

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055163	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/07/2024
NAME OF PROVIDER OR SUPPLIER  Montecito Heights Healthcare & Wellness Centre, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 4585 N. Figueroa St. Los Angeles, CA 90065	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>36395</p> <p>Based on interview and record review the facility failed to administer adequate supplemental oxygen in accordance with professional standards of practice for one of three sampled residents (Resident 1). For Resident 1 who was found on 9/20/24 at 7:40 p.m. with altered level of consciousness (ALOC, state of reduced alertness or inability to arouse) and with oxygen saturation (O2 sat - measurement of how much oxygen the blood is carrying as a percentage) of 64% (normal range is between 95% to 100%), the facility failed to administer oxygen by non-rebreather mask (oxygen mask that delivers high concentration of oxygen) immediately while waiting for the arrival of the paramedics.</p> <p>This deficient practice had the potential for Resident 1 to continue to deteriorate and not receive enough oxygen to sustain life.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 5/29/24 with diagnoses including congestive heart failure (CHF, a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling) and hypertension (HTN, high blood pressure).</p> <p>During a review of the Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 8/27/24, indicated Resident 1 was cognitively intact. Resident 1 needed partial assistance (helper does less than half the effort) with toileting hygiene, shower/bathe self, lower body dressing, putting on/off footwear, supervision with upper body dressing, oral hygiene and set up with eating.</p> <p>During a review of the Progress Notes Transfer to Hospital Summary dated 9/20/24 at 8 p.m., indicated on 9/20/24 at 7:40 p.m., licensed vocational nurse 1 (LVN 1) found Resident 1 with ALOC, O2 sat of 64% and drooling on one side of the mouth. The notes indicated Resident 1 was given oxygen and the paramedics were notified immediately.</p> <p>During a review of the Paramedics Patient Care Report dated 9/20/24 indicated on 9/20/24 at 7:58 p.m., the paramedics found Resident 1 cold to touch, cyanotic with a blank stare in her face. Resident 1 was on four liters of oxygen by nasal cannula (small plastic tube, which fits into the person 's nostrils for providing supplemental oxygen) gave by nursing facility saturating at 70%. Resident 1 was quickly placed on non-rebreather mask at 15 liters per minute (LPM, unit of measurement). The Report indicated at 8:06 p.m. Resident 1 ' s O2 sat increased to 87% with nonrebreather mask at 15 LPM of oxygen. Resident 1 was taken to the general acute hospital (GACH 1) for further evaluation.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</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 10/7/24 at 10:52 a.m. with registered nurse supervisor 1 (RNS 1), Resident 1 ' s Progress Notes and Transfer to Hospital Summary dated 9/20/24 were reviewed. RNS 1 stated Resident 1 was found on 9/20/24 at 7:40 p.m. with ALOC and with O2 sat of 64%. RNS 1 stated Resident 1 was given oxygen, but RNS 1 stated she was unable to find documentation on how much oxygen was administered and what device was used to deliver oxygen to Resident 1. RNS 1 stated Resident 1 should be given oxygen 15 LPM by nonrebreather mask.</p> <p>During a telephone interview on 10/7/24 at 11:39 a.m., RNS 2 stated on 9/20/24 at around 7:40 p.m., she assessed Resident 1 and found Resident 1 with facial drooping and O2 sat was 64%. RNS 2 stated 4LPM of oxygen by nasal cannula is not enough for O2 sat of 64%. RNS 2 stated she administered oxygen 15LPM to Resident 1 by non-rebreather mask. RNS 2 stated she did not document.</p> <p>During an interview on 10/7/24 at 12:30 p.m., the director of nursing (DON) stated for O2 sat of 64% Resident 1 should receive the highest amount of oxygen and give by nonrebreather mask. The DON agreed that there was no documentation found on how much oxygen Resident 1 received. The DON stated it is important to document crucial information to identify how much oxygen was given and the appropriate interventions given.</p> <p>During a review of the facility's policy and procedures (P&amp;P) titled Progress Notes reviewed on 3/14/24 indicated, progress notes will reflect the resident ' s status, progress or lack of progress, changes in condition, adjustment to the facility and other relevant information.</p> <p>During a review of the facility's P&amp;P titled Oxygen Therapy reviewed on 3/14/24 indicated, oxygen is administered under safe and sanitary condition to meet resident needs.</p>		