

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER FIDELITY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 11210 LOWER AZUSA RD. EL MONTE, CA 91731	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to provide adequate supervision (interventions and means to determine possible risk based on the individual resident's identified needs) to prevent elopement (unsupervised absence) for one of 2 sampled residents (Resident 1). Resident 1, who was identified upon admission as an elopement risk, and refused to wear a wander guard (a bracelet ordered to alert staff of resident attempts to leave the facility unattended). This resident walked out of the facility unobserved by staff and was missing for nearly a day and a half before being returned to the facility by police. The failure to provide adequate supervision put the resident's health and safety at risk. Findings: During a review of the clinical record for Resident 1, the Record of admitted d 09/21/19, indicated the resident was self-responsible and had [DIAGNOSES REDACTED]. A review of The Minimum Data Set (MDS, a standardized screening and assessment tool used in nursing homes) dated 09/24/18, indicated Resident 1 had long and short-term memory problems, and made poor decisions and required cues/supervision with his daily decision-making. The MDS further indicated the resident was inattentive and his thinking was disorganized (unable to think, feel, and behave clearly) at all times. Review of the Nursing Admission assessment dated [DATE], indicated a physician's orders [REDACTED]. The resident refused to wear the wander guard. Interventions included to monitor the resident's whereabouts hourly, and monitor the resident for any episodes of attempting to leave the facility unescorted. Review of an Elopement Risk Assessment form dated 09/21/18, indicated Resident 1 was ambulatory and alert and oriented to person and place. The section of the form asking if the resident had decision-making capacity, and if he was oblivious to needs or safety was left blank. The Behaviors section of the form indicated Resident 1 was oriented, able to make decisions, currently took medication that might cause confusion, and had a history of [REDACTED]. Additional Comments read: Apply wander guard to alert staff when resident attempts to get out of facility unassisted. Monitor resident whereabouts hourly. Monitor episode that resident wants to leave facility unassisted. Review of a Change in Condition form dated 09/22/18 timed at 9 a.m., indicated after breakfast, Resident 1's assigned certified nurses aide (CNA 1) entered the resident's room and noted the resident was not in his bed. A search was conducted in the facility and outside in the community in various directions. Resident 1 was missing and the police were notified. Review of a care plan titled Non-Compliant Care Plan dated 09/21/18, indicated Resident 1 was non-compliant with medication and treatment and was refusing to apply wander guard bracelet. No specific/individualized interventions for Resident 1 were included in the care plan. Review of a Resident Care Plan titled Continuation Care Plan for Wandering/Elopement dated 09/21/18, indicated 'To monitor resident hourly. Review of a Monitoring Log, Monitoring for Residents With Wanderguard Whereabouts dated 9/22/2018, indicated, CNA 1, documented Resident 1's was last seen in bed at 7 a.m., eating. An arrow pointing downward was in the space provided for 8 a.m. There was no other documentation provided which indicated Resident 1's activity at 8 a.m. During an interview on 10/05/18 at 1:45 p.m., with Director of Nursing 1 (DON 1), she stated, Resident 1 refused to wear the wander guard on admission. The resident (Resident 1) was ambulatory, verbally responsive and had dementia. If a resident refused to wear the wander guard, the resident would be put on hourly monitoring. If a resident is wearing the wander guard, staff also does hourly monitoring. There was no explanation why no documentation was entered concerning Resident 1's activity after 7 a.m. During an interview on 03/23/20 at 10 .m., with DON 2, he stated, I was not working at the facility at the time of Resident 1's elopement. More proactive interventions should have been initiated to prevent the situation. Review of the facility's policy and procedure (P&P) titled Wandering/Elopement/Door Alarms revised 10/14/15, the P&P indicated, The safety and well-being of all residents is ensured at all times. All residents who are at risk for harm because of wandering behavior have a care plan that addresses the issue with specific objectives to meet their individual needs. Review of the facility's policy and procedure (P&P) titled Free of Accident Hazards/Supervision/Devices effective 08/05, the P&P indicated, It is the policy of the facility to ensure it identifies and provides needed care and services that are resident-centered and each resident receives adequate supervision.</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.