

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055161	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER Garden Crest Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47883</p> <p>Based on interview and record review, the facility failed to maintain documentation of state licensure for one of two sampled Licensed Vocation Nurses (LVN 2).</p> <p>These deficient practices had the potential for residents to not receive the appropriate level of care needed affecting quality of care and potentially leading to resident harm.</p> <p>Findings:</p> <p>A review of LVN 2 ' s employee file indicated LVN 2 ' s nursing license expired on [DATE].</p> <p>A review of the facility ' s staffing assignment sheet dated [DATE] from 7AM to 3PM indicated LVN 2 was assigned to care and administer medications to 31 residents.</p> <p>A review of the facility ' s staffing assignment sheet dated [DATE] from 7AM to 3PM, indicated LVN 2 was assigned to care and administer medications to 34 residents.</p> <p>A review of the facility ' s staffing assignment sheet dated [DATE] from 7AM to 3PM, indicated LVN 2 was assigned to care and administer medications to 33 residents.</p> <p>A review of the facility ' s staffing assignment sheet dated [DATE] from 7AM to 3PM, indicated LVN 2 was assigned to care and administer medications to 30 residents.</p> <p>A review of the facility ' s staffing assignment sheet dated [DATE] from 7AM to 3PM, indicated LVN 2 was assigned to care and administer medications to 30 residents.</p> <p>A review of the facility ' s staffing assignment sheet dated [DATE] from 7AM to 3PM, indicated LVN 2 was assigned to care and administer medications to 28 residents.</p> <p>During a concurrent interview and review of LVN 2 ' s employee file on [DATE] at 2:30PM, the director of staff development (DSD) reviewed the LVN 2 employee file and confirmed that LVN 2 nursing license expired on [DATE]. The DSD confirmed by stating LVN 2 worked at the facility and was assigned residents to care for on [DATE],[DATE], [DATE], [DATE], [DATE] and [DATE].</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055161
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 12:05PM LVN 2 confirmed by stating her nursing license had expired on [DATE] and had not been renewed.</p> <p>During an interview on [DATE] at 2:55PM, the Director of Nursing (DON) stated all nurses were required to renew their licenses every two years. The DON stated that staff without a current Vocational Nursing License had the potential to result in residents receiving medical care that was not up to date, which could potentially cause the residents ' harm.</p> <p>A review of the facility ' s policy, titled Staffing, Sufficient and Competent Nursing, updated on [DATE] , indicated: All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47883</p> <p>Based on observation, interview and record review, the facility failed to implement interventions to prevent and control the spread of COVID-19 (Coronavirus disease, a severe respiratory illness caused by virus and spread from person to person) in accordance to the facility's infection control policies and procedures and the facility Mitigation Plan (MP, a plan to reduce loss of life and impact of COVID-19 in the facility) titled Garden Crest Rehabilitation Center COVID-19 Mitigation Plan revised on 7/22/2024, for 3 of 6 sampled residents (Resident 2, Resident 3, and Resident 4) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure staff discarded and did not reuse their N95 mask (a respiratory protective device designed to form a seal around nose and mouth to achieve very efficient filtration) after exiting a room in the Red Zone (RZ, area for residents who have tested positive for COVID-19). 2. Perform fit testing (the method for finding the respirator that fits your face and making sure it provides a tight seal to help keep you protected from airborne illnesses) for one of seven sampled staff (Certified Nurse Assistant 1 [CNA1]) upon hire. <p>These deficient practices had the potential to result in the spread of COVID-19 which could lead to severe respiratory illness, hospitalization and/or death.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 2's Admission Record indicated the facility admitted the resident on 5/6/2024 with diagnoses that included orthopedic aftercare (a crucial phase in the recovery) following surgical amputation of the toe, peripheral vascular disease (reduced circulation of blood to a body part due narrowed or blocked vessels), and type 2 diabetes(a long-term medical condition in which the body does not use insulin [a hormone that lowers the level of sugar in the blood] properly). <p>A review of Resident 2 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/12/2024, indicated the resident had mildly impaired cognition (a slight decline in mental abilities, memory and completing complex tasks) and required extensive assistance with shower and lower body dressing, and moderate assistance with personal and toileting hygiene, and bed mobility.</p> <p>A review of the facility ' s Covid positive line list (a table that contains key information about each case in a Covid-19 outbreak), dated 7/29/2024, indicated Resident 2 tested positive for COVID-19 on 7/28/2024.</p> <p>A review of Resident 2 ' s physician ' s order dated 7/28/2024, indicated an order for contact/droplet isolation (use mask with face shield, gown, and gloves to prevent exposure of mucosal surfaces to respiratory secretion) due to the Covid Positive test on 7/28/2024.</p> <p>During an observation in front of Resident 2 ' s room on 7/29/2024 at 09:05 AM, Licensed Vocational Nurse 1 (LVN 1) was observed applying hand sanitizer, putting on a gown, gloves, and a face shield over an N95 mask. LVN 1 was then observed entering Resident 2 ' s room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During concurrent observation of Resident 2 ' s room and interview 7/29/2024 at 09:41 AM, the surveyor observed LVN 1 exit Resident 2 ' s room without gloves, gown, and face shield, LVN 1 sanitized their hands and proceeded to the medication cart without changing the N95 mask. LVN 1 was the observed entering another resident room wearing the same N95 mask. LVN 1 confirmed by stating he did not change the N95 mask after exiting contact/droplet isolation rooms. LVN 1 stated that he would wear the same N95 all day long when taking care of Covid positive residents in red zone and Covid negative residents. LVN 1 stated he was not aware N95 masks had to be changed after exiting droplet/contact isolation rooms.</p> <p>During an interview on 7/29/2024 at 9:55 AM, the Minimum Data Sheet Coordinator (MDSC) stated that best practice was to wash hands and replace the N95 mask every time a nurse exited a room on droplet/contact precautions to prevent spread of infection.</p> <p>During an interview on 7/29/2024 at 2:21PM, the Infection Preventionist Nurse (IPN- who helps prevent and identify the spread of infectious agents like bacteria and viruses in a healthcare environment) stated nurses were allowed to wear the same N95 mask all day long without changing it. The IP stated the N95 masks were to be changed only when soiled. The IPN stated fit testing should be done upon hire and annually for all staff.</p> <p>During an interview on 7/29/2024 at 4:25PM, the Public Health Nurse (PHN 1) stated nurses had to remove N95 masks after exiting a room on droplet/contact isolation to prevent spread of the infection.</p> <p>2. During an interview on 7/29/2024 at 10:43AM Certified Nursing Assistant 1 (CNA1) stated had been employed with the facility for 2 months and had not been fit tested for a N95 mask.</p> <p>During a concurrent interview and record review on 7/29/2024 at 2:30PM, the director of staff development (DSD) reviewed the shift assignments for 7/16/2024, 7/17/2024, 7/18/2024, 7/19/2024, and 7/23/2024. The DSD stated that CNA 1 was assigned to both Covid positive residents in the red zone on droplet/contact isolation and Covid negative residents. The DSD confirmed by stating that fit testing was not performed for CNA 1 upon hire.</p> <p>During an interview on 7/30/2024 at 2:55PM, the Director of Nursing (DON) stated nurses were required to remove N95 masks after exiting contact/droplet isolation rooms. The DON stated that fit testing was to be provided to all employees upon hire and annually. The DON stated that not changing the N95 masks after exiting droplet/contact precautions rooms and not providing fit testing upon hire had the potential to spread infection to other residents and staff.</p> <p>A review of the facility's Mitigation Plan, titled Garden Crest Rehabilitation Center COVID-19 Mitigation Plan revised on 7/22/2024 indicated, The SNF will assign staff to work the red section exclusively to extent possible. If staff will be shared across section in any way the staff will fully doff all PPE and leave all dirty PPE designated receptacles, perform hand hygiene and don new PPE in accordance with CDC guidance for area they are entering.</p> <p>A review of the facility ' s policy and procedures titled Personal Protective Equipment- Face mask reviewed on 7/22/2024 indicated: A face [NAME] should be used only once and then discarded into appropriate receptacle located in the room in which the procedure is being performed.</p>		