

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  St. John of God Retirement		STREET ADDRESS, CITY, STATE, ZIP CODE  2468 South St Andrews Place Los Angeles, CA 90018	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47286</b></p> <p>Based on interview and record review, the facility staff failed to implement or develop resident-specific communication care plans for one of three sampled residents (Resident 1).</p> <p>This deficient practice created the potential for direct care staff to be unaware of Resident 1's preferred language, and the communication aids necessary to ensure Resident 1's verbalized choices and preferences for care were understood and respected.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's admitting diagnoses included depression (mood disorder effecting the way you think, feel, and act), lack of coordination, and abnormalities of gait (way of walking) and mobility.</p> <p>A review of Resident 1's History and Physical (H&amp;P), dated 6/30/2023, indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of Resident 1's medical record titled, Social Service Admission Assessments , dated 3/12/2021, indicated Resident 1's primary spoken language was Spanish.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening/planning tool), dated 3/5/2024, indicated Resident 1 had no cognitive impairments (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS further indicated Resident 1 did not reject any evaluations or care necessary for her to achieve her goals for health and well-being. The MDS indicated Resident 1 required supervision or touching assistance from staff for toileting, bathing, and getting dressed.</p> <p>During an interview, on 4/26/2024 at 9:53 AM, with Resident 1, Resident 1 stated her preferred language was Spanish and stated there were several staff in the facility who did not speak Spanish. Resident 1 stated that if the staff did not speak Spanish, she would refuse to be bathed or showered by them because she was concerned that staff would not understand her if she informed them that the water was too hot or too cold. Resident 1 stated she preferred to have Spanish-speaking staff to avoid any miscommunication.</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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<p>F 0656</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 4/26/2024 at 10:35 AM, with Licensed Vocational Nurse (LVN) 1, LVN 1 reviewed Resident 1's care plans. LVN 1 stated that the facility used bilingual staff and printed tools to assist with translation. LVN 1 stated that Resident 1 did not have a communication care plan in place to indicate Resident 1's primary language, or any methods or interventions required to ensure staff could communicate with Resident 1 in her preferred language. LVN 1 further stated that Resident 1's preference for Spanish-speaking staff was not in the care plan.</p> <p>During an interview, on 4/26/2024 at 11:12 AM, with the Director of Staff Development (DSD), the DSD stated staff were supposed to communicate with residents in the residents' preferred language. The DSD stated that if staff did not speak the resident's preferred language, miscommunication could occur and negatively affect the care provided. The DSD stated residents might also refuse care because staff could not understand the resident's verbalized preferences or choices if spoken in a language the staff member did not speak. The DSD stated that provision of care in the resident's preferred language maintained the resident's dignity and allowed residents to exercise their right to communicate their choices and preferences for care.</p> <p>During an interview, on 4/26/2024 at 2:07 PM, with the Director of Nursing (DON), the DON stated that care planning of a resident's preferred language, and the methods or interventions for translation and communication, were not something that was being done regularly. The DON stated that a resident's preferred language, and interventions for communication between staff and the resident, should be care planned.</p> <p>A review of the facility's Policy and Procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered , dated 4/2017, indicated the comprehensive, person-centered care plan will: describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .</p> <p>A review of the facility's P&amp;P titled, Accommodation of Needs , dated 3/2021, indicated the purpose of the P&amp;P included ensuring staff behaviors were directed toward assisting facility residents in maintaining and/or achieving dignity and well-being. The P&amp;P further indicated that in order to accommodate an individual's needs and preferences, facility staff were supposed to interact with residents in ways that promote communication and maintain dignity.</p> <p>A review of the facility's P&amp;P titled, Dignity , dated 3/2024, indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being and individual needs and preferences of the resident are identified through the assessment process .</p> <p>A review of the facility's P&amp;P titled, Reduction of Communication Barriers , dated 3/2024, indicated methods instituted to aid the resident in communicating their needs will be identified in the resident's plan of care .</p>		