

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 03/13/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>Based upon observation, interview and record review, the facility failed to:</p> <p>1. Report to the California Department of Public Health [CDPH]- the state department responsible for public health in California) an injury of unknown origin for one of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in a delay of an onsite investigation by CDPH and had potential to place all residents at risk for abuse.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s face sheet (front page of the chart that contains a summary of basic information about the resident), the face sheet indicated Resident 1 was admitted on [DATE] with diagnoses which included age-related physical debility (a decline in physical function that can occur with aging), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), difficulty in walking and lack of coordination.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 2/14/2025, the MDS indicated Resident 1 ' s cognitive skills was severely impaired. The MDS indicated Resident 1 required moderate assistance with activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1 ' s nursing notes, dated 2/21/2025 at 10:16 p.m., the nursing notes indicated Resident 1 had a bump on the back of her head.</p> <p>During a review of Resident 1 ' s nursing notes dated 2/22/2025 at 11:00 a.m., the nursing notes indicated Resident 1 was noted with purple and blue discoloration and an elevated bump to the back of her head.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 3/13/2025 at 9:36 a.m., with Certified Nurse Assistant 1 (CNA 1), CNA 1 stated she observed Resident 1 with reddish discoloration and bump to the back of her head on 2/21/2025 at 5:00 p.m. CNA 1 stated she reported Resident 1 ' s bump to the Registered Nurse Supervisor 1 (RN 1) on the 3:00 p.m. to 11:00 p.m. shift on 2/21/2025. CNA 1 stated after dinner, she asked her RN Supervisor if Resident 1 ' s bump was reported to the DON, the Administrator, and CDPH. CNA 1 stated the RN Supervisor stated, I took care of it.</p> <p>During an interview on 3/13/2025, at 9:57 a.m., with CNA 2 stated on 2/22/2025 at 10:30 a.m., she observed Resident 1 with a red-purple bump to the back of her head during Resident 1 ' s shower. CNA 2 stated she informed Licensed Vocational Nurse 1 (LVN 1) and Registered Nurse Supervisor 2 (RN 2) of Resident 1 ' s bump. CNA 2 stated Resident 1 could not recall how she obtained the bump.</p> <p>During an interview on 3/13/2025 at 10:24 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated he was informed by CNA 2 of Resident 1 ' s bump to the back of her head on 2/22/2025 around 10:30 a.m. LVN 1 stated he reported Resident 1 ' s bump to RN 2 on the 7:00 a.m. to 3:00 p.m. shift on 2/22/2025. LVN 1 stated the time frame for reporting abuse was 2 hours. LVN 1 stated the risk of not reporting could result in endangering a resident.</p> <p>During a telephone interview on 3/13/2025 at 11:29 a.m., with RN 2, RN 2 stated LVN 1 had informed her of Resident 1 ' s bump. RN 2 stated she reported Resident 1 ' s bump to the Director of Nursing (DON), the Administrator, and CDPH on 2/22/2025 at 11:00 a.m. RN 2 stated the risk of not reporting in a timely manner could result in complications from a head injury or potential abuse.</p> <p>During an interview on 3/13/2025 at 12:40 p.m., with the DON, the DON stated she was informed of Resident 1 ' s bump on 2/22/2025. The DON stated Resident 1 ' s bump should had been reported on 2/21/2025. The DON stated the risk of not reporting an unknown injury in a timely manner could result in the risk for further abuse.</p> <p>During an interview on 3/13/2025 at 1:03 p.m. with the Administrator (ADM), the ADM stated the time frame for reporting unknown injuries and/or potential abuse was within two hours. The ADM stated Resident 1 ' s bump was not reported in a timely manner. The ADM stated the risk for not reporting an unknown injury could result in a decline in health or potential abuse.</p> <p>A review of the facility ' s policy and procedures, titled Injury of Unknown Origin (Abuse), revised 3/2024, indicated The management and staff, with the support of the physicians, will address situations of suspected or identified abuse and report them in a within 2 hours to appropriate agencies, consistent with applicable laws and regulations.</p>		