STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055161	A. Building B. Wing	04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Crest Rehabilitation Center	909 Lucile Ave. Los Angeles, CA 90026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48429 Based on observation, interview, and record review, the facility failed to develop and / or implement a resident specific care plan for one of three sampled residents (Resident 1) to monitor and provide interventions for Resident 1 ' s right leg contracture (tightening of muscle to prevent normal movement to a body part). This deficient practice caused an increased risk in the worsening of the right leg contracture. Findings: A review of Resident 1 ' s Admission Record indicated the resident was originally admitted to the facility on [DATE], with diagnoses including Type II diabetes mellitus with diabetic chronic kidney disease (high blood sugar levels that is not well controlled and caused blood vessels in kidneys to become damage), unspecified osteoarthritis, unspecified site (a joint disease most common in older persons), and other specified disorders of bone density and structure unspecified site (a progressive bone disease that decreases bone mass and weakens bone structure). A review of Resident 1's Care Plan, initiated 7/30/2021, indicated Resident 1 had limited physical mobility and the goal for Resident 1 was to remain free of complications related to immobility, including contractures. A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 2/1/2024, indicated Resident 1 required maximum assistance with dressing, toilet use and personal hygiene. A review of Resident 1's Order Summary Report, dated 1/4/2022, indicated the resident was ordered restorative nursing assistance (RNA) to bilateral upper extremities and bilateral lower extremities to prevent decline in range of motion and strength. During an observation on 4/8/2024 at 10 AM with Licensed Vocational Nurse (LVN 1), LVN 1 raised Resident 1 ' s blanket and pointed to the resident's right leg which had a soft cast from upper thigh to the foot. Resident 1 ' s toes were exposed. Resident 1 had two pillows between her right leg and LVN 1 stated it was used to immobilize the right leg. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review, on 4/9/2024 at 11:45 AM with Director of Nurses (DON), Resident 1 ' s care plans, initiated 7/30/2021 were reviewed. The DON stated and confirmed no care plan was created on 7/30/2021 for Resident 1 ' s right leg contracture and stated a diagnosis should have been included on Resident 1 ' s admission diagnosis and on Resident 1 ' s care plan. The DON also stated if a care plan was not completed other disciplines would not know how to properly care for a resident. A review of the facility ' s policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 3/2022, indicated a comprehensive, person centered care plan includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs and was implemented for each resident within seven days of completion of the MDS assessment, admission, annual or significant change in status, and no more than 21 days after admission, and the interdisciplinary team reviews and updates the care plan when they have been a significant change in the resident ' s condition, or when the desired outcome was not met.