

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2025
NAME OF PROVIDER OR SUPPLIER  Santa Anita Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  5522 Gracewood Ave. Temple City, CA 91780	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</b></p> <p>Based on observation, interview and record review, the facility failed to provide the appropriate care and services to for one (1) out of 1 sampled resident (Resident 1) who was admitted with Indwelling catheter (a tube that helps drain urine from the bladder [organ inside the body that stores urine] then your urine goes from your bladder and through a drainage tube [indwelling catheter tube] into a drainage collection bag) in accordance with the facility's policy and procedure title, Care of Catheter by failing to:</p> <ol style="list-style-type: none"> <li>1. Monitor and document Resident 1 for signs and symptoms of urinary tract infection (UTI, an infection in the bladder/urinary tract): pain, burning, blood-tinged urine (presence of blood in the urine) in accordance with Resident 1's Care Plan for Indwelling Catheter and bilateral (both sides) nephrostomy tubes (small catheter placed through the skin of the lower back into the kidney to drain urine directly form the kidney into a bag outside the body).</li> <li>2. Ensure Resident 1's laboratory test for Complete Blood Count (CBC, a common blood test that measures the number and types of cells in the blood) was done on 4/6/2025 in accordance with the physician's order placed on 4/3/2025. Resident 1's CBC test was done on 4/5/2025 (9 days from 4/6/2025).</li> </ol> <p>These deficient practices had resulted in the delay of obtaining Resident 1's CBC result. On 4/15/2025, Resident 1 complained of always feeling cold and weak, and Resident 1's hemoglobin (Hgb- a protein found in red blood cells that carries oxygen from the lungs to the body's tissues and organs) level was at 6.8 grams per deciliter (g/dL, unit of measurement. Normal Hgb level is 11.0-18.8 g/dL) and red blood cells (RBC- a type of blood cell that is made in the bone marrow [soft spongy tissue that is in the center of the bone] and found in the blood and carries Hgb) level was at 2.35 million cells per microliter (mCL- unit of measurement. Normal RBC level is 3.9-5.5 mCL).</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] with diagnoses which included bladder cancer (a type of cancer that develops in the bladder, acute kidney failure (a sudden and temporary loss of kidney function, where the kidneys can no longer effectively filter waste and excess fluid from the blood) and anemia (a condition where the body does not have enough healthy red blood cells leading to a reduced ability to carry oxygen throughout the body. This can result to various symptoms like fatigue, weakness and shortness of breath).</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Resident 1's Laboratory (Lab) Results in General Acute Care Hospital 1 (GACH 1- where Resident 1 was admitted from on 3/31/25) dated 3/30/2025. Laboratory Results indicated,</p> <ol style="list-style-type: none"> <li>Hgb level was 9.2 g/dL.</li> <li>RBC level was 3.33 mcL.</li> </ol> <p>During a record review of Resident 1's Laboratory Results from GACH 1 dated 3/31/2025. Lab Results indicated,</p> <ol style="list-style-type: none"> <li>Hgb level was 8.7 g/dL.</li> <li>RBC) level was 3.03 mcL.</li> </ol> <p>During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool), dated 4/4/2025, the MDS indicated Resident 1 had intact cognitive skills (ability to think, understand, and reason) for daily decision making. The MDS indicated Resident 1 needed substantial/ maximal assistance (helper does more than half the effort. helper lifts, holds trunk or limbs, and provides more than half the effort) in toileting hygiene, shower/ bathe self, lower body dressing, putting on/ taking off footwear, sit to stand, chair/bed-to-chair transfer, toilet transfer, tub/ shower transfer and walk 10 feet. The MDS indicated Resident 1 came in with Indwelling catheter (including nephrostomy tubes).</p> <p>During a review of Resident 1's the Physician's Order dated from 3/31/2025 to 4/15/2025, indicated:</p> <ol style="list-style-type: none"> <li>On 4/1/2025, may flush (process of introducing a sterile solution such as NS into the catheter to clear blockages or debris such as mucous plugs or blood clots to avoid the urine to back up into the kidney) Indwelling catheter with 10 cubic centimeters (cc- unit of measurement) of normal saline (NS- a sterile solution containing 0.9% of sodium chloride in water used to flush catheters and irrigate wounds) as needed for clogged. Sediments.</li> <li>On 4/3/2025, Resident 1 is for laboratory test for CBC, Comprehensive Metabolic Panel (CMP, test provides information about your metabolism, how your body uses food and energy, and the balance of certain chemicals in your body), Vitamin B-12 (cobalamin, plays an essential role in red blood cell formation) Ferritin ( measures the level of this protein in the blood), Iron Panel (blood tests that look at how much iron is in your blood and other cells) to be done on 4/6/2025.</li> </ol> <p>During a review of Resident 1's Care Plan (CP) for Indwelling Catheter and bilateral (both sides) nephrostomy tubes dated 4/1/2025, the CP Interventions indicated</p> <ul style="list-style-type: none"> <li>o Check tubing for kinks each shift.</li> <li>o Monitor and document intake and output as per facility policy.</li> <li>o Monitor for signs and symptoms (s/s) of discomfort on urination and frequency.</li> <li>o Monitor/document for pain/discomfort due to catheter.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>o Monitor/record/report to MD (doctor) for signs and symptoms (s/s) of UTI: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temperature, urinary frequency, foul smelling urine, fever, chills, and altered mental status.</p> <p>During an observation on 4/15/2025 at 10:16 AM inside Resident 1's room, Resident 1 was awake and laying on his bed. Resident 1 had a dark red colored urine output in the resident's Indwelling catheter tubing and there were 800 milliliters (mL- unit of measurement) of dark red colored urine output in Resident 1's Indwelling catheter drainage bag.</p> <p>During a concurrent observation and interview on 4/15/2025 at 10:18 AM with Treatment Nurse 2 (TN 2) inside Resident 1's room, Resident 1 was observed having dark red colored output in the resident's Indwelling catheter tubing and dark red colored output in his Indwelling catheter drainage bag. TN 2 stated Resident 1 was newly admitted to the facility, and the Indwelling catheter output has been bloody since the resident was admitted at the facility.</p> <p>During a concurrent observation and interview on 4/15/2025 at 10:36 AM with TN 1 inside Resident 1's room, Resident 1 had a nephrostomy drainage bag connected on the resident's left lower back with a reddish colored urine output. Resident 1's nephrostomy drainage bag connected on the resident's right lower back has an amber (shade of dark yellow, typically indicated dehydration) colored urine output. TN 1 observed Resident 1's Indwelling catheter tubing and drainage bag with dark red colored output.</p> <p>During an interview on 4/15/2025 at 11:28 AM with Licensed Vocational Nurse (LVN 2), LVN 2 stated, Resident 1 was admitted with bloody urine. LVN 2 stated if a resident had a bloody urine, the facility staff should have called the doctor and ask order for laboratory test and placed the resident on monitoring if blood form the urine is getting worst or improving. LVN 2 also stated, if Resident 1's urine was bloody for two weeks now, Resident 1 will have anemia because the blood is coming out of the urine.</p> <p>During an interview on 4/15/2025 at 11:48 AM, with Assistant Director of Nursing (ADON), ADON stated if Resident 1 had a bloody urine for two weeks now, this placed Resident 1's Hgb level to potentially decrease which can result to Resident 1 feeling weak and for the resident to experience discomfort.</p> <p>During a concurrent interview and record review on 4/15/2025 at 11:52 AM with ADON 1, Resident 1' Nurses' Progress Notes (NPN) dated 4/3/2025 to 4/14/2025 was reviewed. Resident 1's Nurses Progress Notes did not indicate Resident 1 refused the laboratory test or the blood was drawn (laboratory test was done) on 4/6/2025. ADON 1 stated, Resident 1's NPN has no documentation if the blood draw was refused by the resident, and it did not have documented evidence Resident 1's laboratory test for was done on 4/3/2025 to 4/14/2025.</p> <p>During a concurrent interview and record review on 4/15/2025 at 12:01 PM with Assistant Director of Nursing 1 (ADON 1), Resident 1's Laboratory Results Report (done in the facility) dated 4/15/2025 were reviewed. Laboratory Results indicated:</p> <ol style="list-style-type: none"> <li>1. Hgb level was 6.8 g/dL.</li> <li>2. RBC level was 2.35 mcL.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ADON 1 stated, Resident 1's CBC test was done on 4/15/2025 (9 days from 4/6/2025). ADON stated, the laboratory test was delayed, and it was not done according to the doctor's order placed on 4/3/2025 to do the CBC test on 2/6/2025. ADON stated, Resident 1's laboratory result for Hgb and RBC done on 4/15/2025 were critically low and the facility staff must call the doctor to obtain orders and possible transfer Resident 1 to GACH 2.</p> <p>During a concurrent observation and interview on 4/15/2025 at 12:21 PM with Resident 1 inside Resident 1's room, Resident 1 was laying on his bed and was fully covered with multiple blankets up to the resident's neck. Resident 1 stated, I always feel cold and weak.</p> <p>During a record review of Resident 1's physician's order information on 4/15/2025 at 12:25 PM, Physician's order indicated transfer Resident 1 to GACH 2's ER for critical laboratory result.</p> <p>During a concurrent interview and record review on 4/15/2025 at 2:37 PM with LVN 2, Resident 1's nurses' progress notes (NPN) dated from 4/1/2025 to 4/15/2025 was reviewed. The NPN did not indicate documented evidence regarding observation of Resident 1's urine output on the bilateral nephrostomy bags and Indwelling catheter drainage bag from 4/1/2025 to 4/15/2025. LVN 2 stated, there was no documentation in the NPN regarding the observations/ assessment of Resident 1's urine output in the Indwelling catheter drainage bag from 4/1/2025 to 4/15/2025. LVN 2 stated licensed staff should have monitored and documented the color of Resident 1's urine output in the Indwelling catheter bag to monitor if the blood in the urine is getting worst or improving. LVN 2 stated, if facility staff did not chart/document the observation/ monitoring and/ or assessment of Resident 1's urine output, it means the facility staff did not visually check if what was the characteristic of Resident 1's urine output in the Indwelling catheter drainage bag.</p> <p>During a concurrent interview and record review on 4/15/2025 at 2:50 PM, Resident 1's Care plan (CP) for Indwelling Catheter and bilateral nephrostomy tubes dated 4/1/2025 were reviewed. The CP indicated monitor, record, report to MD (doctor) for signs of UTI including pain, burning and blood-tinged urine, cloudiness, etc. LVN 2 stated, If Resident 1 has UTI or blood in the urine, it should be monitored daily, and we (licensed nurse) have to chart it in the resident's progress notes.</p> <p>During a concurrent interview and record review on 4/15/2025 at 2:57 PM with LVN 2, Resident 1's Treatment Administration Record (TAR) for the month of 4/2025 was reviewed. The TAR did not indicate monitoring/ assessment of the characteristic of Resident 1's urine output. LVN 2 stated, the licensed nurse should have got an order for monitoring of the characteristic of resident 1's urine output in the Indwelling catheter drainage bag, including the signs and symptoms of infection like fever, shortness of breath, pain, presence of blood and staff should describe the characteristics of the urine output in their documentation.</p> <p>During an interview on 4/15/2025 at 3:02 PM with LVN 2, LVN 2 stated, it was important to monitor the presence of blood in Resident 1's urine because Resident 1 might continue to bleed in the Indwelling Catheter, the Hgb level will become lower, and it is dangerous for the resident, because the resident can have shortness of breath because there was not enough RBC in the blood and to transport oxygen throughout the body.</p> <p>(continued on next page)</p>		

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<p>F 0690</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 4/15/2025 at 3:55 PM with TN 1, Resident 1's NPN dated 4/1/2025 to 4/15/2025 were reviewed. TN 2 stated if there was no documentation of Resident 1's hematuria (blood in the urine), it means licensed nurses were not monitoring Resident 1's blood in the urine.</p> <p>During a concurrent interview and record review on 4/15/2025 at 4 PM with TN 1, Resident 1's Medication Administration Record (MAR) for the month of 4/2025 was reviewed. The MAR indicated monitor intake and output every shift. TN 1 stated, MAR order means we just monitor how much is the urine in the drainage bag and not the characteristics - like bloody urine. Abnormal output of urine should be described in the nurses' progress notes by the licensed nurses.</p> <p>During a concurrent interview and record review on 4/15/2025 at 4:04 PM with TN 1, Resident 1's CP for Indwelling catheter dated 4/1/2025 was reviewed. TN 1 stated the CP interventions was incomplete and it should include the interventions specific for Resident 1's needs such as monitoring of the presence of blood in the resident's urine.</p> <p>During a concurrent interview and record review on 4/15/2025 at 4:10 PM with LVN 3, Resident 1's MAR for the month of 4/2025 was reviewed. The MAR indicated monitor intake and output very shift. LVN 3 stated, MAR m the facility staff is checking for the amount of fluid that Resident 1 was drinking and how much of urine Resident 1 was peeing. LVN 3 stated it is the total volume of urine every shift and does not include assessment and/ or monitoring of Resident 1's hematuria.</p> <p>During an interview on 4/16/2025 at 3:25 PM with LVN 1, LVN 1 stated when Resident 1 was admitted the resident has a blood in the urine. LVN 2 stated, he did not monitor and document in Resident 1's medical records regarding presence of blood in Resident 1's whether it was more bloody or less bloody during LVN 2's shift.</p> <p>During an interview on 4/17/2025 at 9:55 AM with the Medical Director (MDD), MDD stated, If the laboratory order was carried out (done) on 4/6/2025, we could have made a decision earlier of transferring Resident 1 to the hospital. MDD stated the staff did not report anything to MDD from 3/31/2025 to 4/15/2025 regarding Resident 1's blood in the urine, and the next thing MDD know was Resident 1 was having more gross hematuria (blood l the urine that is visible to the naked eye) so MDD ordered blood work so MDD can make an assessment for comparison. MDD stated, the laboratory order dated on 4/3/2025 for Resident 1's CBC to be taken on 4/6/2025, was never drawn and was done on 4/15/2025 (9 days).</p> <p>During a review of the facility's policy and procedure title, Care of Catheter revised on 6/1/2017, the P&amp;P indicated, a resident, with or without a catheter, receives the appropriate care and services to prevent infections to the extent possible. The P&amp;P also indicated report the following signs and symptoms to the Attending Physician- Hematuria.</p>

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</b></p> <p>Based on observation, interview and record review, the facility failed to provide laboratory services timely for one (1) out of 1 sampled resident (Resident 1) per physician's order dated on 4/3/2025.</p> <p>This deficient practice had the delay of providing the necessary care needed by Resident 1 and had resulted for Resident 1 to have critical laboratory results which needed for Resident 1 to be transferred to the General Acute Care Hospital (GACH) 2.</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]. Resident 1's diagnosis included bladder cancer (a type of cancer that develops in the bladder [the organ that stores urine], acute kidney failure (a sudden and temporary loss of kidney function, where the kidneys can no longer effectively filter waste and excess fluid from the blood) and anemia (a condition where the body does not have enough healthy red blood cells)</p> <p>During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool), dated 4/4/2025, the MDS indicated Resident 1 had intact cognitive skills (ability to think, understand, and reason) for daily decision making. The MDS indicated Resident 1 needed substantial/ maximal assistance (helper does more than half the effort. helper lifts, holds trunk or limbs, and provides more than half the effort) in toileting hygiene, shower/ bathe self, lower body dressing, putting on/ taking off footwear, sit to stand, chair/bed-to-chair transfer, toilet transfer, tub/ shower transfer and walk 10 feet. The MDS indicated Resident 1 came in with indwelling catheter (including nephrostomy tubes [small catheter placed through the skin of the lower back into the kidney])</p> <p>During a record review of Resident 1's Laboratory (Lab) Results in General Acute Care Hospital 1 (GACH 1) dated 3/30/2025. Lab Results indicated:</p> <ol style="list-style-type: none"> <li>1. Hemoglobin (Hgb- a protein found in red blood cells that carries oxygen from the lungs to the body's tissues and organs) level was 9.2 grams per deciliter (g/dL, unit of measurement. Normal Hgb level is 11.0-18.8 g/dL).</li> <li>2. Red Blood Cells (RBC- a type of blood cell that is made in the bone marrow [soft spongy tissue that is in the center of the bone] and found in the blood and carries Hgb) level was 3.33 million cells per microliter (mcL- unit of measurement. Normal RBC level is 3.9-5.5 mcL).</li> </ol> <p>During a record review of Resident 1's Laboratory Results in GACH 1 dated 3/31/2025. Lab Results indicated:</p> <ol style="list-style-type: none"> <li>1. Hemoglobin (Hgb) level was 8.7 g/dL.</li> <li>2. Red Blood Cells (RBC) level was 3.03 mcL.</li> </ol> <p>(continued on next page)</p>

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's the Physician's Order Summary indicated,</p> <p>indwelling1. On 4/3/2025, Complete Blood Count (CBC, a common blood test that measures the number and types of cells in the blood) Comprehensive Metabolic Panel (CMP, test provides information about your metabolism, how your body uses food and energy, and the balance of certain chemicals in your body), Vitamin B-12 (cobalamin, plays an essential role in red blood cell formation) Ferritin ( measures the level of this protein in the blood), Iron Panel (blood tests that look at how much iron is in your blood and other cells) to be completed on 4/6/2025.</p> <p>During an observation on 4/15/2025 at 10:16 AM inside Resident 1's room, Resident 1 was awake and laying on his bed. Resident 1 had a dark red colored urine output in his indwelling catheter tubing. In addition, there was 800 milliliter (ml) of dark red colored urine output in Resident 1's indwelling catheter drainage bag.</p> <p>During a concurrent observation and interview on 4/15/2025 at 10:18 AM with Treatment Nurse 2 (TN 2) inside Resident 1's room, Resident 1 had a dark red colored output in Resident 1's indwelling catheter tubing and dark red colored output in his indwelling catheter drainage bag.</p> <p>During a concurrent interview and record review on 4/15/2025 at 11:39 AM with Assistant Director of Nursing 1 (ADON 1), Physician's order dated 4/3/2025 was reviewed. The Physician's order indicated CBC, CMP, Vit B12, Ferritin, Iron Panel to be completed (done) on 4/6/2025. ADON 1 stated the order indicated to complete the CBC CMP, Vit B12, Ferritin, Iron Panel but there was no laboratory result for 4/6/2025 in Resident 1's laboratory results records and no documented evidence the laboratory tests were done on 4/6/2025</p> <p>During an interview on 4/15/2025 at 11:48 AM, with Assistant Director of Nursing (ADON), ADON stated if Resident 1 had a bloody urine for two weeks now, this placed Resident 1's Hgb level to potentially decrease which can result to Resident 1 feeling weak and for the resident to experience discomfort.</p> <p>During a concurrent interview and record revied on 4/15/2025 at 11:51 AM, the facility's Laboratory Logbook dated 4/3/2025 to 4/14/2025 was reviewed. Laboratory Logbook did not indicate document evidence that Resident Test Request Form for CBC, CMP, Iron Panel, Vit B12 and Ferritin was done and/ or completed on 4/6/2025. LVN 3 stated, If there was no Test Request Form dated 4/6/2025 it might be moved on the following day (4/7/2025). It might not be drawn by the lab personnel, or the resident refused. But if that happened, we (facility staff) should have documented it in Resident 1's progress notes.</p> <p>During a concurrent interview and record review on 4/15/2025 at 11:52 AM with ADON 1, Resident 1' Nurses' Progress Notes (NPN) dated 4/3/2025 to 4/14/2025 was reviewed. Resident 1's Nurses Progress Notes did not indicate Resident 1 refused the laboratory test or the blood was drawn (laboratory test was done) on 4/6/2025. ADON 1 stated, Resident 1's NPN has no documentation if the blood draw was refused by the resident, and it did not have documented evidence Resident 1's laboratory test for was done on 4/3/2025 to 4/14/2025.</p> <p>(continued on next page)</p>		

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<p>F 0770</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 4/15/2025 at 11:53 AM with ADON 1, Laboratory Logbook dated 4/6/2025 was reviewed. Laboratory Record Logbook did not indicate Test Request Form for Resident 1 on 4/6/2025 for Resident 1's BC, CMP, Iron Panel, Vit B12 and Ferritin. ADON 1 stated there was no documented evidence that the test ordered for Resident 1 was done on 4/6/2025.</p> <p>During an interview on 4/15/2025 at 11:56 AM with LVN 3, LVN 3 stated, if we do not have the Test Request Form it means it was not done on that date (4/6/2025).</p> <p>During a concurrent interview and record review on 4/15/2025 at 12:01 PM with Assistant Director of Nursing 1 (ADON 1), Resident 1's Laboratory Results Report (done in the facility) dated 4/15/2025 were reviewed. Laboratory Results indicated:</p> <ol style="list-style-type: none"> <li>1. Hgb level was 6.8 g/dL.</li> <li>2. RBC level was 2.35 mL.</li> </ol> <p>ADON 1 stated, Resident 1's CBC test was done on 4/15/2025 (9 days from 4/6/2025). ADON stated, the laboratory test was delayed, and it was not done according to the doctor's order placed on 4/3/2025 to do the CBC test on 2/6/2025. ADON stated, Resident 1's laboratory result for Hgb and RBC done on 4/15/2025 were critically low and the facility staff must call the doctor to obtain orders and possible transfer Resident 1 to GACH 2.</p> <p>During a concurrent observation and interview on 4/15/2025 at 12:21 PM with Resident 1 inside Resident 1's room, Resident 1 was laying on his bed and was fully covered with multiple blankets up to the resident's neck. Resident 1 stated, I always feel cold and weak.</p> <p>During a record review of Resident 1's physician's order information on 4/15/2025 at 12:25 PM, Physician's order indicated transfer Resident 1 to GACH 2's ER for critical laboratory result.</p> <p>During a concurrent interview and record review on 4/26/2025 at 2:45 PM, Physician's order dated 4/3/2025 was reviewed. LVN 2 stated, the licensed staff who received the physician's order on 4/3/2025 has to fill up the laboratory Test Request Form and put in the Laboratory logbook, so the laboratory personnel can see the form and draw blood to Resident 1. LVN 2 stated if the licensed staff did not do the laboratory Test Request Form the laboratory personal would not see the order/ request and will not draw (obtain the blood sample) the Resident 1's blood. LVN 2 also stated if there was no CBC test done the facility staff will not know the level of Resident 1's hemoglobin or the result of all the laboratory orders.</p> <p>During a concurrent interview and records review on 4/15/2025 at 3:18 with LVN 3, Laboratory results on 4/15/2025 was reviewed. Resident 1 hemoglobin level was 6.8 g/dL. LVN 3 stated, Resident 1 had continued episodes of bleeding in his indwelling catheter and the resident was admitted at the facility with hemoglobin of 8.5 g/dL dated 3/24/2025 from GACH 1. LVN 3 stated, Resident 1's hemoglobin became lower to 6.8 g/dL and the resident needed to be transferred to the GACH 2 and will have blood transfusion. LVN 2 stated ff the resident's hemoglobin was low, it means Resident 1 will not have enough oxygen in the body.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2025
NAME OF PROVIDER OR SUPPLIER  Santa Anita Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  5522 Gracewood Ave. Temple City, CA 91780	
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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/16/2025 at 4:02 PM with Registered Nurse Supervisor 1 (RNS 1), RNS 1 stated, If we did not carry out the physician's order and Resident 1 has issues of hematuria, the hemoglobin will keep on dropping. The laboratory order should be drawn to check if what was the level of Resident 1's hemoglobin. if result was critical low, we need to call the physician and Resident 1 has to be transferred to the hospital.</p> <p>During an interview on 4/17/2025 at 9:55 AM with the Medical Director (MDD), MDD stated, If the laboratory order was carried out on 4/6/2025, we could have made a decision earlier of transferring Resident 1 to the hospital.</p> <p>During a review of the facility's policy and procedure title, Care of Catheter revised on 6/1/2017, the P&amp;P indicated each resident who is incontinent of urine identified, assessed and provided appropriate treatment and services. A resident, with or without catheter, receives the appropriate care and services to prevent infections to the extent possible.</p>		