

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042</b></p> <p>Based on observation, interview, and record review, the facility failed to:</p> <p>1. Ensure staff promoted dignity while assisting one of two residents (Resident 56) during meals by standing over the resident and not maintaining face to face eye contact.</p> <p>This deficient practice had the potential to result in feelings of decreased self-esteem and self-worth for Resident 56.</p> <p>Findings:</p> <p>During a review of Resident 56's Admission Record, the Admission Record indicated Resident 56 was admitted to the facility on [DATE]. Resident 56's diagnoses included epilepsy (a chronic disorder of the brain characterized by recurrent brief episodes of involuntary movement that may involve a part of the body or the entire body), chronic obstructive pulmonary disease (COPD, lung disease that causes blocked airflow from the lungs), schizoaffective disorder (a mental disorder with symptoms of hallucinations or delusions and mood disorder like depression) and major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy).</p> <p>During a review of Resident 6's history and physical (H&amp;P), dated 11/1/2023, the H&amp;P indicated Resident 6 could not make own decisions but can make needs known.</p> <p>During a review of Resident 56's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 2/19/2024, the MDS indicated Resident 56 had a BIMS - (brief interview for mental status) of 8 which suggested moderate cognitive impairment cognition (ability to think and reason). The MDS indicated Resident 56 was dependent on staff for activities of daily living (ADLs) such as toileting, dressing, eating, and positioning.</p> <p>During a concurrent observation and interview on 4/16/2024 at 1:30 p.m. with Certified Nursing Assistant (CNA 7) in Resident 56's room, CNA 7 was observed standing, not at eye level when assisting Resident 56 with the meal. CNA 7 stated she was standing and not at eye level while assisting Resident 56 with her meal. CNA 7 stated, I should have set down to feed the resident. CNA 7 stated this could potentially make the resident feel rushed when eating and could affect her dignity.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/2024 at 10:10 a.m. with Licensed Vocational Nurse (LVN 2), LVN 2 stated when you assist a resident with meals you are eye level and talk to resident when they eat, if this is not done you have not treated the resident with dignity.</p> <p>During an interview on 4/18/2024 at 11:00 a.m. with Registered Nurse (RN 2), RN 2 stated when helping the resident with eating you need to be seated eye level with the resident and talk to them while you assist. RN 2 stated the resident may potentially feel uncomfortable and may think that the staff is in a hurry and resident is rushed. RN 2 stated this is not how we give dignity to a resident.</p> <p>During an interview on 4/18/2024 at 11:11 a.m. with Resident 56, Resident 56 stated I like when the staff sits down and helps me eat. I don't like when they stand and feed me.</p> <p>During an interview on 4/19/2024 at 10:30 a.m. with the Director of Nursing (DON), the DON stated when residents are assisted with feeding, the staff should sit down eye level, not stand up above the resident. The DON stated the way you are positioned while eating matters. The DON stated this was a dignity issue when you stand and assist the resident with eating. The DON stated the resident could potentially feel uncomfortable and rushed while eating.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Dignity, dated February 202, the P&amp;P indicated, each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. The P&amp;P indicated to provide a dignified dining experience.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042</b></p> <p>Based on interview and record review the facility failed to:</p> <p>1. Ensure resident and/or responsible party (RP) was informed in advance, of the risks and benefits of psychoactive medication (a drug that changes brain function and results in alterations in perception, mood, consciousness, or behavior) for one of three sampled residents (Resident 56).</p> <p>This deficient practice violated the residents' right to make an informed decision regarding the use of psychoactive medications.</p> <p>Findings:</p> <p>During a review of Resident 56's Admission Record, the Admission Record indicated Resident 56 was admitted to the facility on [DATE]. Resident 56's diagnoses included epilepsy (a chronic disorder of the brain characterized by recurrent brief episodes of involuntary movement that may involve a part of the body or the entire body), chronic obstructive pulmonary disease ([COPD] a lung disease that causes blocked airflow from the lungs), schizoaffective disorder (a mental disorder with symptoms of hallucinations or delusions and mood disorder like depression) and major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy).</p> <p>During a review of Resident 6's history and physical (H&amp;P), dated 11/1/2023, the H&amp;P indicated Resident 6 could not make own decisions but could make needs known.</p> <p>During a review of Resident 56's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 2/19/2024, the MDS indicated Resident 56 had a BIMS - (brief interview for mental status) of 8 which suggested moderate cognitive impairment cognition (ability to think and reason). The MDS indicated Resident 56 was dependent on staff for activities of daily living (ADLs) such as toileting, dressing, showering, and positioning.</p> <p>During a review of Resident 56's Order Summary Report (physician orders), dated 4/1/2024, the physician orders indicated, the physician placed a phone order on 11/13/2024 for Resident 56 to start Seroquel (a medication used to treat certain mental disorders, such as schizophrenia and bipolar disease) 50 milligrams ([mg] - a unit of measure for mass) every 12 hours twice a day.</p> <p>During a review of Resident 56's Medication Administration Record (MAR), dated 4/18/2024, the MAR indicated, Resident 56 had been taking quetiapine 50 mg every 12 hours twice a day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 4/18/2024 at 10:10 a.m. with Licensed Vocational Nurse (LVN 2), Resident 56's chart was reviewed and no informed consent for Seroquel was found in Resident 56's medical chart. LVN 2 stated there was no informed consent for Seroquel. LVN 2 stated an informed consent is needed from the resident and/or RP to get consent (permission) to administer psychoactive medication. LVN 2 stated an informed consent is obtained prior to starting any psychoactive medication. LVN 2 stated when there is no informed consent obtained from the resident, the resident could potentially take medication they did not want to take or have not been informed of the side effects, risks, and benefits, of the medication. LVN 2 stated that would not be good for the resident.</p> <p>During an interview on 4/18/2024 at 11:00 a.m. with Registered Nurse (RN 2), the RN 2 stated an informed consent for a psychoactive medication explains the side effects, the risks, and benefits, and it is obtained by the physician. RN 2 stated this is done before medication is administered to the resident. RN 2 stated the risk of not giving an informed consent to the resident may potentially have a resident take a medication they did not want to take.</p> <p>During an interview on 4/19/2024 at 10:30 a.m. with the Director of Nursing (DON), the DON stated an informed consent is signed before medication is given. The DON stated an informed consent for a psychoactive medication is when the resident and/or RP gives permission to administer a medication. The DON stated the resident and/or RP has the right to approve or decline the medication. The DON stated without an informed consent there would not be a way to know if the resident and/or RP wanted to take the medication and a resident could be given a medication they did not want to take.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Informed Consent, dated 3/23/2015, the P&amp;P indicated, to verify the resident's record contained documentation that the resident has given informed consent to the proposed treatment or procedure before initiating the administration of psychotherapeutic drugs and to use the facility verification form or statement.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47042</b></p> <p>Based on observation, and interview the facility failed to ensure one of 20 sampled residents (Resident 6) was provided a safe, clean and homelike environment by failing to provide a room that did not have soiled or peeling paint on the bedroom walls.</p> <p>This deficient practice had the potential for Resident 6 to be exposed to dirt, harsh chemicals, infection and accidents.</p> <p>Findings:</p> <p>During a review of Resident 6's Admission Record, the Admission Record indicated Resident 6 was admitted to the facility on [DATE]. Resident 6's diagnoses included Type 2 diabetes mellitus (abnormal blood sugar), heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), and anxiety disorder (persistent and excessive worry that interferes with daily activities).</p> <p>During a review of Resident 6's history and physical (H&amp;P), dated 10/3/2023, the H&amp;P indicated Resident 6 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 6's Minimum Data Set ([MDS], a standardized assessment and care planning tool), dated 4/5/2024, the MDS indicated Resident 6 had moderate cognitive impairment (ability to think and reason). The MDS indicated Resident 6 was dependent on staff for activities of daily living (ADLs) such as oral hygiene, toileting, dressing, showering, and positioning.</p> <p>During a concurrent observation and interview on 4/16/2024 at 10:34 a.m. with Resident 6 in the room, the walls next to Resident 6's bed had chipping paint and was visibly soiled. Resident 6 stated the walls were dirty and did not like it.</p> <p>During an interview on 4/18/2024 at 3:45 p.m. with the Maintenance Supervisor (MS), the MS stated there was chipping paint and the walls were not clean in Resident 6's room. The MS stated it is not good, and the room should have a homelike environment.</p> <p>During an interview on 4/18/2024 at 3:55 p.m. with the Housekeeping Supervisor (HS), the HS stated the walls appeared dirty in Resident 6's room. The HS stated it was not ok for Resident 6 to have to see those walls chipped and dirty. The HS stated this could potentially be an infection control issue. The HS stated housekeeping should have cleaned the walls when they were visibly dirty. The HS stated the resident would potentially feel uncomfortable, and not treated with dignity.</p> <p>During an interview on 4/19/2024 at 10:30 a.m. with the Director of Nursing (DON), the DON stated, Resident 6's room should be a homelike environment. The DON stated there should not be paint that has chipped or dirty bedroom walls. The DON stated this could potentially affect the dignity, the resident's mood, and resident rights to have a homelike environment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&amp;P) titled, Cleaning and Disinfection of Environmental Surfaces, dated August 2019, the P&amp;P indicated walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled.</p> <p>During a review of the facility's P&amp;P titled, Maintenance Service, dated December 2009, the P&amp;P indicated, maintenance service shall be provided to all areas of the building. functions of maintenance personnel include but are not limited to maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. The P&amp;P indicated the facility will maintain the building in good repair and free from hazards.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</b></p> <p>Based on interview and record review, the facility failed to ensure an accurate Minimum Data Set ([MDS] assessment and care screening tool) assessment regarding the pneumococcal vaccine (a biological preparation that prevents the most common and severe forms of pneumonia [lung infection]) was conducted for one of five sampled residents (Resident 75).</p> <p>This deficient practice had the potential to result inaccurate care and services for Resident 75 due to inappropriate MDS care screening and tool assessment practices.</p> <p>Findings:</p> <p>A review of Resident 75's Admission Record, indicated Resident 75 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 75's diagnoses included end stage renal disease ([ESRD] a condition in which the kidneys no longer function normally), diabetes mellitus type 2 ([DM] a chronic condition that affects the way the body processes blood sugar), and heart failure (the heart is unable to pump blood around the body properly).</p> <p>A review of Resident 75's History and Physical (H&amp;P), dated 11/6/2023, indicated Resident 75 had the capacity to understand and make decisions.</p> <p>A review of Resident 75's Immunization (a process by which a person becomes protected against a disease through vaccination) History, indicated Resident 75 was not eligible to receive the pneumococcal vaccine.</p> <p>During a concurrent interview and record review on 4/18/2024 at 9:05 a.m., with the MDS Nurse, Resident 75's MDS Assessment, dated 3/26/2024 was reviewed. The MDS assessment under section OO300 (pneumococcal vaccine) indicated Resident 75's pneumococcal vaccine was not up to date (coded as 0). The MDS indicated the vaccine was offered and was declined (coded as 2). The MDS Nurse stated the assessment was not accurate since Resident 75 was not eligible to receive the pneumococcal vaccine as indicated on the resident's immunization history record. The MDS Nurse stated the MDS assessment should have been coded as 1 (not eligible), and not coded as 2. The MDS Nurse stated there was no documentation in Resident 75's clinical records that the pneumonia vaccine was offered and declined. The MDS Nurse stated it was very important to have an accurate assessment because it would affect the care of residents.</p> <p>A review of the facility's Policy and Procedure (P&amp;P) titled Certifying Accuracy of the Resident Assessment, dated 11/2019, indicated, Any person completing a portion of the Minimum Data Set/MDS (Resident Assessment Instrument) must sign and certify the accuracy of that portion of the assessment.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47923</p> <p>Based on interview and record review, the facility failed to complete and re-submit the Preadmission Screening and Resident Review ([PASRR] a tool to determine if the person had, or was suspected of having a mental illness, intellectual disability [a term used when a person has certain limitations in cognitive functioning and skills, including communication, social and self-care skills], or related condition) level one (I) screening and refer one of eight sampled residents (Resident 22) who had a new diagnosis of psychosis (collection of symptoms that affect the mind, where there has been some loss of contact with reality) to the appropriate state-designated authority for a PASRR level two (II) evaluation and determination.</p> <p>This deficient practice had the potential to result in Resident 22 not receiving appropriate treatment recommendations for psychosis.</p> <p>Findings:</p> <p>A review of Resident 22's Admission record, indicated, Resident 22 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 22's diagnoses included psychosis and major depressive disorder (a mood disorder that causes persistent feeling of sadness and loss of interest).</p> <p>A review of Resident 22's History and Physical (H&amp;P), dated 9/1/2023, indicated Resident 22 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 22's Psychiatric Evaluation Report, dated 4/9/2024, indicated Resident 22 was receiving Risperdal (a medication that works in the brain to treat psychosis).</p> <p>During a concurrent interview and record review on 4/18/2024 at 11:26 a.m., with the Business Office Manager (BOM), Resident 22's PASRR Level I Screening submitted by the facility on 6/22/2023 was reviewed. The PASRR Level I Screening indicated Resident 22 had no serious mental illness diagnosis and was not receiving psychotropic medications (any drug that affects brain activities associated with mental processes and behavior). The PASRR Level I Screening also indicated Resident 22's case was closed and a PASRR Level II evaluation and determination was not required. The BOM stated she did not complete the PASRR Level I screening and resubmitted the redetermination since she was not aware that Resident 22 had a new diagnosis of psychosis and was started on Risperdal. The BOM stated the facility nursing staff had no system in place in communicating to the business office if residents had a new diagnosis of mental illness. The BOM stated the importance of PASRR was to determine if a resident had suspected mental illness or intellectual disability and the appropriateness for placement in the skilled nursing facility, facility reimbursement and to avail the mental health services by the State PASRR agency. The BOM stated Resident 22 could possibly receive appropriate treatment recommendations from the State PASRR agency for her psychosis.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Policy and Procedure (P&amp;P) titled Preadmission Screening and Resident Review, dated 11/30/2023, indicated, Facility will refer all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition and notify the state mental health authority or state intellectual disability authority as applicable and promptly.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46832</p> <p>Based on observation, interviews and record review, the facility failed to initiate a care plan for Restorative Nursing Assistant ([RNA] assist the patient in performing tasks that restore or maintain physical function as directed by the established care plan) services for one out of four (4) residents' (Resident 74).</p> <p>This deficient practice had the potential to negatively affect the delivery of necessary care and services.</p> <p>During a review of Resident 74's admission record (face sheet), the admission record indicated Resident 74 was initially admitted to the facility on [DATE], with diagnoses that included ataxia (poor muscle control that causes clumsy movements), muscle weakness (decreased strength in the muscles), repeated falls (more than two falls in a six-month period), and cardiomegaly (an enlarged heart).</p> <p>During a review of Resident 74's Minimum Data Set (MDS- assessment and care screening tool), dated 1/17/2024, indicated the resident was assessed to be cognitively intact and required supervision with transferring, dressing, and toilet use.</p> <p>During a review of Resident 74's history and physical (H&amp;P) form dated 7/12/2023, the H&amp;P form indicated Resident 74 had the capacity to understand and make decisions.</p> <p>During a review of Resident 74's physician orders, dated 10/6/2023, Resident 74's physician orders indicated Resident 74 should have RNA services for ambulation with a Front Wheel [NAME] ([FWW] walker that has wheels on the two front legs) daily, five times a week as tolerated.</p> <p>During a concurrent interview and record review, on 4/17/24 at 2:32 p.m., with Licensed Vocational Nurse (LVN 2), LVN 2 stated all licensed nurses were to initiate care plans for residents. LVN 2 stated the importance of creating a care plan was to provide guidance, interventions, and goals for a resident. LVN 2 stated she did not see an RNA care plan for Resident 74 in the medical record. LVN 2 stated the risk of not initiating a care plan for residents could result in not providing necessary and quality care/services for a resident.</p> <p>During an interview, on 4/18/24 at 3:42 p.m., with the Director of Nursing (DON), the DON stated care plans are to be initiated on admission, if a resident has a change of condition and throughout a resident's stay at the facility. The DON stated licensed nurses are responsible for residents' care plans. The DON stated the importance of a care plan was to provide care to a resident based on their condition and a care plan should have been initiated for Resident 74. The DON stated the risk of not initiating a care plan could result in not knowing whether the resident's condition is improving or declining. The DON stated a care plan is initiated to take care of the resident.</p> <p>A review of facility's policy and procedures (P&amp;P) dated 2001 and revised in March 2022, titled Care Plans, Comprehensive Person-Centered, indicated the comprehensive, person-centered care plan includes measurable objectives and timeframes and describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46144</p> <p>Based on interview and record review the facility failed to ensure one out of four Residents (Resident 43) had a revised care plan to implement an order for a back brace (a device designed to limit the motion of the spine) for support.</p> <p>This deficient practice placed Resident 43 at risk, for providing back support, and had the potential to cause immobility, unsteady gait, and increased back pain.</p> <p>Findings:</p> <p>During a review of Resident 43's Admission Record (Face Sheet), the Admission Record indicated Resident 43 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included low back pain (pain between the lower edge of the ribs and the buttock), muscle spasm (a muscle cramp is an uncontrollable and painful of a muscle), and myalgia(soreness and aches in the muscles that can range from mild to severe).</p> <p>During a review of Resident 43's History and Physical (H&amp;P), dated 9/22/2023, the H&amp;P indicated Resident 43 could understand and make their own medical decisions.</p> <p>During a review of Resident 43's Minimum Data set ([MDS] a standardized care screening and assessment tool) dated 2/2/2023, the MDS indicated Resident 43's cognition (ability to learn, reason, understand and make decisions) had the capacity to recall information. The MDS indicated Resident 43's activities of daily living ([ADLs] activities related to personal care such as grooming, eating and walking) required supervision with ADLs.</p> <p>During a review of Resident 43's Order Summary Report dated 3/25/2024 indicated there was a physician's order for Resident 43 to have a back brace support secondary to low back pain.</p> <p>During a concurrent interview and record review on 4/18/2024 at 10:31 a.m. of Resident 43's care plan (CP) with Licensed Vocational Nurse (LVN 1) dated 8/26/2024 indicated on 8/26/2021, Resident 43 had the potential for an alteration in musculoskeletal status related to low back pain. LVN 1 stated Resident 43's CP should have been revised when the doctor placed new orders for a back brace to treat the lower back pain. LVN 1 stated the revised care plan needed to be updated to identify the needs for Resident 43. Resident 43's CP interventions included to:</p> <ol style="list-style-type: none"> <li>1. Alternate periods of rest with activity</li> <li>2. Anticipate and meet needs.</li> <li>3. Educate Resident on safety measures that need to be taken to reduce risk of falls.</li> <li>4. Encourage physical activity and daily ambulation.</li> <li>5. Give analgesics as ordered by the physician.</li> </ol> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 4/18/2024 at 11:03 a.m. with the Director of Nursing (DON) of Resident 43's CP dated 8/26/2024, the CP indicated on 8/26/2021, Resident 43 had the potential for an alteration in musculoskeletal status related to low back pain. The DON stated, revising Resident 43's CP was important for the continuation of care, setting goals and interventions for the Resident 43's back pain. The DON 1 stated, the CP needed to be revised when the doctor placed a new order for the back brace. The DON stated adding interventions for Resident 43's back brace would help to identify a plan of care effective for the back pain.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, the P&amp;P indicated, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident .reflects currently recognized standards of practice for problems areas and conditions .Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</b></p> <p>Based on observation, interview, and record review, the facility failed to provide oral hygiene (cleaning the mouth and tongue) for one of 20 sampled residents (Resident 92).</p> <p>This deficient practice resulted in Resident 92 having poor oral hygiene with the presence of thick yellowish particles on the mouth and tongue that could lead to an oral infection.</p> <p>Findings:</p> <p>A review of Resident 92's Admission record, indicated Resident 92 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 92's diagnoses included cerebral infarction (damage to tissues in the brain due to loss of oxygen to the area) with hemiplegia (weakness) and hemiparesis (inability to move on one side of the body), hypertension ([HTN] high blood pressure), and diabetes mellitus ([DM] a chronic condition that affects the way the body processes blood sugar).</p> <p>A review of Resident 92's History and Physical (H&amp;P), dated 4/17/2024, indicated Resident 92 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 92's Minimum Data Set ([MDS] an assessment and care screening tool), dated 4/4/2024, indicated Resident 92 was totally dependent in eating, oral hygiene, toileting hygiene, and personal hygiene.</p> <p>A review of Resident 92's Treatment Worksheet Part of Plan of Care, dated 4/13/2024, indicated staff would provide oral care every shift and as needed.</p> <p>During a concurrent observation and interview on 4/16/2024 at 12:15 p.m., with Certified Nursing Assistant 5 (CNA 5), in Resident 92's room, Resident 92 was observed breathing through the mouth and had thick dried yellowish particles on her mouth and tongue. CNA 5 stated Resident 92 was under hospice care (focuses on the comfort and quality of life of a person with a serious illness who is approaching the end of life).</p> <p>During an interview on 4/16/2024 at 12:30 p.m., with the Director of Staff Development (DSD), the DSD stated Resident 92's mouth and tongue had a thick dried, crusty yellowish substance. The DSD stated Resident 92 was placed on nothing by mouth ([NPO] to withhold food and fluid). The DSD stated it was her responsibility to oversee that CNAs were providing oral hygiene to all residents. The DSD stated Resident 92 was not provided with good oral care since she was readmitted to the facility on [DATE].</p> <p>During an interview on 4/17/2024 at 3:23 p.m., with the Director of Nursing (DON), the DON stated by not providing good oral hygiene, Resident 92 would be at risk for an oral infection. The DON stated it would be an embarrassment for the facility if Resident 92 would be seen by her family members not getting good oral care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Policy and Procedure (P&amp;P) titled Activities of Daily Living, dated 3/2018, indicated, Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</b></p> <p>Based on observation, interview, and record review, the facility failed to provide one of three residents (Resident 3) her preferred activity to stay in the dining recreation area to participate in group activity.</p> <p>This deficient practice had the potential to decrease Resident 3's social interaction, sense of belongings, depression, and emotional health.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission record, the Admission Record indicated, Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3's diagnoses included cerebral infarction (damage to tissues in the brain due to loss of oxygen to the area) with hemiplegia (weakness) and hemiparesis (inability to move on one side of the body), diabetes mellitus ([DM] a chronic condition that affects the way the body processes blood sugar), and epilepsy (a brain condition that causes recurring seizures).</p> <p>During a review of Resident 3's History and Physical (H&amp;P), dated 3/11/2024, the H&amp;P indicated, Resident 3 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 3's Minimum Data Set ([MDS] resident assessment and care screening tool) assessment, dated 7/1/2023, the MDS indicated, it was very important for Resident 3's doing things with groups of people and participate in religious services.</p> <p>During a review of Resident 3's Activity Progress Notes, dated 4/1/2024, the Activity Progress Notes indicated, Resident 3 continued to engage in group activities, religious activities and was actively involved in mental activities such as memory games, mind games and spelling.</p> <p>During a concurrent observation and interview on 4/16/2024 at 10:12 a.m. in Resident 3's room, Resident 3 was observed in bed awake, alert, and able to make needs known. Resident 3 stated she wanted to go out in the dining recreation area to attend group activities and socialize with other residents. Resident 3 stated she felt bored in her room.</p> <p>During a concurrent observation and interview on 4/18/2024 at 10:09 a.m. in Resident 3's room, Resident 3 was observed still in bed. Resident 3 stated she had been asking the staff to put her in the reclining wheelchair so she can go to the dining recreation area.</p> <p>During an interview on 4/18/2024 at 10:35 a.m., with Licensed Vocational Nurse (LVN 7), LVN 7 stated there was no reason for Resident 3 not to get up in reclining wheelchair and participate in group activities. LVN 7 stated she did not receive any report from the staff that Resident 3 refused to be up in reclining wheelchair today.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/18/2024 at 10:40 a.m., with Certified Nursing Assistant (CNA 4), CNA 4 stated Resident 3 was not on the schedule to get up on reclining wheelchair today and that was the reason why she did not go and attend the group activity in the dining recreation area. CNA 4 stated the facility has limited supply of reclining wheelchairs.</p> <p>During an interview on 4/18/2024 at 11:00 a.m., with the Activity Director, the AD stated Resident 3 likes to attend group and mental activities. The AD stated she noticed Resident 3 was not in the dining recreation area today. The AD stated not providing the preferred activities of residents could result to decline in memory, depression, and self-isolation.</p> <p>During an interview on 4/19/2024 at 9:44 a.m., with the Director of Nursing (DON), the DON stated all residents have their own activity preferences and it was the responsibility of the facility to honor and follow their preferences.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled Activity Programs, dated 6/2018, the P&amp;P indicated, Activity programs are designed to meet the interest of and support the physical, mental and psychosocial well-being of each resident. Activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47923</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of nine sampled residents (Resident 22), with a limited range of motion, was provided with a left hand roll (a device that prevents fingers from curling up tightly) as ordered by the physician.</p> <p>This deficient practice had the potential to result in further decline in range of motion and worsening of contracture (decrease in passive range of motion at a joint) for Resident 22.</p> <p>Findings:</p> <p>A review of Resident 22's Admission record indicated Resident 22 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including osteoarthritis (a degenerative joint disease in which the tissues in the joint break down over time), contractures, and dementia (loss of cognitive functioning, thinking, remembering, and reasoning).</p> <p>A review of Resident 22's care plan titled, Resident at risk for pain due to use or application of hand roll to affected extremity, dated 6/15/2021, indicated Resident 22's goal was to not have further development of contractures or joint limitations. The care plan indicated interventions including RNA to apply hand roll to Resident 22's left hand.</p> <p>A review of Resident 22's History and Physical (H&amp;P) dated 9/1/2023, indicated Resident 22 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 22's Mobility Assessment, dated 2/20/2024, indicated Resident 22 had poor range of motion on the right and left wrist and fingers.</p> <p>A review of Resident 22's Physician's Order, dated 3/8/2024, indicated Resident 22 was to receive Restorative Nursing Assistant (RNA) services to apply left hand roll for four hours to maintain joint integrity daily, 5 times per week or as tolerated every dayshift.</p> <p>A review of Resident 22's Minimum Data Set ([MDS] an assessment and care screening tool), dated 3/23/2024, indicated Resident 22 was totally dependent on staff for mobility, oral hygiene, personal hygiene, and upper and lower body dressing.</p> <p>During an observation on 4/16/2024 at 10:42 a.m., in Resident 22's room, Resident 22 was observed lying in bed with a clenched left hand, without a hand roll. Resident 22 was observed with a hand roll in the resident's right hand.</p> <p>During a concurrent observation and interview on 4/17/2024 at 2:30 p.m., in Resident 22's room, with Restorative Nursing Assistant (RNA 1), RNA 1 stated Resident 22 had a hand roll on the right hand and was applied that morning. RNA 1 stated Resident 22 was recently transitioned from Physical and Occupational Therapy Program to RNA program on 3/8/2024 and she had been putting the handroll to Resident 22's right hand. RNA 1 stated she did not know that the order for the hand roll was to apply it on Resident's 22 left hand.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/17/2024 at 3:03 p.m., with the Occupational Therapist (OT), the OT stated Resident 22's contracture was more severe on the left hand compared to the right hand. The OT stated RNA 1 should be putting the hand roll to Resident 22's left hand to prevent further contractures.</p> <p>During a review of the facility's undated Policy and Procedure (P&amp;P) titled, Splinting, the P&amp;P indicated, Splinting was used to increase hand function and to prevent further contractures.</p> <p>During a review of the facility's P&amp;P titled, Restorative Nursing Services, dated 7/2017, the P&amp;P indicated, Restorative goals and objectives were individualized, resident-centered and were outlined in the resident plan of care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who received hemodialysis ([HD] process of removing waste products and excess fluid from the body) received treatment in accordance with standards of practice for one of two sampled residents (Resident 75) by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure the HD emergency kit (E-Kit) was always available at bedside for safety measures for HD complications.</li> <li>2. Communicate to Resident 75's physician regarding the recommendation of dialysis treatment center staff to limit fluid restriction to 32 ounces ([oz] measures volume) per day.</li> </ol> <p>These deficient practices had the potential to result in staff inability to manage bleeding from Resident 75's dialysis access site in the event of emergency and risk for fluid overload, swelling, shortness of breath and discomfort.</p> <p>Findings:</p> <p>A review of Resident 75's Admission Record, indicated Resident 75 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 75's diagnoses included end stage renal disease ([ESRD] a condition in which the kidneys no longer function normally), diabetes mellitus type 2 ([DM] a chronic condition that affects the way the body processes blood sugar), and heart failure (the heart is unable to pump blood around the body properly).</p> <p>A review of Resident 75's History and Physical (H&amp;P), dated 11/6/2023, indicated Resident 75 had the capacity to understand and make decisions.</p> <p>A review of Resident 75's Minimum Data Set ([MDS] an assessment and care screening tool), dated 3/26/2024, indicated Resident 75 required partial assistance with activities of daily living (ADLs, self-care activities performed daily) including toileting hygiene, bathing, and upper and lower body dressing.</p> <p>A review of Resident 75's Order Summary Report, dated 4/18/2024, indicated Resident 75 had an active order for HD treatment every Monday, Wednesday, and Friday and to monitor the left upper chest Permacath ( a flexible tube placed into the blood vessel used for dialysis treatment) site every shift for redness, swelling, and bleeding. The Order Summary Report also indicated Resident 75 was on 1200 cubic centimeter (cc, unit of measurement) fluid restriction per day.</p> <p>During an observation on 4/16/2024 at 11:01 a.m., in Resident 75's room, there was no dialysis E-Kit at the resident's bedside.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 4/17/2024 at 9:23 a.m., with Licensed Vocational Nurse (LVN) 6, in Resident 75' room, LVN 6 stated Resident 75 had a Permacath dialysis access site on the left upper chest. LVN 6 verified there was no dialysis E-Kit available at the bedside. LVN 6 stated a dialysis E-Kit consisted of tape, gauze, alcohol swab, dressing, and kerlix (white gauze dressing) roll. LVN 6 stated the dialysis E-Kit should be readily visible and accessible at all times in case of emergency bleeding.</p> <p>During a concurrent interview and record review on 4/17/2024 at 9:49 a.m., with Registered Nurse (RN) 1, Resident 75's Dialysis Communication Record, dated 4/3/2024, was reviewed. RN 1 stated the Dialysis Communication Record indicated the dialysis treatment center staff recommended to limit Resident 75's fluid restriction to 32 oz per day. RN 1 acknowledged there were no documentation by facility staff that the physician of Resident 75 was notified regarding the recommendation by the dialysis treatment center staff to limit Resident 75's fluid restriction to 32 ounces per day. RN 1 stated giving too much fluid to a dialysis resident would cause shortness of breath and edema (excess swelling). RN 1 stated the Dialysis Communication Record was a tool between the dialysis treatment center and facility staff.</p> <p>During an interview on 4/17/2024 at 3:31 p.m., with the Registered Dietitian ([RD] an expert on diet and nutrition), the RD stated she was not aware of the recommendation by the dialysis treatment center to limit Resident 75's fluid intake to 32 oz per day as indicated in the Dialysis Communication Record on 4/3/2024. The RD stated 32 oz of fluid was equivalent to 960 cc. The RD stated Resident 75 was currently on 1200 cc of fluid restriction per day. The RD stated the dietitian from the dialysis treatment center was the one who made the recommendation to change Resident 75's fluid restriction.</p> <p>During an interview on 4/17/2024 at 3:47 p.m., with the Director of Nursing (DON), the DON stated the standard of practice for dialysis residents was to communicate and collaborate the plan of care with facility staff and the dialysis treatment center. The DON stated the E-Kit was used to control bleeding in case of an emergency.</p> <p>A review of facility's undated policy and procedure (P&amp;P) titled, Dialysis Care, indicated, Recommendations from dialysis unit physician and/or nutritionist shall be promptly communicated with primary care physician to ensure implementation of necessary care and services. The emergency dialysis kits will be made available at the bedside at all times in case of an emergency.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49889</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure two medications were labeled with medication open dates for two of two sampled residents (Resident 13 and 77) and to follow manufacturer's guidelines when foil was opened for budesonide inhalation suspension (medication to help with breathing) for Resident 77.</p> <p>This failure had the potential to result in the loss of medication potency and for residents to receive ineffective medication dosages.</p> <p>Findings:</p> <p>During a review of Resident 13's Admission Record, indicated the resident was admitted to the facility on [DATE] and readmitted [DATE] with the diagnoses including chronic obstructive pulmonary disease ([COPD] disease that effects the lungs) and dependence on supplemental oxygen.</p> <p>During a review of Resident 13's Order Summary report dated [DATE], the order summary report indicated Resident 13 was on Spiriva hand inhaler (medication used to help with breathing), one inhalation orally one time a day.</p> <p>During a review of Resident 77's Admission Record, indicated Patient 77's admitted was [DATE] with the diagnoses including acute and chronic respiratory failure with hypoxia (disease that effects the lungs), dependence on supplemental oxygen and personal history of nicotine dependence.</p> <p>During a review of Resident 77's Order Summary Report dated [DATE], the order summary report indicated Resident 77 was on budesonide inhalation suspension (medication used to help with breathing), to use one vial twice daily.</p> <p>During a concurrent observation and interview on [DATE] at 3:39 p.m., at the east station medication cart with Licensed Vocational Nurse 1 (LVN 1), Resident 13's opened (in-use) Spiriva hand inhaler (medication used to help with breathing) and Resident 77's opened budesonide inhalation suspension (medication used to help breathing) did not have documented medication open dates. LVN 1 stated when a medication was opened, the licensed nurse needed to write an open date on the medication package. LVN 1 stated this ensures that the resident does not receive a medication that has lost potency or has expired per manufactures guidelines.</p> <p>During an interview on [DATE] at 3:56 p.m., with Director of Nursing (DON), the DON stated after the licensed nurse opens any medication there needs to be an open date indicated on the medication package. The DON stated, this ensures that the medication was not used for longer than the manufactures guidelines. The DON stated, the potency of the medication may also be affected if used for longer than the manufactures guidelines.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of manufacturer's storage instructions insert for budesonide inhalation suspension the insert indicated once the foil envelope is opened, use the ampules (container the medication comes in) within two weeks. Use as directed by a physician. Follow the patient instructions for proper use of budesonide inhalation suspension.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Administering Medications, dated [DATE], the P&amp;P indicated, The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</b></p> <p>Based on observation, interview, and record review the facility failed to ensure one out of four Residents (Resident 43) had a back brace ordered by the physician to alleviant (relieve) back pain.</p> <p>This deficient practice did not provide Resident 43 with a back brace to help alleviate back pain and had the potential to place Resident 43 of having increased back pain.</p> <p>Findings:</p> <p>During a review of Resident 43's Admission Record (Face Sheet), the Admission Record indicated Resident 43 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included low back pain (pain between the lower edge of the ribs and the buttock), muscle spasm (a muscle cramp is an uncontrollable and painful of a muscle), and myalgia(soreness and achiness in the muscles that can range from mild to severe).</p> <p>During a review of Resident 43's History and Physical (H&amp;P), dated 9/22/2023, the H&amp;P indicated, the Resident 43 can understand and make their own medical decisions.</p> <p>During a review of Resident 43's Minimum Data set ([MDS] a standardized care screening and assessment tool), dated 2/2/2023, the MDS indicated Resident 43 had the cognition (ability to learn reason, remember, understand, and make decisions) to recall information. The MDS indicated Resident 43 activities of daily living ([ADL] activities related to personal care) Resident 43 required supervision for toileting, personal hygiene, and eating.</p> <p>During a review of Resident 43's Order Summary Report dated 3/25/2024 indicated there was a physician's order for Resident 43 to have a back brace support secondary to low back pain.</p> <p>During an interview on 4/18/2024 at 9:30 a.m. with Resident 43, Resident 43 stated, I do not have a back brace. Resident 43 stated the doctor came to visit a few weeks ago. Resident 43 stated, the doctor was going to order a back brace to help with the back pain. Resident 43 stated it is taking a long time to receive the back brace the physician ordered and the staff had not updated Resident 43 about the order for the back brace.</p> <p>During a concurrent observation and interview on 4/18/2024 at 10:00 a.m. with Certified Nursing Assistant (CNA 6) at Resident 43's bedside, CNA 6 stated there was no back brace at Resident 43's bedside or closet. CNA 6 stated Resident 43 does complain of having back pain. CNA 6 stated, there was no report of Resident 43 needing a back brace. CNA 6 stated if the back brace was available by the facility, it would haved help to support Resident 43's back pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 4/18/24 at 10:21 a.m. with Physical Therapist (PT), the Order Summary Report, dated 3/25/2024 was reviewed. The Order Summary Report indicated 3/25/2024, Resident 43 was to have a back brace for back support secondary to low back pain. The PT stated Resident 43's had a physician order to have a back brace that was medically justified due to Resident 43's back pain. The PT stated, Resident 43's back brace had not been ordered by the facility. The PT stated once there is a physician order it should not taken longer than 72 hours for Resident 43 to receive a back brace. The PT stated the back brace would help Resident 43's quality of life and without the back brace Resident 43 could have increased back pain.</p> <p>During a concurrent interview and record review on 4/18/24 at 10:57 a.m. with Director of Nursing (DON) 1, the Order Summary Report indicated on 3/25/2024, Resident 43 was to have a back brace for back support secondary to low back pain. DON 1 stated it was important for the nursing staff and the physical therapists to communicate with each other regarding the physician order for a back brace. The DON stated if Resident 43 had the back brace that was ordered, it could help to relieve the resident's back pain.</p> <p>During a review of the facility' policy and procedure (P&amp;P) titled, Specialized Rehabilitative Services, dated 7/2016, the P&amp;P indicated the facility will provide rehabilitative services to residents .and therapeutic services are provided upon the written order of the resident's attending physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46144</p> <p>Based on observation and interview, the facility failed to ensure clean linens were not placed near the facility's washing machines where dirty and soiled clothing was stored.</p> <p>This deficient practice placed clean linens at risk for bacteria (small single-celled organisms that cause infection) and had the potential for cross contamination and spread of infection throughout the facility.</p> <p>Findings:</p> <p>During an observation on 4/18/2024 at 12:15 p.m. in the facility's laundry room, there were 11 linen carts filled with clean linen and placed alongside of three washing machines with dirty linen washing inside.</p> <p>During a concurrent observation and interview on 4/18/2024 at 12:20 p.m. in the laundry room with the Housekeeping Supervisor (HS), the HS the 11 linen carts placed by soiled linen were clean and will be distributed to the residents throughout the facility. The HS stated having the clean linen close to the washing machines with soiled linen will put residents at risk infection and could spread throughout the facility.</p> <p>During a concurrent observation and interview on 4/18/2024 at 12:45 p.m. with Administrator (ADM) in the laundry room, the ADM stated the 11 carts had clean linen stored on them and should have been separated from the dirty clothing. The ADM stated the dirty linen was possibly soiled and could cause cross contamination (infection) to the clean linen. The ADM stated the clean linen needed to be placed on a side where the dryers are located. ADM 1 stated the cross contamination can cause the spread of infection to all the residents.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Departmental (Environmental Services)-Laundry and Linen, dated 1/2014, the P&amp;P indicated, the purpose of this procedure is to provide a process for the safe and aseptic handling, washing, and storage of linen .keep soiled and clean linen, and their respective hampers and laundry carts, always separate. The P&amp;P indicated clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	
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)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</b></p> <p>Based on interview and record review, the facility failed to ensure one out of five sampled residents (Resident 75) was offered the pneumococcal vaccine ([PNA] a vaccine that prevents the most common and severe forms of pneumonia [infection of the lung]).</p> <p>This deficient practice placed Resident 75 at higher risk of acquiring pneumonia.</p> <p>Findings:</p> <p>A review of Resident 75's Admission Record, indicated Resident 75 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 75's diagnoses included end stage renal disease ([ESRD] a condition in which the kidneys no longer function normally), diabetes mellitus type 2 ([DM] a chronic condition that affects the way the body processes blood sugar), and heart failure (the heart is unable to pump blood around the body properly).</p> <p>A review of Resident 75's History and Physical (H&amp;P), dated 11/6/2023, indicated Resident 75 had the capacity to understand and make decisions.</p> <p>A review of Resident 75's Minimum Data Set ([MDS] an assessment and care screening tool), dated 3/26/2024, indicated Resident 75 required partial assistance with activities of daily living (ADLs, self-care activities performed daily) including toileting hygiene, bathing, and upper and lower body dressing. The MDS also indicated Resident 75's pneumococcal vaccine was not up to date.</p> <p>During a concurrent interview and record review on 4/18/2024 at 8:50 a.m., with the Infection Preventionist (IP) Nurse, Resident 75's immunization (a process by which a person becomes protected against a disease through vaccination) history was reviewed. The IP Nurse stated Resident 75 was not eligible to receive the PNA vaccine because he was under [AGE] years of age. The IP Nurse stated there was no documentation in Resident 75's clinical records that the PNA vaccine was offered, declined, or administered.</p> <p>During a concurrent interview and record on 4/18/2024 at 8:56 a.m., with the IP Nurse, the facility's Policy and Procedure (P&amp;P) titled Pneumococcal Management, dated 3/6/2020 was reviewed. The P&amp;P indicated, Pneumococcal polysaccharide vaccine ([PPSV23] type of pneumonia vaccine) is recommended for anyone 2 through [AGE] years of age with certain long-term health problems or with a weakened immune system. The P&amp;P also indicated, To give the pneumococcal vaccine as per facility administration policy and manufacturer's recommendations. The IP Nurse stated she did not follow the facility's P&amp;P for pneumococcal management. The IP Nurse stated Resident 75 was eligible based on the facility's policy to receive the pneumococcal vaccine since he had multiple medical problems. The IP Nurse stated Resident 75 would be more susceptible to develop pneumonia since he did not receive the vaccine.</p> <p>According to the Centers for Disease Control and Prevention (CDC) website, the document titled, Vaccine Information Statements ([NAME]) located at <a href="http://www.cdc.gov/pneumococcal/vaccination.html">www.cdc.gov/pneumococcal/vaccination.html</a> indicated Some people with certain medical conditions are also recommended to receive PPSV23. Some adults who have previously received a pneumococcal conjugate vaccine may be recommended to receive another pneumococcal conjugate vaccine.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055072	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/19/2024
NAME OF PROVIDER OR SUPPLIER  Rosecrans Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1140 West Rosecrans Avenue Gardena, CA 90247	

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)
<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49131</p> <p>Based on observation, interview, and record review, the facility failed to ensure 17 out of 41 (Rooms 7, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26 27, 28, and 29) residents' bedrooms measures at least 80 square feet (sq. ft.) per resident in a multi-resident rooms and 100 sq. ft in a single resident room. room [ROOM NUMBER] measured less than 100 sq. ft. per single resident room.</p> <p>This deficient practice placed residents at risk for insufficient space and could have the potential to lead to inadequate nursing care for the residents.</p> <p>Findings:</p> <p>During a facility tour on 4/18/2024 at 9:06 AM, rooms 6 ,7, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26 27, 28, and 29 were observed and measured with the Maintenance Supervisor (MS) less than 80 sq. feet for multi-resident rooms and less than 100 sq. feet for a single resident room.</p> <p>During an interview on 4/19/2024 at 11:19 AM with the Administrator (ADM), the ADM stated resident care has not been affected due to the room sizes being out of compliance.</p> <p>During a review of the facility's waiver request for bedrooms to measure at least 80 square feet per resident letter, dated 1/10/2022 submitted by the ADM for 17 resident rooms was reviewed. The waiver request letter indicated there is adequate space for nursing care, and the health and safety of residents occupying the rooms are not in jeopardy.</p>