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	08/28/2025

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (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

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide Range of Motion (ROM, full movement potential of a joint) and mobility (ability to move) treatments and services to prevent and/or limit a decline in joint (where two bones meet) for two of four sampled residents (Resident 1 and Resident 3) by failing to ensure to: -Complete a Joint Mobility Assessment (JMA, a tool that evaluates a joint's ability to move through its full range of motion by measuring flexibility, stiffness, and quality of movement) accurately and quarterly for Resident 1. -Follow the Physical Therapy recommendations as indicated in Resident 1's JMA. -Provide Passive Range of Motion (PROM, movement at a given joint with full assistance from another person) exercises to Resident 1's right hand as ordered by the resident's physician. -Provide ROM exercises as ordered by Resident 3's physician. These failures had the potential for Resident 1 and Resident 3 to develop a decline in ROM, and contractures (a stiffening/shortening at any joint, that reduces the joint's range of motion).Findings:1.During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 7/30/2021 with diagnoses that included dementia (a progressive state of decline in mental abilities), type 2 diabetes (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), and contracture. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 5/2/2024, the MDS indicated the resident had severe cognitive impairment (a significant decline in the ability to think, understand, and reason). The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) for eating, oral hygiene, toileting hygiene, upper body dressing, and personal hygiene. The MDS indicated Resident 1 was dependent on help for showering, bathing herself, lower body dressing, putting on footwear, and taking off footwear. During a review of Resident 1's Order Summary Report, the Order Summary Report indicated the resident had a physician order dated 8/6/2024 for the Restorative Nursing Assistant (RNA, nursing aide who helps residents maintain their function and joint mobility) to perform PROM exercises to the resident's bilateral (both) upper extremities (BUE, both arms) seven times a week as tolerated every day. The Order Summary Report indicated the goal was to increase the Resident 1's ROM and prevent a decline in the resident's ROM. During a review of Resident 1's JMA dated 11/1/2024, the JMA indicated the resident had contracted bilateral lower extremities (BLE, both legs), limited ROM in the BLE, and no new deterioration (decline) noted in BLE and BUE. The JMA indicated Resident 1 was to continue the RNA program for PROM exercise and to be monitored by the nursing staff. The JMA indicated to notify nursing staff (unidentified) if Resident 1 had any change of condition or pain. During a review of Resident 1's RNA Administration dated 3/1/2025 to 3/31/2025, the RNA Administration indicated the RNA was to perform PROM to the residents BUE seven times a week as tolerated every day. The RNA Administration indicated there was no documentation present on 3/9/2025 and 3/16/2025. During a review of Resident 1's RNA Administration dated 4/1/2025 to 4/30/2025, the RNA Administration indicated the RNA was to perform PROM to the residents BUE seven times a week as tolerated every day shift. The RNA Administration indicated there was no documentation present on 4/10/2025, 4/19/2025, and 4/20/2025. During a review of Resident 1's RNA Administration dated 5/1/2025 to 5/31/2025, the RNA Administration indicated the RNA was to perform PROM to the residents BUE seven times a week as tolerated every day shift. The RNA Administration indicated there was no documentation present on 5/15/2025 and 5/21/2025. During a review of Resident 1's JMA dated 5/27/2025, the JMA indicated the resident had minimal - severe loss of lower extremity PROM. The JMA indicated the resident had a diagnosis/condition that put her at risk for contracture development. The JMA indicated a recommendation for Resident 1 to receive a Physical Therapy (PT) evaluation, and RNA services for PROM of the BUE. During a review of Resident 1's RNA Administration dated 6/1/2025 to 6/30/2025, the RNA Administration indicated the RNA was to perform PROM to the residents BUE seven times a week as tolerated every day shift. The RNA Administration indicated there was no documentation present on 6/14/2025. During a review of Resident 1's RNA Administration dated 7/1/2025 to 7/31/2025, the RNA Administration indicated the RNA was to perform PROM to the residents BUE seven times a week as tolerated every day shift. The RNA Administration indicated there was no documentation present on 7/6/2025 and 7/13/2025. During an observation on 8/28/2025 at 11:03 AM, in Resident 1's room, RNA 2 was observed performing PROM exercises for

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review, the facility failed to ensure to conduct the Joint Mobility Assessment (JMA, a tool that evaluates a joint's ability to move through its full range of motion by measuring flexibility, stiffness, and quality of movement) accurately for one of four sampled residents (Resident 1).This failure had the potential for Resident 1 to experience a decline in Range of Motion (ROM, full movement potential of a joint).Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility admitted the resident on 7/30/2021 with diagnoses that included dementia (a progressive state of decline in mental abilities), type 2 diabetes (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), and contracture (a permanent tightening of the muscles, tendons, skin, and surrounding tissues that causes the joints to shorten and stiffen) During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool) dated 5/2/2024, the MDS indicated the resident had severe cognitive impairment (a significant decline in the ability to think, understand, and reason). The MDS indicated Resident 1 required substantial/maximal assistance (helper does more than half the effort) for eating, oral hygiene, toileting hygiene, upper body dressing, and personal hygiene. The MDS indicated Resident 1 was dependent on help for showering, bathing herself, lower body dressing, putting on footwear, and taking off footwear. During a review of Resident 1's JMA dated 5/27/2025, the JMA indicated Resident 1 had minimal - severe loss of lower extremity Passive Range of Motion (PROM, movement at a given joint with full assistance from another person). The JMA indicated the resident had a diagnosis/condition that put her at risk for contracture development. The JMA indicated a recommendation for Resident 1 to receive a Physical Therapy (PT) evaluation, and RNA services for PROM of both upper extremities (BUE, arms). During a concurrent interview and record review on 8/28/2025 at 11:55 AM, with Physical Therapist 1 (PT 1), Resident 1's JMA dated 5/27/2025 was reviewed. PT 1 stated he (PT1) performed Resident 1's JMA on 5/27/2025. PT 1 stated he (PT1) performed resident JMAs through observation and interview. PT 1 stated he (PT1) performed JMAs by asking Certified Nursing Assistants (CNAs in general) for information about the residents (in general). PT 1 stated he (PT1) did not touch the residents (in general) during JMAs. PT 1 stated PROM was not performed when Resident 1's JMA was done on 5/27/2025. PT 1 stated the integrity of a joint could not be determined by looking at the resident. During a concurrent interview and record review on 8/28/2025 at 1:15 PM, with the Director of Rehab (DOR), Resident 1's JMA dated 5/27/2025 was reviewed. The DOR stated when performing a JMA the PT was supposed to use PROM. The DOR stated that when performing PROM, the PT needed to touch the resident. The DOR stated a JMA could not be performed without moving and touching the resident. The DOR stated PROM had to be performed when doing a JMA to feel what had happened in the resident's joint. The DOR stated if a JMA was done without using PROM then the JMA was inaccurate. During an interview on 8/28/2025 at 3:40 PM with the Director of Nursing (DON), the DON stated if the JMAs were conducted inaccurately, the resident would not get the care they needed. The DON stated if the JMA was conducted inaccurately the resident would potentially have a decline in ROM. During a review of the facility's P&P titled Charting and Documentation dated 7/2017, the P&P indicated All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to implement and maintain infection control procedures for two of four sampled residents (Residents 2 and Resident 3) by failing to:-Ensure Restorative Nursing Aide 1 (RNA 1) cleaned and disinfected a gait belt (safety device worn around the waist that can be used to help safely transfer a person from one surface to another) in between use for Resident 2 and Resident 3.-Ensure RNA 1 used the appropriate cleaning agent to effectively clean and disinfect a cloth gait belt after providing Restorative Nursing Aide services (RNA, nursing aide program that helps residents maintain their function and joint mobility) services to Resident 2 and Resident 3.These failures placed Resident 2 and Resident 3 at risk for potential infections that could cause a decline in the residents' health and quality of life.Findings:During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 6/28/2025 with diagnoses including a local infection of the skin and subcutaneous tissue (layer of fat, connective tissue, and blood vessels that lies beneath the skin), acquired absence (the loss or removal of a body part or organ that was not present from birth but occurred later in life due to injury, trauma, disease, or surgery) of the toes on both feet, and Type 2 Diabetes Mellitus (condition in which the body does not metabolize blood sugar correctly) with diabetic neuropathy (nerve damage caused by diabetes). During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 4/19/2024 with diagnoses including spinal stenosis (narrowing of the space within the spine that contains the spinal cord and nerve roots), muscle weakness, and gout (form of arthritis that occurs when uric acid builds up in the blood and causes joint inflammation). During an observation on 8/27/2025 at 11:17 am, in the hallway, RNA 1 was observed assisting Resident 2 with walking exercises using a knee scooter (wheeled mobility aid with a padded platform to support the injured leg and handlebars for steering and braking). RNA 1 held onto Resident 2's cloth gait belt which was fastened around his waist. At the end of the session, RNA 1 removed the cloth gait belt from Resident 2's waist, placed the gait belt on top of a front wheeled walker (FWW, mobility device with two wheels in the front used for support when standing or walking) which was in the hallway next to Resident 2's room, walked to the bathroom with the FWW and gait belt, came back into the hallway, and walked to Resident 3's room. RNA 1 did not clean and disinfect the cloth gait belt. RNA 1 walked into Resident 3's room, assisted Resident 3 with dressing activities seated in a wheelchair, transported Resident 3 into the hallway, placed the cloth gait belt previously used on Resident 2 onto Resident 3's waist, and assisted Resident 3 with walking exercising using a FWW in the hallway. At the end of the session, RNA 1 removed the cloth gait belt from Resident 3's waist, performed hand hygiene, and wiped down the cloth gait belt and FWW with disinfecting wipes. During an interview on 8/27/2025 at 11:32 am with RNA 1, RNA1 stated she (RNA1) did not clean and disinfect the cloth gait belt after she (RNA1) used it with Resident 2 and before she (RNA1) used it again with Resident 3. RNA 1 stated she (RNA1) should have cleaned and disinfected the cloth gait belt in between resident use but did not. RNA 1 stated the RNAs (in general) were instructed to use the disinfectant wipes to disinfect all equipment which included cloth gait belts. RNA 1 stated it was important to disinfect shared equipment between residents to prevent the spread of infection. During a concurrent interview and record review on 8/27/2025 at 2 pm, the Infection Preventionist Nurse (IPN, nurse who helps prevent and identify the spread of infectious agents like bacteria and viruses in a healthcare environment) stated all shared resident equipment must be cleaned and disinfected in between and after each resident use. The IPN stated staff (in general) used Super Sani-Cloth disinfectant wipes to disinfect shared equipment which included cloth gait belts. The IPN stated cloth gait belts were made of porous (having small spaces or holes through which liquid or air may pass) material. The IPN reviewed the Super Sani-Cloth disinfectant wipes manufacturing instructions and confirmed the disinfectant wipes could only effectively be used on hard, non-porous surfaces. The IPN stated Sani-Cloth disinfecting wipes were ineffective for disinfecting cloth gait belts because they were made of soft, porous materials. The IPN stated the only way to properly clean and disinfect cloth gait belts was to launder them after each resident use. The IPN stated it was important to clean and disinfect shared equipment properly and according to manufacturer's instructions to maximize infection control, ensure the cleaning was effective, and to prevent the spread of infection. During an interview on 8/28/2025 at 3:40 pm with the Director of Nursing (DON), the DON stated staff (in general) must clean and disinfect all shared equipment in between and after each resident use. The DON stated it was important to clean and disinfect shared equipment using the appropriate cleaning agent and according to