

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 05/20/2025
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42342</p> <p>Based on interview and record review for one of three sampled residents, Resident 1. The registered nurse (RN) 1 failed to review the new dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) transportation method prior to picking up Resident 2 for dialysis on 5/10/2025.</p> <p>This deficient practice caused Resident 1 to miss scheduled dialysis treatment on 5/10/2025 and be sent to the general acute care hospital (GACH) where Resident 1 did not receive dialysis because Resident 1 received it the day before at the GACH.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated the facility originally admitted this [AGE] year old female on 6/11/2021 and most recently on 5/9/2025 with diagnoses including, osteomyelitis (inflammation of bone or bone marrow, usually due to infection) of left shoulder, end stage renal disease (End Stage Renal Disease-irreversible kidney failure), non ST elevation (STEMI) myocardial infarction (heart attack), peripheral vascular disease (PVD - a slow progressive narrowing of the blood flow to the arms and legs), atrial fibrillation (a fib-irregular heart beat), anemia (a condition where the body does not have enough healthy red blood cells), dependence on hemodialysis, Type 2 diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), supraventricular tachycardia (faster than normal heart rate), pressure ulcer of sacral region (lower back) stage 4 (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone), osteomyelitis right ankle and foot.</p> <p>A review of Resident 1 ' s physician order dated 4/11/2025 indicated dialysis days: Tuesday, Thursday, Saturday chair time 3:30 a.m. Scheduled pick-up time 3:00 a.m., return pick up 7:45 a.m. in the morning every Tue, Thur, Sat.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS- a resident assessment) dated 4/15/2025 indicated Resident 1 ' s cognition (mental ability to make decisions for daily living) was intact. The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort to complete the task) with dressing, bathing and toileting. Transfers (moving between surfaces) from bed to chair were not attempted during this assessment due to medical condition or safety concerns. Lastly, The MDS indicated Resident 1 was receiving hemodialysis.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055350
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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/12/2025 The California Department of Public Health (CDPH) received a complaint alleging the facility sent Resident 2 to the GACH twice in one week due to missed dialysis treatment related to issues with transportation.</p> <p>A review of Resident 1 ' s change in condition evaluation form (used to document and report changes in a person ' s health or physical condition) dated 5/8/2025 indicated Resident 1 was not picked up for dialysis due to transportation company reporting that insurance would not cover the transportation. The nurse practitioner (NP) was informed and recommended to transfer Resident 1 to GACH to receive dialysis.</p> <p>During a concurrent interview and record review on 5/20/2025 with The Director of Social Services (DSS), Resident 1 ' s nursing progress note dated 5/8/2025 was reviewed. The Nursing progress note indicated transportation for dialysis did not show up. Resident 2 ' s insurance plan was contacted and verified Resident 2 ' s insurance was no longer active. The DSS contacted the family to manage the insurance. The DSS set up new transport with a different company for wheelchair (WC) pick up at 4:45 a.m. Nursing staff was made aware. The DSS stated, Resident 1 usually went to dialysis via gurney (bed) transport because Resident 1 ' s chair time (scheduled time to be at dialysis to start treatment) was so early in the morning that is what Resident 1 preferred and Resident 1 ' s insurance was able to accommodate. The DSS stated, however when I arranged the new transport, I set it up for WC pick up because Resident 1 sits in the same WC while in the facility. After I made the arrangements, I informed the resident, and I informed nursing staff by placing the new order for WC transport in the communications section (a secure format within the electronic medical record (EMR-digital collection of a patient ' s medical information) that facilitates messaging between care team members).</p> <p>A review of Resident 1 ' s nursing progress note dated 5/8/2025 (Thursday) timed at 3:50 p.m. indicated Resident 1 was sent to GACH for dialysis.</p> <p>A review of Resident 1 ' s nursing progress note dated 5/9/2025 (Friday) indicated Resident 1 returned from GACH at 5:30 p.m.</p> <p>A review of Resident 1 ' s nursing progress note dated 5/10/2025 (Saturday) indicated transportation did not pick up Resident 1 today for dialysis; transport person did not bring a gurney.</p> <p>During an interview on 5/20/2025 at 11:32 a.m. with Resident 1, Resident 1 stated, I missed dialysis on 5/10/2025 (Saturday) because I thought I was going on a gurney, but they showed up with a WC and the nurses did not know it was switched from a gurney to a WC. The night nurse called and got me a new appointment so when another transporter showed up, I asked them if they were taking me to my dialysis place and they said no we are taking you to the GACH. I was shocked and a little upset asking, why, that hospital is not going to put up with me coming there twice in one week. When I arrived at the GACH they said, you were just here yesterday and I said, I tried to tell them. So, I stayed at the GACH all day, had lunch there then they sent me back; I did not get dialysis because they just did it the day before. I made up the session I missed Saturday on 5/12/2025 (Monday).</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/20/2025 at 1:04 p.m. with RN 1, RN 1 stated, I work the 11:00 p.m. to 7:00 a.m. shift. The transport guy showed up with a WC not a gurney. I missed in the communications that Resident 1 would be going in the WC. Resident 1 usually went on a gurney so the transportation guy left. After transportation left that is when I saw in communications that Resident 1 was supposed to go by WC. I tried to call them back but there was no answer. I tried to fix the situation by scheduling another chair time for 2:00 p. m . When I left at 3:00 p.m. I endorsed (outgoing nurse completing the shift and handing over patient care information to the incoming shift) to the next RN. I don ' t know how Resident 1 ended up at the GACH. I should have checked the communication before transportation left.</p> <p>During an interview on 5/20/2025 at 2:58 p.m. with RN 2, RN 2 stated, On 5/10/2025 (Saturday) I came in at 8:00 a.m. and RN 1 told me Resident 1 missed dialysis because the transportation arrived with a WC and not a gurney. RN 2 continued, RN 1 stated WC was not an option because Resident 2 always went by gurney, so RN 1 told me to keep trying to call transportation because RN 1 was trying to call prior to my arrival but was unsuccessful. RN 2 then stated, RN 1 told me the protocol was to send Resident 2 to the GACH for dialysis if I was unable to reach transportation and RN 1 provided the number for the transportation company. RN 2 stated, Previously, I knew Resident 1 was supposed to be transported via WC because I saw it in the communication section on 5/9/2025. Every time I come to work; I check the communication section however I was not here at the time transportation showed up with the WC. I continued to call for transportation with no success. Then I called the dialysis to try to reschedule another chair time and they were booked for the day, and they were closed the following day (Sunday). : At this point, I thought Resident 1 ' s last day she received dialysis was on 5/8/2025 and I did not want Resident 1 to miss it for another two days so I called the doctor and got the order to send Resident 1 to the GACH for dialysis. Resident 1 returned later that same day around 6:00 p.m.</p> <p>A review of the facility's policy and procedures (P&P) titled, Hemodialysis, Care of Resident, revised on 1/12/2025, the P&P indicated, To have pertinent data available for all care givers of dialysis residents to decrease errors and provide quality care. POLICY: It is the policy of this facility to document the information below on the resident's care plan.</p> <ol style="list-style-type: none"> 1. Dialysis order. 2. Transportation - Name, phone number. 3. Dialysis center A Name and phone number. 4. Dialysis days . 		