

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Huntington Drive Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 W. Huntinton Dr. Arcadia, CA 91007	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45523</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the call light (a device used by patients to call for assistance from hospital staff) was within reach (an arm's length) of one of 6 sampled residents (Resident 1).</p> <p>This deficient practice had the potential to result in delayed provision of services, delay in care and not receiving assistance with activities of daily living (ADLs).</p> <p>Findings:</p> <p>A review of the admission record indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included but not limited to unspecified fracture of lower end of right tibia (along the length of the bone, below the knee and above the ankle) subsequent encounter for closed fracture (when a bone breaks, but there is no break in the skin over the injury) with routine healing, unspecified fracture of shaft of right fibula (a break in the bone that stabilizes and supports your ankle and lower leg muscle) subsequent encounter for closed fracture with routine healing, unspecified intellectual disabilities (a term used when a person has certain limitations in cognitive functioning and skills, including conceptual, social and practical skills, such as language, social and self-care skills), repeated falls.</p> <p>A review of Resident 1's History and Physical dated 1/01/2024 indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>A record review of Resident 1's care plan initiated on 12/29/2023 and revised on 7/10/2024 indicated Resident 1 has alteration in physical functioning related to intellectual disabilities and was at risk for further decline in function and increased dependence in ADL's. The care plan interventions indicated, be sure the resident's call light is within reach.</p> <p>During an observation on 7/19/2024 at 7:47 AM, Resident 1's call light was not within reach and was tucked in and hanging from the top of the side rail (barrier attached to the side of bed) at the head of the bed.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation in Resident 1's room and interview with Certified Nurse Assistant (CNA2) on 7/19/2024 at 7:48 AM CNA 2 confirmed the call light was not within reach of Resident 1 since it was tucked in behind the side rail of Resident 1's bed. CNA2 stated, the call light should be within the resident's reach or pinned to her. If she had an emergency or tried calling for assistance, she would not be able to reach the call light.</p> <p>During an interview with the Director of Nursing (DON) on 7/19/2024 at 9:10 AM, the DON stated, The call lights are supposed to be within the resident's reach and f not the resident are unable to call for assistance and that can possibly cause harm to the resident.</p> <p>During an interview with Charge Nurse (CN) on 7/19/2024 at 3:58 PM, CN stated, I do not recall if the call light was within her (Resident 1) reach, she likes to have the call light in her hand. It needs to be within reach because it could be dangerous if she (Resident 1) cannot reach it. CN also stated, it could cause harm if the resident could try to find it herself, lean over the bed to look for it and fall out of bed, and it is dangerous. CN also stated, It should not be wrapped around the side rail, it should be within reach and pinned to the resident if possible so it will not fall off.</p> <p>A review of the facility's Policy titled Answering the Call Light Revised 10/2023, indicated, The purpose of this procedure is to ensure timely responses to the resident's requests and needs. Ensure that the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor.</p>		