

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055168	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER Socal Post-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7931 S. Sorenson Ave. Whittier, CA 90606	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50012</p> <p>Based on observation, interview and record review, the facility failed to provide necessary care and services to ensure the resident's ability to perform activities of daily living (ADL) do not diminish for one of three sampled residents (Resident 1) who was dependent with staff on personal hygiene, toilet use and ADL. Resident 1 was left wet with urine for a long period of time, not kept clean and dry as indicated in the resident's care plan and the facility's policy and procedures.</p> <p>As a result of this deficient practice Resident 1 was placed at risk for skin breakdown, infection and feeling frustrated that could result in a decline in ability to perform activities of daily living.</p> <p>Findings:</p> <p>During a review of an admission record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included Cerebral Infarction (an area of necrotic [dead] tissue in the brain resulting from a blockage or narrowing in the arteries supplying blood and oxygen to the brain).</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment and screening tool) dated 7/31/2024 indicated, Resident 1 had no cognitive (ability to think and understand) impairment. The MDS indicated Resident 1 was dependent on staff for toileting hygiene and personal hygiene.</p> <p>During a review of Resident 1's care plan, initiated on 7/28/2024 indicated Resident 1 was at risk for skin breakdown and altered skin integrity due to bladder bowel incontinence (no control when urinating and bowel movement), initiated on. The plan of care goal indicated Resident 1 will have no skin breakdown Interventions included to keep resident clean and dry.</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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NAME OF PROVIDER OR SUPPLIER Social Post-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE 7931 S. Sorenson Ave. Whittier, CA 90606	
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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 0677</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 8/13/2024 at 9 am with Resident 1, in Resident 1's room, Resident 1 was observed lying in her bed. Resident 1 stated, there was an incident in which she turned on the call light (a visible and audible alarm activated by a call button), and she was not helped to go to the bathroom on time, so she wet herself and was left wet for a couple of hours. Resident 1 stated, there had been other occasions when no one comes in to assist her to go to the bathroom, and she ws left wet with urine for a couple of hours. Resident 1 explained, she would turn on her call light, which happened on multiple occasions, and the nurses would come in and turn it off. The nurses would say they will come back to help but would not do so. Resident 1 stated when no one assisted her it made me feel very frustrated and humiliated. No one should be left on a wet diaper. Resident 1 stated she filed for grievance because of the CNA 1 did not assisting her with ADL. Resident 1 stated, she remembered receiving help from another CNA, who works the evening shift, helped her to get clean because she was wet with urine that some dripped on the floor.</p> <p>During an interview with the Interim Director of Nursing (DON) on 8/13/24, at 10:15 am., she stated that she was notified of the incident on her way home. The DON stated incident was investigated, and the CNA informed her that she did not assist Resident 1 as soon as the resident requested for assistance with toilet use because she was busy assisting another resident.</p> <p>During an interview with the Director of Staff Development (DSD) on 8/13/24 at 12:45 pm., she stated call lights were to be answered immediately and everyone is responsible in answering. The DSD stated that three minutes would be a reasonable time to answer a call light. The DSD stated that it was important to answer the call light in a timely manner, to assess the resident because the resident may be in a life-threatening situation.</p> <p>During a telephone interview with Certified Nursing Assistant (CNA 2) on 8/13/2024 at 1:50 pm, CNA 2 stated she entered Resident 1's room because the call light was on and Resident 1 was found sitting on her wheelchair, and verbalized feeling very frustrated because she was wet with urine, and she observed urine on the floor. CNA 2 reported stated Resident 1 informed her that the resident pressed the call light multiple times, but nobody helped her.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Answering call lights revised on September 2022, the P&P indicated, Answer the call light immediately. If you are uncertain as to whether a request can be fulfilled, or if you cannot fulfill the resident's request, ask the nurse supervisor for assistance.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Activities of Daily Living (ADLs), Supporting revised on March 2018, the P&P indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <ul style="list-style-type: none"> a. Hygiene (bathing, dressing, grooming, and oral care) b. Mobility (transfer and ambulation, including walking) c. Elimination (toileting) 		