

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 02/21/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49906</p> <p>Based on interview and record review, the facility failed to develop a comprehensive Care Plan for one of four sampled residents (Resident 1) who was receiving heparin (an injected medication given that prevent the formation of blood clots).</p> <p>This deficient practice had the potential for unidentified interventions for Resident 1 and placed the resident at risk for side effects and complications from the medication such as bleeding.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1 ' s diagnoses included Atrial Fibrillation (an irregular heart rhythm that can cause blood clots), subdural hemorrhage (bleeding and buildup of blood on the surface of the brain), Repeated falls and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS], a resident assessment tool), dated 9/2/2024, the MDS indicated Resident 1 had severe cognitive (ability to think, remember and solve problems) impairment. The MDS indicated Resident 1 required substantial/maximal assistance (staff does more than half the effort) for Activities of Daily Living (ADLs) such as toileting hygiene, showering, lower body dressing and bed mobility (the ability to roll from lying on back to left and right side and return to lying on back on the bed).</p> <p>During a review of Resident 1 ' s Physician ' s Order dated 9/10/2024, the Order indicated to administer Heparin Sodium Injection Solution 5000 unit/milliliter (ml), inject 1 ml subcutaneously (injection is given in the fatty tissue, under the skin) every 12 hours for deep vein thrombosis prophylaxis (measure taken to reduce the risk of the risk of forming blood clots).</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR) dated 2/2025, the MAR indicated Resident 1 was given Heparin Sodium 5000 units on 2/1/2025 through 2/8/2025, and 2/16/2025-2/28/2025.</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 an interview on 3/6/2025 at 12:22 p.m. with the Director of Nursing (DON), the DON stated there was no Care Plan to address Resident 1 receiving heparin. The DON stated, licensed nurses should have initiated a Care Plan for heparin on 9/10/2024 when the medication was ordered for the resident. The DON stated it was important to initiate the care plan to ensure nurses were monitoring the resident, and interventions were in place for the resident ' s safety. The DON stated heparin was a blood thinner and placed the resident at risk for bleeding.</p> <p>During a review of the facility ' s Policy and Procedure (P&P) titled, Care Plans, Comprehensive Person Centered dated 3/2024, the P&P indicated it was the policy for the facility to develop and implement a comprehensive, person-centered care plan that included measurable objectives and timetables to meet each resident ' s physical, psychosocial and functional need. The P&P indicated the interdisciplinary team ([IDT], a group of healthcare professional who work together to manage the resident ' s care) in conjunction with the resident and his/her family or legal representative develops and implements a comprehensive, person-centered care plan for each resident. The comprehensive care plan would describe the services that were to be furnished to attain or maintain the resident ' s highest practicable physical, mental, and psychosocial well-being, incorporate identified problem areas, incorporate risk factors associated with identified problems, reflect treatment goals, identify professional services that responsible for each element of care and reflect currently recognized standards of practice for problem areas and conditions.</p>