

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/22/2024
NAME OF PROVIDER OR SUPPLIER  The Springs Post-Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  10625 Leffingwell Road Norwalk, CA 90650	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45425</b></p> <p>Based on interview and record review, the facility failed to ensure a Certified Nursing Assistant (CNA 1) did not turn and reposition a resident (Resident 1) who required a two-person physical assist with bed mobility, by himself, without the assistance of another staff for one of three sampled residents (Resident 1).</p> <p>This deficient practice resulted in Resident 1 ' s left hand scratching his right forearm which resulted in a scratch measuring 0.2 centimeters (cm- unit of measurement) by 2 cm.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record (Face Sheet), the Face sheet indicated Resident 1 was admitted on [DATE] with the diagnoses of hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness of one side of the body) the following cerebral infarction (a blood clot which blocks an artery that supplies blood to the brain) affecting the left side.</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 11/15/2024, the MDS indicated Resident 1 ' s cognition skills for daily decision making were severely impaired. The MDS further indicated Resident 1 was totally dependent on staff (resident does none of the effort to complete the activity) for bed mobility and required two or more assistance from staff for bed mobility.</p> <p>During a review of Resident 1 ' s Care Plan initiated 5/11/2024, the Care Plan indicated Resident 1 had an activities of daily living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) self-care performance deficit related to cerebrovascular accident (CVA - stroke, loss of blood flow to a part of the brain) with left sided weakness. Under this Care Plans goal indicated to keep Resident 1 clean, dry, and free of odors. The Care Plans interventions included providing a safe environment.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 11/22/2024 at 11:20 a.m. in Resident 1 ' s room, with CNA 1, Resident 1 was observed with a tracheostomy (an opening surgically created through the neck into the trachea (windpipe) to allow air to fill the lungs), was nonverbal, and did not respond to name. Resident 1 was observed wearing a mitten (hand covering that prevents patients from pulling out any lines or tubes that are being used to give them medication, fluids, or nutrition) on his right hand and his left hand was observed in a closed fist position. CNA 1 stated Resident 1 is wearing a mitten on the right hand because it is more active than the left hand.</p> <p>During a review of Resident 1 ' s Skin Assessment (non- pressure injury (localized damage to the skin and/or underlying tissue usually over a bony prominence) dated 11/11/2024, the Skin Assessment indicated CNA 1 reported to Treatment Nurse 1 (TX 1) Resident 1 had accidentally scratched himself on his posterior right forearm during turning and repositioning. The skin assessment indicated there was superficial, scant, and sanguineous drainage, and Resident 1 ' s nails were trimmed and cleaned.</p> <p>During an interview on 11/22/2024 at 1:01 p.m. with CNA 1, CNA 1 stated when he was providing care to Resident 1, alone, upon turning Resident 1 on his side, Resident 1 ' s left hand scratched his right forearm. CNA 1 stated when he turns residents on their side, he usually pays close attention to the placement of their arms but this time he was rushing and did not see where Resident 1 ' s left hand was.</p> <p>During an interview on 11/22/2024 at 2:04 p.m., with TX 1, TX 1 stated CNA 1 reported the scratch to him. TX 1 stated CNA 1 reported as he was turning Resident 1 away from him, Resident 1 ' s left hand dragged across his right arm and scratched him. TX 1 stated he assessed the scratch, trimmed Resident 1 ' s nails, and reported the scratch to the physician and the family. TX 1 stated Resident 1 ' s nails were not extremely long but long enough to drag across the skin.</p> <p>During an interview on 11/22/2024 at 3:19 p.m., with the Director of Nursing (DON), the DON stated an investigation was conducted regarding the root cause of Resident 1 ' s scratch, and it was concluded Resident 1 ' s nails were long enough to have scratched his right arm and the placement of Resident 1 ' s left arm should have been secured to avoid the hand from dragging across the right arm. The DON stated Resident 1 ' s fingernails were trimmed after the incident had occurred. The DON stated the scratch could have been avoided if the fingernails were shorter. The DON stated the CNAs and licensed nurses can cut the fingernails, but there is no documentation or schedule regarding when the fingernails are cut.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Activities of Daily Living (ADL), Supporting, revised 3/2018, the P&amp;P indicated appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, dressing, grooming, and oral care) and mobility.</p>		