

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 07/03/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43237</p> <p>Based on interview and record review, the facility failed to ensure responsible party for one three residents (Resident 1), was notified of the right wrist and right elbow skin discoloration observed, physician's xray (process of taking pictures of tissues and structures inside the body for diagnosis and treatment) order and the xray result.</p> <p>This failure resulted to the responsible party not aware of the change in condition and intervention ordered by the physician.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included hemiplegia and hemiparesis (paralysis on one side of the body) affecting right dominant side, aphasia (disorder that affects how you communicate), and rheumatoid arthritis (inflammatory disorder affecting joints in hands and feet).</p> <p>A review of Resident 1's Minimum Data Set ([MDS] a standardized care assessment and care screening tool), dated 6/24/2024, indicated Resident 1's cognitive skills (thought process) was severely impaired. The MDS indicated Resident 1 was able to understand commands from others and was sometimes understood when ideas or wants were expressed. The MDS indicated Resident 1 required extensive assistance with one to two persons assist with activities such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</p> <p>A review of Resident 1's right elbow radiology (process of taking pictures to diagnose and treat diseases) result report indicated an xray was done on 5/29/2024 at 11:14 p.m. and resulted on 5/29/2024 at 11:19 p.m. (with no fracture).</p> <p>During an interview on 6/28/2024 at 9:00 a.m. with family member 1 (FM 1), FM 1 stated he was not notified an xray was done for Resident 1's skin discoloration on the right wrist and right elbow. FM 1 stated he was not notified of the right elbow xray results.</p> <p>During an interview on 7/3/2024 at 10:35 a.m. with License Vocational Nurse 1 (LVN 1), LVN 1 stated he should have notified Resident 1's responsible party of Resident 1's xray order and xray result.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure (P&P) titled, Change in Resident's Condition or Status, dated 3/2024, indicated the facility should notify resident's responsible party of changes in resident's medical condition and/or status.</p>