

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 08/19/2024
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post nurse staffing information every day.</p> <p>50379</p> <p>Based on observation, interview, and record review, the facility failed to ensure staffing information was updated and posted in a visible and prominent place daily.</p> <p>This deficient practice had the potential for residents, staff, and visitors to be unaware of the accurate number of clinical staff taking care of residents daily.</p> <p>Findings:</p> <p>During an observation on 8/19/2024 at 8:44 a.m. at the front desk in the main lobby, the posted Direct Care Service Hours Per Patient Day ([DHPPD] a form that displayed how much nursing care per resident, the facility was providing) was dated 8/16/24.</p> <p>During a concurrent observation and interview on 8/19/2024 at 9:20 a.m. with Certified Nursing Assistant (CNA) 1 at the second-floor northeastern nursing station, the posted DHPPD was dated 8/15/2024. CNA 1 stated the DHPPD was not updated for at least three days.</p> <p>During an interview on 8/19/2024 at 12:51 p.m. with the Director of Staff Development (DSD), the DSD stated the DHPPD at the front desk was not updated over the weekend. The DSD stated the DHPPD should be updated every day, including weekends and holidays. The DSD stated, failing to post the nurse staffing data daily could result in residents not knowing the amount of nursing staff in the facility and may not know if the facility is providing enough staff to meet the residents' needs.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Posting Direct Care Daily Staffing Numbers, dated March 2024, the policy indicated, 1. Within two (2) hours of the beginning of each shift, the number of licenses nurses (RNs [registered nurse], LPNs [licensed practical nurse], and LVNs [licenses vocational nurse]) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format.</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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