•	lth and Human Services Ag	ency		Department of	Public Heal	th
SECTION 1424 NOTICE		·.		Page 1 of 7		~ · 10 8
CITATION NUMBER:	92-1676-0008605-S			Date: 10/06/2	<mark>011</mark> Time: _	2:108
	UND IN VIOLATION OF AP S AND REGULATIONS OF AND REGULATIONS			Complaint Investig. plaint No.(s) : CA002		
Licensee Name:	Lake Balboa Health Ca	re , Inc.				
Address:	16955 VANOWEN STR	REET VAN NUY	S, CA 91406			
License Number:	920000005	Type of Owners)	nip: Profit Corp			
Facility Name: Address: Telephone; Facility Type: Facility ID:	LAKE BALBOA CARE 16955 VANOWEN ST (818)343-0700 Skilled Nursing Facility 920000059	CENTER VAN NUYS, C	CA 91406	Cap	pacity: 50	
SECTIONS VIOLATED	CLASS AND NATURE OF	VIOLATIONS	PENALTY AS: \$750.00	SESSMENT	COMPL	NE FOR IANCE 5:00 p.m.
	Title 22 Section 72313 (a) Medications and tra (2) Medications and tra (2) Medications and tra (3) Mursing services si (4) Implementing of eapatient's care shall be	eatment shall be eatment shall be (a)(2) nall include, but i ich patient's care	administered as p not limited to, the f plan according to	orescribed. following:	dicated. Ea	ach
	Based on observation, oxygen at a flow rate to percent as was ordered to ensure oxygen deliving patient's oxygen saturate planned. Patient of defecation, and had a through a nasal cannulation the oxygen saturate the oxygen saturate oxygen	o maintain a pati d by the physicia ery was titrated ation above 95 p I, who was havir n oxygen satural la, was not admi ration rate to abo	ent's blood oxyger in and failed to im (adjust the amoun ercent during a va ig a vasovagal syr ion rate of 84 perc nistered an increas	n saturation rate plement a patien t of oxygen) to me sovagal syncope accope episode disent with five literated amount of o	above 92 It's plan of naintain the e episode a uring rs of oxyge xygen flow	care e as en v to
Name of Evaluator: Alisa Gorodetskaya HFEN	· · · · · · · · · · · · · · · · · · ·	20.	Without admitting g receipt of this SEC Signature : Name :	TALY	Jarr	<u> </u>

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Defecation syncope is a temporary loss of consciousness (syncope) upon defecating (having a bowel movement). The situations that trigger this reaction are diverse and include straining while urinating or defecating. Syncope is caused by a reflex of the involuntary nervous system called the vasovagal reaction. The vasovagal reaction leads the heart to slow down (bradycardia), and at the same time it leads the nerves that serve the blood vessels in the legs to permit those vessels to dilate (widen). The result is that the heart puts out less blood, the blood pressure drops, and circulating blood tends to go into the legs rather than to the head. The brain is deprived of oxygen, and the fainting episode occurs (Lipincott, 2010).

On May 5, 2011, at 1 p.m., an unannounced visit was made to the facility to investigate a complaint alleging Patient 1 was not provided an adequate amount of oxygen during an emergency situation when the patient became unresponsive while having a vasovagal syncope episode during defecation.

According to the admission record, Patient 1 had eight re-admissions to the facility since his original admission on November 15, 2003. Patient 1's last re-admission was on September 8, 2009. The patient's admitting diagnoses were as follows:

- 1. Renal insufficiency.
- 2. Non-insulin dependent diabetes mellitus.
- 3. Atrial fibrillation.
- Parkinson's disease.
- 5. Orthostatic hypotension.
- 6. Aortic stenosis.
- 7. Aortic aneurism.
- 8. Chronic kidney disease stage IV.
- 9. Anemia.
- 10. Hypertension.
- 11. Hyperlipidemia.
- 12. Metabolic encephalopathy.
- 13. Catatonia.
- 14. Anxiety.
- 15. Congestive Heart Failure (CHF).
- 16. Chronic Obstructive Pulmonary Disease (COPD).
- 17. Vasovagal Defecation Syncope.

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The Minimum Data Set (MDS) assessment dated January 12, 2011, indicated the patient had severely impaired cognitive skills for daily decision making, was totally dependent on staff for activities of daily living, was always incontinent of bowel and bladder, and had respiratory treatment with oxygen.

Based on a video recording provided by a family member and Patient 1's record, on January 21, 2011, at approximately 6:10 p.m., the patient had a defecation syncope episode.

A review of the patient's clinical record indicated the patient began to have vasovagal episodes precipitated by a bowel movement in November 2009, and he had between 15 to 20 such episodes prior to his last episode on January 21, 2011.

According to the licensed nurse progress notes dated January 21, 2011, at 5:30 p.m., and an interview with the Certified Nursing Assistant (CNA 1) on August 12, 2011, at 2 p.m., CNA 1 was at the patient's bedside feeding him dinner. The patient was in his usual mental state with periods of agitation, mumbling and being noisy. The patient consumed 100 percent of his meal. Based on a family member's video recording and the facility's surveillance video of events taking place in the patient's room, at about 5:50 p.m., CNA 1 left the patient in an erect position (head of bed at 90 degrees), after she finished feeding him, and stepped out of the room. The patient was alert without agitation, spontaneously opening his eyes and verbally responding. CNA 1 stated she was frequently coming back to the patient's room to check on him. At about 6:10 p.m., CNA 1 checked on the patient and found him to be "quiet" and not responding back when she called him by his name. CNA 1 immediately communicated through her two-way radio (walkie-talkie) to the Licensed Vocational Nurse (LVN 1) about the patient's condition.

LVN 1 responded right away and went to the patient's room. According to the interview with LVN 1 on August 9, 2011, at 3 p.m., licensed nurse notes, a family member's video and facility's surveillance video, LVN 1 entered the patient's room at 6:11 p.m. and instructed CNA 1 to call a Registered Nurse (RN). LVN 1 said she brought with her a portable blood pressure monitor and a pulse oxymetry device (for measuring oxygen saturation). LVN 1 stated the resident was sitting up in bed, looked pale but was verbally responsive. There was an oxygen concentrator at the patient's bedside. LVN 1 stated she initially provided the patient with oxygen at two liters per minute (L/min) through a

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nasal cannula (tubes delivering oxygen directly into the nose), placed the pulse oxymetry device, and then checked his oxygen saturation rate, which was above 90 percent. LVN 1 said she checked the patient's blood pressure and pulse but could not recall the numbers. LVN 1 placed the patient's head of bed down 30 degrees, elevated his legs a "little", and turned him on his left side. LVN 1 stated that the patient's face color improved, he was breathing slowly, and he started to have a bowel movement.

A review of the patient's clinical record indicated there was no documented evidence to reflect LVN 1's above actions in response to CNA 1's call with the report on the patient's change of condition.

According to the licensed nurse progress note dated January 21, 2011, at 6:10 p.m., the patient had an oxygen saturation rate of 84 percent while being administered oxygen at five L/min through a nasal cannula. The patient's blood pressure was 100/60. There was no documentation to reflect the patient's pulse rate.

During an interview with the Registered Nurse (RN 1) on June 6, 2011, at 3:10 p.m, she stated when she walked into the patient's room on January 21, 2011, at approximately 6 p.m., Patient 1 was pale but breathing. RN 1 called him by his name, stimulated him by touching his shoulder, but the patient was not responding. RN 1 said she turned the patient to his left side and checked his oxygen saturation. It was at 84 percent while he was receiving five L/min through a nasal cannula. RN 1 stated the reason she turned the patient on his left side was to facilitate the bowel movement. RN 1 stated while the patient was lying on his left side, she noticed his lips were turning blue. RN 1 instructed LVN 1 to go get a crash cart (a set of trays/drawers/shelves on wheels used in emergency situations for dispensing of emergency medication and/or equipment at the site of the medical emergency to potentially save a life).

During a second interview with RN 1 on August 12, 2011, at 12:30 p.m., she said when she walked into the patient's room on January 21, 2011, at about 6 p.m., he was already on his left side, the head of his bed was down, his legs were elevated, and he was receiving oxygen through a nasal cannula at five L/min. The patient was breathing, had vital signs, and was "mumbling." RN 1 stated his oxygen saturation was at 84 percent, but was increasing to 88 percent and 90 percent, and at one time, it went up to 92 percent. RN 1 said that when she sent LVN 1 out to get the crash cart, the patient was breathing, but was not recovering from an oxygen saturation of 88 percent with the administration of oxygen at five L/min.

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There was no documented evidence in the patient's clinical record to support RN 1's statements given on the August 12, 2011, interview, regarding the fluctuation or measurement of Patient 1's oxygen saturation rate.

During an interview with LVN 1 on August 9, 2011, at 3 p.m., she stated when she brought the crash cart into the patient's room, nurses connected the patient to the crash cart E-tank (oxygen tank with maximum capacity of 15 L/min) and he was given oxygen at 15 L/min through a nasal cannula. While receiving the oxygen supplement at 15 L/min through a nasal cannula, the patient's oxygen saturation rate was at 88 to 89 percent. Then, the oxygen delivery method was changed to a face mask, and administered at 15 L/min.

During an interview with RN 1 on August 12, 2011, at 12:30 p.m., she said after LVN 1 brought the crash cart into the room, she left the patient's room to call 911. RN 1 said when she was leaving the room, the patient had a pulse (she was not able to recall the heart rate), chest movement, and his oxygen saturation rate was at 88 percent on 15 L/min through a facial mask.

According to the facility's video surveillance timeline, RN 1 walked into the patient's room on January 21, 2011, at 6:12:38 p.m., and LVN 1 brought the crash cart into the patient's room at 6:17:12 p.m.

On June 8, 2011, at 1 p.m., the facility's surveillance video reflecting recorded events taking place in the patient's room on January 21, 2011, was viewed in the presence of the Administrator and the Director of Nursing (DON). According to the video, LVN 1 left Patient 1's room at 6:17:52 p.m., after she brought a crash cart into the room. RN 1 left the room at 6:18:56 p.m., leaving CNA 1 alone with Patient 1, whose condition was requiring emergency interventions.

Based on the facility's video, at 6:19:45 p.m., LVN 2 walked into the patient's room.

During an interview with LVN 2 on August 9, 2011, at 3:30 p.m., she stated when she walked into the patient's room on January 21, 2011, (could not recall the time) in response to RN 1's request, Patient 1 was lying on his left side, and CAN 1 was at the bed side observing him. LVN 2 stated that her focus was to make sure the patient was breathing. LVN 2 said the patient had a pulse oxymetry device applied, however it was not "properly put on, the tip was not on the patient's finger, and there was no reading." LVN 2 said the patient was receiving oxygen through a facial mask at 15 L/min. After repositioning the pulse oxymeter tip correctly on the patient's finger, the device

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registered 80 percent oxygen saturation. When RN 1 came back, she said to start cardiopulmonary resuscitation.

Cardiopulmonary resuscitation (CPR) is an emergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing. CPR involves chest compressions at least 5 cm deep and at a rate of at least 100 per minute in an effort to create artificial circulation by manually pumping blood through the heart. In addition, the rescuer may provide breaths by either exhaling into the subject's mouth or utilizing a device that pushes air into the subject's lungs. CPR's main purpose is to restore partial flow of oxygenated blood to the brain and heart (Lipincott, 2010).

According to the facility's video, CPR was started at 6:22 p.m. and paramedics arrived at 6:24:25 p.m.

A review of Patient 1's clinical record revealed there was a physician's order dated January 17, 2011, when the patient became verbally non-responsive, staff were to keep him on the bed with the head of the bed lowered and lower extremities elevated, until he becomes responsive, and to start oxygen continuously through a nasal cannula to titrate oxygen above 92 percent.

During an interview with the DON on June 6, 2011, at 3 p.m., she said that Patient 1 had many syncope episodes precipitated by a bowel movement. The DON stated that licensed and non-licensed nurses were trained, in-serviced, and were knowledgeable on how to intervene during syncope episodes to prevent the patient from fainting.

There was a plan of care identified and dated December 30, 2010, for the risk of syncope episodes, low heart rate and loss of consciousness during defecation. One of the interventions was to lay the patient down, lower his head, elevate the legs, and provide oxygen as ordered. According to the care plans dated January 6, 2011, and January 16, 2011, for actual syncope episodes, the interventions were as follows: check the patient's vital signs, monitor oxygen saturation "95 percent", place the head of bed flat and elevate the legs.

During an interview with the Administrator, DON, and RN 1, on June 6, 2011, at 3:40 p.m., they confirmed that the oxygen concentrator maximum capacity is five L/min, and for nurses to administer more oxygen supply to the patient, it would require a bigger capacity device such as an E-tank. The E-tank is always located on the crash cart.

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According to the facility's video and an interview with the Administrator, DON and RN 1, the E-tank was not in use, for Patient 1, from 6:12:38 p.m. to 6:17:12 p.m. The Administrator and DON said that based on their previous experience with Patient 1's syncops episodes, it took three to eight minutes for the patient to recover after the intervention measures and utilizing an oxygen concentrator only.

The facility failed to administer oxygen at a flow rate to maintain a patient's blood oxygen saturation rate above 92 percent as was ordered by the physician and failed to implement a patient's plan of care to ensure oxygen delivery was titrated (adjust the amount of oxygen) to maintain the patient's oxygen saturation above 95 percent during a vasovagal syncope episode as care planned. Patient 1, who was having a vasovagal syncope episode during defecation, and had an oxygen saturation rate of 84 percent with five liters of oxygen through a nasal cannula, was not administered an increased amount of oxygen flow to titrate the oxygen saturation rate to above 92 percent as ordered by the physician and above 95 percent as care planned.

The above violation had a direct relationship to the health, safety and security of Patient 1.



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	OVIDER OR SUPPLIER BOA CARE CENTER		STREET ADDRESS 16955 VANOWE		P CODE JYS, CA 91406 LOS ANGEL	ES COUNTY	
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	Continued From page condition.  LVN 1 responded in patient's room. According to the patient's room. According to the patient's room at 6:11 p.m. a Registered Nurse (Rwith her a portable pulse oxymetry de saturation). LVN 1 sup in bed, looked patient with oxygen at through a nasal cardirectly into the nos device, and then contected the patient's could not recall the patient's head of bed legs a "little", and turn stated that the patient was breathing slowly bowel movement.  A review of the pathere was no documn's above actions in the report on the patient According to the ill dated January 21, 201	ight away and we ding to the Interview 11, at 3 p.m., licen nember's video and LVN 1 entered the instructed CNA (N). LVN 1 said as blood pressure more vice (for measuring tated the resident rele but was verbally en concentrator at the but was verbally en concentrator at the but was verbally en concentrator at the but was verbally en concentrator at the but was verbally en concentrator at the but was verbally en concentrator at the but was verbally en concentrator at the but was verbally en concentrator at the but was delivered, placed the puls hecked his oxygen verball en concentrator and the puls hecked his oxygen verball entered entered entered entered entered entered entered evidence to response to CNA 1 oft's change of conditions icensed nurse projects.	with LVN nsed nurse and facility's e patient's 1 to call a she brought nitor and a ng oxygen was sitting responsive. The patient's rovided the nute (L/min) ing oxygen e oxymetry saturation 1 said she depulse but placed the elevated his side. LVN 1 aproved, he to have a dindicated reflect LVN I's call with on.				
Event ID:Y	YZ611		10/5/2011	12:44:	4PM		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		056180		B, WING	·		08/12	2/2011
NAME OF PR	OVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	S, CITY, STATE, Ž	IP CODE			- <u>-</u>
LAKE BAL	BOA CARE CENTER		16955 VANOWE	EN ST, VAN NE	JYS, CA 91408 LOS	S ANGELES COUNT	Υ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	(EACH CORRECT	'S PLAN OF CORRECTION IVE ACTION SHOULD BE THE APPROPRIATE DEF	CROSS-	(X5) COMPLETE DATE
·	Continued From page	5	ĺ					!
	had an oxygen satur	ration rate of 84 pe	ercent while					:
	being administered or	7 7	- 1					:
	nasal cannula. The	•	!					
	100/60. There was n	o documentation to	reflect the					;
	patient's pulse rate.			;				į
	During an interview v	vith the Registered	Nurse (RN					İ
	1) on June 6, 2011,			ĺ				<u> </u> 
	she walked into the	•	- 1	ļ				: ! !
	2011, at approximate but breathing. RN			į.				
	stimulated him by to	•						
	patient was not resp	_						
	the patient to his left							
	saturation. It was a	•						i 
	receiving five L/min the stated the reason she							
	side was to facilitate	· ·						
	stated while the patie	ent was lying on h	is left side,					
	she noticed his lips							
	instructed LVN 1 to g	· -	- 1					
	trays/drawers/shelves emergency situations							
	medication and/or ed	. •	· ·	i				
	medical emergency to							
			A					
	During a second inter 2011, at 12:30 p.m., s							
	the patient's room on							
	p.m., he was already	•						
	his bed was down, h	is legs were elevat	ed, and he				į	
	was receiving oxygen			ļ				}
	five L/min. The pati	= -		į				
	signs, and was "m oxygen saturation was :		stated his	į.				
		at a contractif and the		<u> </u>			j	
Event ID:Y	YZ611		10/5/2011	12:44:5	4PM			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDING	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETE:			
		056180		B. WING			08/1:	2/2011
	OVIDER OR SUPPLIER BOA CARE CENTER		STREET ADDRES 16955 VANÓW			06 LOS ANGELES COU	NTY	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY I SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	(EACH CO	POVIDER'S PLAN OF CORRECT PRICE ACTION SHOULD CED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETÉ DATE
	Continued From page	6						
	increasing to 88 perceitime, it went up to 92 she sent LVN 1 out patient was breathing an oxygen saturation of oxyge.  There was no documulinical record to sup on the August 12, iffuctuation or measuresaturation rate.	percent. RN 1 said to get the crass to get the crass to get the crass on of 88 percent on at five L/min.  The ented evidence in the port RN 1's statem 2011, interview, reserved.	d that when h cart, the vering from with the he patient's nents given garding the					
	During an interview wat 3 p.m., she stated cart into the patient's patient to the crash maximum capacity of oxygen at 15 L/min the receiving the oxygen through a nasal capacity of the capacity of the oxygen delivery methods, and administered.	when she brought room, nurses corcart E-tank (oxyger 15 L/min) and he brough a nasal can supplement as unnula, the patien to 88 to 89 percent and was changed	the crash nected the name tank with was given nula. While to 15 L/min t's exygen Then, the					
	During an interview wat 12:30 p.m., she so crash cart into the root to call 911. RN 1 saroom, the patient had recall the heart rate oxygen saturation rate L/min through a facial macording to the timeline, RN 1 walked in	aid after LVN 1 to m, she left the particular when she was a pulse (she was ), chest movement was at 88 percelask.	orought the ient's room leaving the not able to t, and his ent on 15					
Event ID:Y	YZ611		10/5/2011	12:44:5	4PM			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:  056180				(X2) MULTIPI A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SUI COMPLET	
		1 000.00					22011
	OVIDER OR SUPPLIER		STREET ADDRESS,				
LAKE BAL	BOA CARE CENTER	1	6955 VANOWEI	N ST, VAN NU	ys, ca 91408 los ange	LES COUNTY	
							J
	<u> </u>	<u> </u>				<del></del>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE ACTIVE ACTIVE) REFERENCED TO THE APP	ON SHOULD BE CROSS-	(X5) COMPLETE DATE
	Continued From page	7					
	January 21, 2011,	at 6:12:38 p.m., an	a LVN 1				
	brought the crash of 6:17:12 p.m.	· ·					
	On June 8, 201: surveillance video ref place in the patient's was viewed in the and the Director of the video, LVN 1 left p.m., after she broug RN 1 left the room a alone with Patient 1, emergency intervention.	flecting recorded every room on January presence of the Ad Nursing (DON). Ad Patient 1's room to 6:18:56 p.m., leaving whose condition was seen condition was recorded to the condition of the condition of the condition was recorded to the condition of the condit	ents taking 21, 2011, dministrator ecording to at 6:17:52 the room. ng CNA 1 s requiring				
	2 walked into the patier		p.m., LVN				
	During an Interview wat 3:30 p.m., she starpatient's room on J recall the time) in Patient 1 was lying or at the bed side obseher focus was to breathing. LVN 2 soxymetry device ap "properly put on, the finger, and there was patient was receiving	ted when she walke anuary 21, 2011, response to RN 1' in his left side, and 0 erving him. LVN 2 make sure the paraid the patient had oplied, however it tip was not on the no reading." LVN	d into the (could not s request, CAN 1 was stated that atient was 1 a pulse was not e patient's 2 said the				
	at 15 Umin. After re						
	tip correctly on the	· -	-				
	registered 80 percent						
	1 came back, she s						
1	resuscitation.			i			
				į			<u> </u>
Event ID:Y	<b>YZ</b> 61 <b>1</b>		10/5/2011	12:44:5	4PM		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

MANGE OF PROMISES OR SUPPLIER  LAKE BALBOA CARE CENTER  STREET ADDRESS, CITY, STATE, EXPLOSE  LAKE BALBOA CARE CENTER  STREET ADDRESS, CITY, STATE, EXPLOSE  STREET ADDRESS, CITY, STATE, STATE, EXPLOSE  STREET, STATE, STATE, EXPLOSE  STREET, STATE, STATE, EXPLOSE  STREET, STATE, STATE, EXPLOSE  STREET, STATE, STATE, STATE, EXPLOSE  STREET, STATE, STATE, STATE, EXPLOSE  STATE, ST		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
LAKE BALBOA CARE CENTER    SUMMARY STATEMENT OF DEPOISONERS   CACH DEPOISON MIST SEPRECEEDE BY PILL   PRESEX REFERENCED TO THE APPROPRIATE DEPOISON   CONTENT TAG			056180	1		08/1	2/2011
Continued From page 8  Cardiopulmonary resuscitation (CPR) is an amergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing. CPR involves cheat compressions at least 5 cm deep and at a rate of at least 100 per minute in an effort to restore strictical circulation by manually pumping blood through the heart. In addition, the rescuer may provide breaths by either exhaling into the subjects mouth or utilizing a device that pushes air into the subjects lungs. CPR's main purpose is to restore partial flow of oxygenated blood to the brain and heart (Lipincott, 2010).  According to the facility's video, CPR was started at 6:22 p.m. and paramedics arrived at 5:24-25 p.m.  A review of Patent 1's clinical record revealed there was a physicien's order dated January 17, 2011, when the patent became verhally non-responsive, staff were to keep him on the bed with the head of the bed lowered and lower extremities elevated, until the becomes responsive, and to start oxygen continuously through a nasel cannula to titrate oxygen above 92 percent.  During an interview with the DON on June 6, 2011, at 3 p.m., she said that Patient 1 had many syncope eplacedee precipitated by a bowel movement. The DON stated that licensed and						ES COUNTY	
Cardiopulmonary reauscitation (CPR) is an emergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing. CPR involves cheat compressions at least 5 cm deep and at a rate of at least 100 per minute in an effort to create artificial circulation by manually pumping blood through the heart. In addition, the rescuer may provide breaths by either axhaling into the subject's lungs. CPR's main purpose is to restore partial flow of oxygenated blood to the brain and heart (Lipincott, 2010).  According to the facility's video, CPR was started at 6:22 p.m. and paramedics arrived at 5:24-25 p.m.  A review of Patient 1's clinical record revealed there was a physician's order dated January 17, 2011, when the patient became verbally non-responsive, staff were to keep him on the bad with the head of the bed lowered and lower extremities elevated, until he becomes responsive, and to start oxygen continuously through a nasal cannula to titrate oxygen above 92 percent.  During an Interview with the DON on June 6, 2011, at 3 p.m., she said that Patient 1 had many syncope episodes precipitated by a bowel movement. The DON stated that licensed and	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION	N SMOULD BE CROSS-	COMPLETE
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Event ID:YYZ611 10/5/2011 12:44:54PM		A review of Patient 1 was a physician's owhen the patient be staff were to keep his the bed lowered as until he becomes recontinuously through oxygen above 92 percentage an interview vat 3 p.m., sha sa syncope episodes	rder dated January 17, 2011, icame verbally non-responsive, in on the bed with the head of ind lower extremities elevated, sponsive, and to start oxygen a nasal cannula to titrate ent.  with the DON on June 6, 2011, id that Patient 1 had many precipitated by a bowel				
	Event ID	:YYZ611	10/5/2011	12:44:	54PM		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
·	056180	B. WING		08/12/2011	
NAME OF PROVIDER OR SUPPLIER LAKE BALBOA CARE CENTER	STREET ADDRESS, 16955 VANOWE	-	P CODE JYS, CA 91408 LOS ANGELES COU	NTY	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN DE CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS- COMPLET	
were knowledgeable syncope episodes (fainting.  There was a plan December 30, 2010 episodes, low heart of during defecation. Of lay the patient down tegs, and provide oxy the care plans dated 16, 2011, for act interventions were as vital signs, monitor of place the head of bed for During an interview and RN 1, on June confirmed that the capacity is five L/min more oxygen supply a bigger capacity de E-tank is always According to the fact with the Administrator was not in use, for 6:17:12 p.m. The Adbased on their previously syncope episodes, it the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome as a plan to the fact of the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the patient to recome a plan to the plan t	were trained, in-serviced, and on how to intervene during to prevent the patient from of care identified and dated of, for the risk of syncope rate and loss of consciousness one of the interventions was to lower his head, elevate the right as ordered. According to January 6, 2011, and January rual syncope episodes, the stollows: check the patient's paygen saturation "95 percent", lat and elevate the legs.  with the Administrator, DON, e. 6, 2011, at 3:40 p.m., they paygen concentrator maximum, and for nurses to administer to the patient, it would require vice such as an E-tank. The located on the crash cart. Sility's video and an interview of DON and RN 1, the E-tank Patient 1, from 6:12:38 p.m. to liministrator and DON said that has experience with Patient 1's took three to eight minutes for cover affer the intervention				
The facility failed to add	ninister oxygen at a flow	12:44:5	4PM		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	of deficiencies FCORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFIČATION NUI		(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		056180		B. WING	08/1	2/2011		
	OVIDER OR SUPPLIER BOA CARE CENTER			S, CITY, STATE, ZII EN ST, VAN NU	P CODE TYS, CA 91406 LOS ANG	ELES COUNTY		
(X4) ID PREFIX TAĞ	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY F SC IDENTIFYING INFORMAT	TULL	ID PREFIX TAG	(EACH CORRECTIVE ACT	N OF CORRECTION TION SHOULD BE CROSS- PPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
·	Continued From page rate to maintain a parate above 92 perceiphysician and failed of care to ensure (adjust the amount patient's oxygen satural a vasovagal syncopic Patient 1, who was episode during defect saturation rate of 8 oxygen through a administered an increito titrate the oxygen percent as ordered by percent as care planned. The above violation in health, safety and security	atlent's blood oxyge.  Int as was order  to implement a paying oxygen delivery vortion above 95 per  e episode as care  having a vasovage ation, and had a percent with five nasal cannula, assed amount of orthe physician and it.	ed by the stient's plan was titrated aintain the cent during e planned, al syncope an oxygen e liters of was not exygen flow above 92 above 95					
Event ID:Y	<b>/</b> Z611		10/5/2011	12:44:54	PM			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE