

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055121	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/04/2020
NAME OF PROVIDER OF SUPPLIER FLAGSHIP HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 466 FLAGSHIP ROAD NEWPORT BEACH, CA 92663	
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 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and medical record review, the facility failed to ensure the call lights were answered timely for three nonsampled residents (Residents A, B, and D). * The facility failed to respond promptly to the call lights for Residents A, B, and D to ensure care was provided in a timely manner to promote dignity and respect for these residents. Findings: 1. On 2/21/2020 at 0835 hours, an interview was conducted with Resident A in her room. Resident A was sitting on her bed. Resident A stated she needed help from the staff when getting dressed, showered, and changing her incontinence brief. Resident A stated it took the staff anywhere from 5 minutes to an hour to answer her call light. Resident A stated she looked at the clock on the wall in front of her. Resident A stated she got mad when she had to wait too long to have her incontinence brief changed. Resident A stated long call light times were discussed at the resident council meetings. After the meetings, the call light times would get better for a while and then they got bad again. Medical record review for Resident A was initiated on 2/21/2020. Resident A was admitted to the facility on [DATE]. Review of the MDS dated [DATE], showed Resident A was cognitively intact. Resident A required the extensive assistance of one person for dressing, personal hygiene, and toileting. Resident A required the extensive assistance of two persons for bed mobility. 2. On 2/12/2020 at 0850 hours, an interview was conducted with Resident B in her room. Resident B stated she called the staff for help with the call light, and it took at least a half an hour for someone to come to help her. Resident B stated she knew the amount of time it took as she looked at the clock on the wall in front of her bed. Resident B stated she got angry and out of patience because she had to sit in wet diapers for no reason. Resident B added she did not like to lay in wet diapers. Medical record review was initiated for Resident B on 2/21/20. Resident B was admitted to the facility on [DATE]. Review of Resident B's history and physical examination [REDACTED]. Review of the MDS dated [DATE], showed Resident B required the extensive assistance of one person for bed mobility, personal hygiene, and dressing. Resident B required limited assistance of one person for toileting. 3. On 2/21/2020 at 1300 hours, a concurrent observation and interview was conducted with Resident D in his room. Resident D was seated in his wheelchair and was tilted backwards with his feet elevated. Resident D stated he required help from the staff with everything regarding his care. Resident D stated it took over 40 minutes, up to an hour for his call light to be answered sometimes. Resident D stated he knew how long it was by looking at the clock on the wall in front of him. Resident D stated he required help with repositioning and getting a drink of water, especially at night. Resident D stated it made him very, very, very pissed off when the staff did not come when he needed help. He stated it happened on all shifts, but especially at night and on the weekends. Resident D stated the call light times were discussed in every Resident Council meeting as it was always an issue. Resident D stated the Activities Director attended the meetings and took notes. Medical record review for Resident D was initiated on 2/21/2020. Resident D was admitted to the facility on [DATE]. Review of the MDS dated [DATE], showed Resident D had no cognitive impairment. Resident D was totally dependent on one person for dressing, eating, personal hygiene, bathing, and toileting. Resident D was totally dependent on two or more persons for bed mobility and transferring. On 2/21/2020 at 1135 hours, an interview was conducted with the Administrator. When asked about the residents' concerns on call light response brought up during the resident council meetings, the Administrator stated he could only find February 2020's Resident Council meeting minutes. The Administrator stated the previous activities director no longer worked at the facility. On 2/21/2020 at 1255 hours, an interview was conducted with the DSD. The DSD stated anyone could answer a call light and should not walk past a room when the light is on. On 2/21/2020 at 1430 hours, an interview was conducted with the DON. The DON stated it was everybody's job to answer the call lights and should be answered in one to two minutes if the staff were nearby.</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.