STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055376	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Huntington Drive Health and Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48903 Based on observation, interview and record review, the facility failed to develop a resident centered comprehensive care plan (a plan of care that summarizes a resident ' s health conditions, specific care needs, and current treatments) to address a resident ' s behavior of refusing care from certain Certified Nursing Assistants (CNA) for one out of two sampled residents (Resident 1). This deficient practice had the potential to deliver inappropriate care for Resident 1 due to miss communication of staff and may result in continuity of inappropriate care and interventions for residents. Findings: During a review of Resident 1 ' s Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses that included hemiplegia (loss of movement and/or sensation, to some degree, of one side of the body), paranoid schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs). During a review of Resident 1 ' s Minimum Data Set (MDS; a federally mandated assessment tool) dated 6/28/24, indicated the resident was assessed to have intact cognition (capable of remembering, learning new things, concentrating, or making decisions that affect everyday life) and was dependent (helper does all effort) when showering, lower body dressing, and toileting. The MDS also indicated Resident 1 was assessed to require partial assistance (helper does half the effort) for personal hygiene. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort) for upper body dressing and putting on footwear. During a review of Resident 1 ' s History and Physical (H & P) dated 1/26/24, H & P indicated Resident 1 did not have the capacity to understand and make decisions. During an interview on 10/2/24 at 10:43 AM with Certified Nursing Assistant (CNA) 1, CNA 1 stated that she is familiar with Resident 1 and that Resident 1 will refuse care if she doesn ' t like a CNA. CNA 1 stated that assignment is changed if Resident 1 refuses the certain CNA. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 10/2/24 at 11:12 AM with Licensed Vocational Nurse (LVN) 1, Resident 1 ' s Care Plan History (CPH; all care plans created for Resident 1 upon her admission) dated from 12/29/21 to 10/2/24, were reviewed. CPH indicated, a care plan to address Resident 1 refusing care if she does not like them was not created for Resident 1. LVN 1 stated, Resident 1 does not have a care plan for refusing the care of CNAs she does not like. LVN 1 stated, that she is familiar with Resident 1 and she knows that she refuses the care of CNAs if she does not like them. LVN 1 stated that Resident 1 is very particular with care and if she does not have a care plan to address refusing the care of CNAs it can result in staff being unaware of this behavior and the Resident 1 receiving inappropriate care. During an interview on 10/2/24 at 12:34 PM with the Director of Nursing (DON), DON stated, care plans is a means of communication for staff to address the resident ' s care needs. If there is no care plan for something there is nothing to go off on. There is no personalized care for the resident. Staff may not know what care a resident requires and the resident might not receive personalized care without a care plan. During a review of the facility ' s policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered dated 3/22 was reviewed. The P&P indicated, a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident.