

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/20/2025
NAME OF PROVIDER OR SUPPLIER  Culver West Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4035 Grandview Blvd. Los Angeles, CA 90066	
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49571</p> <p>Based on observation, interview, and record review the facility failed to maintain essential lifesaving equipment, automated emergency defibrillator (AED, a portable device that can be used to treat a person whose heart has suddenly stopped working) machine at the designated nursing stations, Unit nursing stations and North and South Nursing stations.</p> <p>This deficient practice resulted in delayed life saving measures during Resident 1 ' s emergency resuscitation attempts by the facility staff on [DATE] at 7:34 PM.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, dated [DATE], the Admission Record indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses including pneumonia (an infection that inflames the air sacs in one or both lungs), weakness, and paroxysmal atrial fibrillation (an irregular heartbeat that can lead to blood clots and increases the risk of stroke and other heart complications).</p> <p>During a review of Resident 1 ' s Physician Orders for Life-Sustaining Treatment (POLST-a form that contains written medical orders for healthcare professionals regarding specific medical treatments that can or cannot be done at the end-of life), dated [DATE], the POLST indicated, attempt resuscitation/cardio pulmonary resuscitation (CPR- a first aid technique that can help save a life during cardiac arrest).</p> <p>During a review of the facility ' s daily emergency cart inventory log, emergency cart #1 indicated, daily inventory log for listed emergency cart items and nurse initials section is blank from [DATE] to 18, 2025.</p> <p>During the facility tour on [DATE] at 9AM, the following was observed and identified:</p> <p>i. Designated AED machine storage boxes at the two nursing stations Unit nursing stations and North and South nursing stations indicated, no AED device was placed.</p> <p>ii. The two existing AED devices are not functional. Both AED machines do not have AED Pad (a sticky patch that placed on someone ' s chest when using an automated external defibrillator machine that acts as a conduit to deliver an electric shock to the heart during a cardiac arrest) in the box. One of the AED machines does not turn on.</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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>iii. Both AED machine battery expiry dates indicate, Install before ,d+[DATE], and no backup battery indicated in the boxes.</p> <p>During an interview on [DATE] at 9:12 AM with certified nursing assistant (CNA) 1, stated I have not been trained or in-serviced to use AED in the facility, not aware if required to utilize AED during emergency.</p> <p>During a concurrent observation and interview with licensed vocational nurse (LVN 2), on [DATE] at 9:35 AM at nursing stations, LVN 2 stated, I am a desk nurse, I oversea all nursing activities and respond to emergency. LVN 2 stated, I am the staff who discovered Resident 1 unresponsive on [DATE] around 7:30 PM. LVN 2 stated, during CPR we tried to use the AED machine, the AED was not working, was not turning on. The paramedics (assess a patient's condition and administer emergency medical care) arrived after about 8 minutes we called 911. The paramedics found out the AED was not working, and the pads are expired, the pad expiration dates were 2019 per paramedics. Paramedics pronounced resident 1 deceased . LVN 2 stated there are two AED machines in the facility close to emergency equipment carts, emergency equipment carts inventory is checked once every shift and log is signed by LVN or charge nurse who checks the carts inventory. LVNs are not responsible to maintain and conduct quality checks of the AEDs and not aware who the responsible person is to maintain the AED machines. LVN 2 have not received training or in-services to use or maintain AED in the facility. LVN 2 stated AED machines are life saving devices that assist during cardia arrest (occurs when the heart suddenly and unexpectedly stops beating, preventing blood from circulating throughout the body).</p> <p>During an interview with LVN 1, on [DATE] at 10:20 AM the LVN 1 stated, I have not been trained or in-serviced to maintain and use AED machine in the facility. There are two AED machines in the facility close to the emergency equipment carts, LVNs do daily inventory checks of emergency cart equipment, AED machine check is not part of the process. LVN is unaware who is responsible to maintain the AED machines.</p> <p>During an interview with the director of staffing development (DSD), on [DATE] at 12:30 PM, the DSD stated, there are two AED packs kept in the facility for emergency use. Stated AED machine use and maintenance was not part of the DSD ' s lesson plan, staff was not trained to use and maintain AED in the facility. DSD was not aware for how long the AED was kept in the facility and who is responsible to maintain the AEDs. DSD stated and confirmed that the use of AED machine during cardiac arrest enhances life saving measures.</p> <p>During an interview with the director of nursing (DON), on [DATE] at 12:14 PM, the DON stated, there were two AEDs in the facility, the AEDs are removed and kept in the DON ' s office until new device is acquired or existing AED is repaired. The DON stated he does not know for how long the AEDs were kept in the facility, does not know who is responsible to maintain the AEDs.</p> <p>During a concurrent observation and interview with the DON, on [DATE] at 1 PM in the conference room, the DON stated, AED maintenance and quality check (QC) should be part of the facility ' s equipment maintenance practice. Two [NAME] brand AED machines were brought to the conference room by DON. Surveyor and DON observed both AED machines does not have pad, one of the AED does not turn on, both AED batteries expiration dates indicted Install before ,d+[DATE], and no user manual included. DON acknowledged it is a deficiency not to maintain life saving equipment.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the administrator (ADM), on [DATE] at 2:28 PM, the ADM stated the facility inherited the AEDs from a previous management and leadership. Not sure for how long the AEDs has been in the facility. The AEDs are not part of the facility ' s inventory, no quality check done, no maintenance log is available.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Policy For Emergency Cart (E-Cart), dated [DATE], the P&amp;P indicated, E-Cart checks should be documented on the lists maintained to the E-Cart, E-Carts will be inventoried and restocked after each use and checked daily by the nursing staff, the nursing staff will ensure all appropriate documentation has been completed during emergency procedure.</p> <p>During a review of the facility ' s P&amp;P titled, Environment of Care , dated [DATE], the P&amp;P indicated, To maintain an effective and efficient environment of care, the facility shall: Complete and maintain a current, organization wide Statement of Conditions (SOC). Maintain compliance with applicable Lie Safety Code Standards.</p>