every two	F 279	F-279 483.20(d), 483.20(k) (1) COMPREHENSIVE CARE PLANS It is the practice of the facility to keep residents clean, dry and provide perineal care and assist to toilet needs IDT met on July 18, 2005 revised and updated resident's care plan. On May 25, 2005 and again on July 25, 2005 the director of nurses and director of staff development conducted an in-service to all CNA's regarding incontinent care and to ensure that resident 1 is change every two hours and as needed. Resident 1 rash is healed on August 8, 2005.	7/25/05

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F 279	Continued From page 4 hours for Resident 1. Findings include: During a complaint investigation visit initiated on July 8, 2005, at 8:20 a.m., an interview was conducted with the certified nursing assistant (CNA) routinely assigned to Resident 1. She stated that the resident wears incontinent briefs and she changes them every two to three hours according to the request of the resident's responsible party. At 9:50 a.m., the resident was observed to have a reddened area (rash like) lesion to the right buttock, which according to the licensed nurse present at the time of the observation, was a newly developed lesion. According to the admission record, the resident was initially admitted to the facility on November 5, 2003, with diagnoses that included cerebro-vascular accident with right-sided hemiplegia and atrial fibrillation. The Minimum Data Set (MDS) assessment dated April 26, 2005, indicated the resident was non-ambulatory, requires extensive assistance with bed mobility, total assistance with personal hygiene, dressing and bathing, and is incontinent of both bowel and bladder functions. According to a plan of care dated January 17, 2005, for the resident's bowel and bladder incontinence, the approaches included to keep the resident clean, dry and odor free, provide perineal care and toilet the resident as needed, and monitor for red areas. The plan of care did not reflect the use of the incontinent brief and the frequency of changes.	F 279	On August 9, 2005 resident was placed on toileting schedule plan and on Occupational therapy for ADL/Self care training, patient/caregiver training and pelvic floor exercise. On August 9, 2005 and in-service was conducted by the registered Occupational Therapist to CNA's regarding toilet schedule plan, and proper transfer technique. The medical record director will conduct an audit daily for change of condition including the update of plan of care and results will reported to the director of nurses. The administrator or designee will be responsible to monitor the above process on an on-going basis.	8/18/05

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F 279	Continued From page 5 There was a dermatologist's evaluation dated July 8, 2005, which indicated the resident was diagnosed with Tinea Corporis (fungal infection) to the right buttock. The dermatologist ordered a topical treatment and to change the incontinent brief every two hours. However, there was no evidence that the plan of care was revised and updated to reflect the dermatologist's order to change the brief every two hours. On July 18, 2005, at approximately 9:10 a.m. during an interview with the director of nursing, she stated the resident's responsible party has expressed concerns on several occasions about keeping the resident clean and dry and about the frequency of checking and changing the incontinent brief. The director of nursing stated CNAs have been instructed in checking and/or changing the brief every two to three hours, however, she could not provide evidence of a system developed to ensure the resident's incontinent brief was checked and/or changed per a set schedule. In addition, she could not explain why after a week of the dermatologist's order on July 8, 2005, the resident's plan of care was not revised and updated to reflect the brief incontinent change every two hours.	F 279		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.	F 309	F-309483.25 QUALITY OF CARE On July 25, 2005 The director of nurses and the U.R. Medical Director (MD.) conducted an in-service to licensed nurse regarding notification of resident's attending physician promptly with significant abnormal lab results and also was discussed the proper sequence of documentation to resident's with change of condition.	7/29/05

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F 309	Continued From page 6 This Requirement is not met as evidenced by: Based on interview and record review, nursing staff failed to ensure that a urine collection was done as stated in the physician's order for Resident 1. Findings include: On July 18, 2005, during a complaint investigation, a review of Resident 1's readmission record dated November 1, 2004, revealed that on December 13, 2004, the resident' s nephrologist ordered to place an indwelling catheter to the resident to perform a 24-hour urine collection to study total protein, creatinine clearance, volume and other electrolytes in the urine. According to the approaches developed in the plan of care upon readmission due to the resident' s multiple medical problems, laboratory tests would be performed as ordered. According to a nurse's note dated December 14, 2004, at 3 p.m., the indwelling catheter was inserted for the urine collection. Another nurse's note dated December 15, 2004, at 8 p.m. indicated the indwelling catheter was removed. The catheter was removed 29 hours after the collection of the urine was started, five hours over the 24-hour period required for the collection. At 11 a.m. during an interview with the director of nursing, she stated that according to a licensed nurse who participated in the urine collection process, although the indwelling catheter was removed at 8 p.m. on December 15, 2004, the urine collection was stopped at the end of the 24-hour period at 3 p.m. However, there was no evidence to verify this statement.	F 309	License nurse who failed to document the sequence and exact time when 24 hour urine collection was completed on December 15, 2004 were given a one to one in-service by the director of nurses on July 18, 2005. The 24 hour communication log will be used to identify resident on 24 hour urine collection, to identify the start and end of the urine collection, urine collection to be followed accurately by licensed nurses. Medical records director will conduct an audit to residents with change of condition and 24 hour urine collection as part of daily audit results will be provided to director of nurses for follow-up. Administrator or director of nurses, or designee will be responsible to monitor above process on an on-going basis as part of quality assurance process.	7/29/05

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F 309	Continued From page 7	F 309		
F 426 SS=D	483.60(a) PHARMACY SERVICES - PROCEDURES A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. This Requirement is not met as evidenced by: Based on interview and record review, licensed nursing staff failed to ensure adequate administration of medications for Residents 1 and 2. Findings include: During a complaint investigation visit initiated on July 8, 2005, the clinical records of Residents 1 and 2 were reviewed. According to the admission record, Resident 1 was readmitted on January 10, 2005, with diagnoses that included cerebro-vascular accident and depression. Upon readmission, the resident was assessed as not being a candidate for self-administration of medication. According to the history and physical signed by the attending physician and dated March 6, 2005, the resident has fluctuating capacity to understand and make decisions. A review of the physician's orders revealed there was no order for the resident to self-administer her prescribed medications. According to the admission record, Resident 2 was admitted to the facility on November 15,	F 426	F-426 483.60(a) PHARMACY SERVICES PROCEDURES It is the policy of the facility to provide pharmaceutical services to meet the needs of each resident. Residents will be assess for self administration of medication on admission annually and as needed by the IDT members to ensure that resident is capable of self administration of medications. Licensed nurse identified was given counseling by the acting director of nurses at that time and the identified licensed nurse is no longer working in the facility. The medical records director will audit quarterly as part of the quality assurance process. Results will be given to DNS/MDS nurse for follow-up. The Administrator, director of nurses or designee will be responsible to monitor the above process on an on-going basis.	7/25/05

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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FORM APPROVED
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F 426	Continued From page 8 2003, with diagnoses that included Parkinson's disease and major depression. The resident was assessed as not being a candidate for self-administration of medication. According to the history and physical signed by the attending physician and dated November 29, 2004, the resident does not have the capacity to understand and make decisions. A review of the physician's orders revealed there was no order for the resident to self-administer his prescribed medications. According to the facility's policy on self-administration of medications, an order from the physician is needed to self-administer medications. On July 18, 2005, at approximately 11:30 a.m., an interview with the director of nursing and a review of a Summary Report of Meeting Form dated January 25, 2005, revealed that on January 23, 24 and 25, 2005, a licensed nurse who worked the 7 a.m. to 3 p.m. shift had left medications at the bedside for Residents 1 and 2. According to the licensed nurse, the residents had requested her to leave the medication at the bedside for them to take later.	F 426		
F 497 SS=B	483.75(e)(8) REGULAR IN-SERVICE EDUCATION The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as	F 497		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 497	Continued From page 9 determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired. This Requirement is not met as evidenced by: Based on interview and record review, administrative staff failed to complete a certified nursing assistant's (CNA) performance review at least once every 12 months and to provide in-service education based on the outcome of the review for CNA 1. Findings include: On July 8, 2005, at 11:45 a.m. during a complaint investigation visit, Resident 3 who was alert and oriented stated that CNA 1 is a good worker, however, at times when she is told to do something in a different way or is corrected, the CNA takes it as a complaint and becomes defensive. The resident stated the CNA has an attitude problem. A review of CNA 1's personnel file revealed that the last employee evaluation was dated May 29, 2004. At 12:25 p.m. during an interview with the licensed nurse in charge of the hiring and training, she stated that according to the facility's policy, all employees are to be evaluated at least every 12 months. She also acknowledged that recently Resident 3's responsible party had brought to her attention about CNA 1's attitude. She explained that the CNA has facial expressions and a tone of voice that may be misconstrued or perceived as an attitude	F 497	F-497 483.75(e) (8) REGULAR IN-SERVICE EDUCATION On July 8, 2005 the director of staff development conducted an audit to all employees due for annual review/evaluation and ensure that all employees' annual evaluation is updated. The Human resources representative will do a random audit annually to employees due for evaluation and or review results will be forwarded to DSD for follow-up. The administrator or designee to monitor the above process on an on-going basis.	8/24/05

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056180	A. BUILDING ______ B. WING ______	C 08/17/2005

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F 497	Continued From page 10 problem. However, she could not provide evidence that the CNA' s interactions with residents and potential of burnout (workload, personal factors, stress management and other potential factors) that may affect the delivery of care to the residents was evaluated. She could not explain why the facility's policy on annual performance evaluation was not implemented.	F 497		
F 505 SS=D	483.75(j)(2)(ii) LABORATORY SERVICES The facility must promptly notify the attending physician of the findings. This Requirement is not met as evidenced by: Based on interview and record review, nursing staff failed to promptly notify the physician of laboratory test results for Resident 1. Findings include: a. On July 18, 2005, during a complaint investigation visit, a review of Resident 1's initial admission to the facility was dated November 5, 2003. The resident's diagnoses included cerebro-vascular accident and atrial fibrillation. The resident was receiving the anticoagulant medication Coumadin daily at 5 p.m. and was routinely monitored for the coagulation status through blood levels of Protime (Prothrombin time) and INR (International Normal Ratio). Based on the level results, the physician adjusted the Coumadin dose. On May 28, 2004, a Protime and INR blood level test was done and the result indicated the Protime was 41.3 seconds (reference range 10 to 14 seconds) and the INR was 3.47 (range of 2.0 to 3.0).	F 505	F-505 483.75(j) (2) (ii) LABORATORY SERVICES It is the practice of the facility to inform resident's physician promptly of residents' abnormal laboratory results or change of condition at all times. On May 28, 2004 licensed nurse informed the attending physician about the laboratory test result but failed to document. Resident's attending physician called back on May 28, 2004 with orders and to repeat protime on June 01, 2004.	8/25/05

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F 505	Continued From page 11 On August 4, 2005, at 1:55 p.m. a telephone interview with a laboratory staff member and a review of the laboratory records, revealed the result was relayed to a licensed nurse on May 28, 2004, at 12:05 p.m., however, the nurse's note indicated the physician was contacted about the laboratory test result at 8:15 p.m. after the 5 p.m. dose of Coumadin was given. The physician ordered an adjustment dose of Coumadin, another Protime and INR test to be done on June 1, 2004, and to inform him at once of the result. The laboratory report dated June 1, 2004, indicated the Protime was 21 seconds and the INR was 1.77. There was no documented evidence of bleeding or other complication from anticoagulation. b. A review of Resident 1's readmission dated November 1, 2004, revealed the resident had diagnoses that included chronic urinary tract infections. On December 13, 2004, the resident's nephrologist ordered a urinalysis and culture and sensitivity and to fax the result to his office. According to the nurse's note dated December 14, 2004, at 12:30 p.m., the urine specimen was obtained and the laboratory was informed for pick up. On December 21, 2004, at 10:30 a.m., a nurse's note indicated the result of the urine culture and sensitivity was faxed to the physician, seven days after the sample was collected. The resident was diagnosed with a urinary tract infection and antibiotic therapy was ordered on December 23, 2004. The resident had a recent urinary tract infection diagnosed by a urine test on November 29, 2004.	F 505	Licensed staff was in-serviced regarding notification of attending physician of abnormal laboratory test results with documentation of MD's response. Medical records director will audit daily the compliance and results will be forwarded to director of nurses for follow-up. Facility's CQI will meet monthly to assessed and monitor for compliance. The administrator or director of nurses, or designee will be responsible to monitor the above process on an on-going basis.	8/25/05

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CENTERS FOR MEDICARE & MEDICAID SERVICES "A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 056180	DATE SURVEY COMPLETE: 08/17/2005
NAME OF PROVIDER OR SUPPLIER **LAKE BALBOA CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **16955 VANOWEN STREET VAN NUYS, CA. 91406**	

LOS ANGELES COUNTY HEALTH FACILITIES DIVISION
2005 AUG 24 AM 10: 12

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 278	483.20(g) - (j) RESIDENT ASSESSMENT The assessment must accurately reflect the resident's status A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals A registered nurse must sign and certify that the assessment is completed Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement This Requirement is not met as evidenced by: During a complaint investigation visit on July 8, 2005, at 9:50 a.m., Resident 1 was observed to have a reddened area (rash like) lesion to the right buttock. According to the licensed nurse present at the time of the observation, the redness was new and she would inform the physician. On July 18, 2005, during a follow-up visit, a review of the resident's record revealed a dermatologist evaluated the resident on July 8, 2005, and was diagnosed with Tinea Corporis, a skin fungal infection to the right buttock. However, the licensed nurse's documentation of the site and treatment record identified the location of the lesion to the right lower back and not to the right buttock. On the same day at 8:55 a.m. during an interview with the licensed nurse who identified the skin condition, she could not explain the site discrepancy between her assessment and the dermatologist's assessment
F 367	483.35(e) THERAPEUTIC DIETS Therapeutic diets must be prescribed by the attending physician This Requirement is not met as evidenced by: On July 18, 2005, during a complaint investigation visit, Resident 1's readmission record dated January 10, 2005, indicated diagnoses that included cerebro-vascular accident with right-sided hemiplegia and atrial fibrillation. The resident's diet dated March 4, 2005, is a two-gram sodium, low fat diet The plan of care dated upon readmission to the facility indicated the resident was on a therapeutic diet and was noncompliant with the diet order. One of the goals stated was for the resident to comply with the ordered diet and the approaches included to provide the diet as ordered.

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.

The above isolated deficiencies pose no actual harm to the residents

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CENTERS FOR MEDICARE & MEDICAID SERVICES

"A" FORM

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 056180	DATE SURVEY COMPLETE: 08/17/2005
NAME OF PROVIDER OR SUPPLIER **LAKE BALBOA CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **16955 VANOWEN STREET VAN NUYS, CA. 91406**	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
F 367	Continued From Page 1 On July 18, 2005, at 5 p.m. during an interview with the director of nursing, she acknowledged that on some special occasions, such as holiday celebrations or parties and the resident's request, she was served items outside her diet(i.e. grilled sandwich, bacon,cake and hot dogs).

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.

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