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	06/10/2025

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** Based on interview and record review, the facility failed to develop a resident-centered comprehensive care plan (a care plan developed and implemented to meet his or her preferences and goals, and addressed the resident's medical, physical, mental, and psychosocial needs) to prevent falls (unintentionally coming to rest on the ground, floor, or other lower level but not as a result of an external force) for one of three residents (Resident 1). Resident 1's care plan did not indicate the type of assistance facility staff needed to safely provide incontinent care (support and management provided to individuals experiencing involuntary loss of urine of stool) for Resident 1 who had a history of fall, had bilateral (both) leg weakness, and was on a low air loss mattress (LALM- an air mattress covered with tiny holes designed to distribute the resident's body weight over a broad surface area to help prevent skin breakdown). This deficient practice resulted in Resident 1 suffering a witnessed fall while Certified Nursing Assistant 1 (CNA 1) provided incontinent care on 5/18/2025. Findings: During a review of Resident 1's admission Record, the admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included spinal stenosis cervical region (a condition where the spinal canal in the neck narrows, potentially compressing the spinal cord or nerve roots, polyneuropathy unspecified (a condition where peripheral nerves are damaged, leading to symptoms like numbness, tingling, weakness, and pain usually affecting the hands and feet first), and pain in left hip. During a review of Resident 1's Fall Risk Assessment, dated 12/30/2024, Resident 1's Fall Risk Assessment indicated Resident 1 was at risk for falls. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 5/18/2025, the MDS indicated Resident 1 was assessed having independent (decisions consistent/reasonable) cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. Resident 1 required substantial/maximal assistance (helper does more than half the effort, helper lifts or holds trunk or limbs and provides more than half the effort) with rolling left and right (the ability to roll from lying on back to left and right side and return to lying on back on the bed). Resident 1 was dependent (helper does all of the effort) with toileting hygiene, shower/bathe self, and lower body dressing. (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

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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 review of Resident 1's Order Summary Report, dated 6/6/2025, Resident 1's Order Summary Report indicated a physician order, with a start date on 1/3/2025, for low air loss mattress for skin maintenance and wound management. During a review of Resident 1's Physical Therapy (PT) Evaluation and Plan of Treatment, dated 5/5/2025, Resident 1's PT Evaluation and Plan of Treatment, under Functional Mobility Assessment indicate the following for Bed Mobility: Bed Mobility (moving around in bed/ changing position in bed)- Total Dependence with attempts to initiate (resident requires full assistance from therapist or caregiver to perform the task and unable to complete activity but able to make some effort to start or begin the task) Rolling right- Total Dependence with attempts to initiate Rolling left- Total Dependence with attempts to initiate During a review of Resident 1's SBAR (Situation, Background, Assessment, Recommendation - a structured communication tool used to improve clean and efficient communication, especially in critical situations or when transferring information between health-care professionals), dated 5/18/2025 entered at 9AM, Resident 1's SBAR indicated, Registered Nurse (RN) was called by CNA to resident's room. Resident was found lying on the floor. Per CNA resident was being changed, CNA turned her to her right side, then resident slid off the bed. Resident claimed that she hit the right side of her face, and she is also complaining of left shoulder pain. Resident was transferred back to bed. Assessed resident, no bruising, discoloration noted upon skin check. Vital signs (VS- temperature, heart rate, breathing rate, and blood pressure) obtained. Resident was given as needed pain medication, will monitor. During a review of Resident 1's Progress Note, dated 5/18/2025, at 11:06 AM, Resident 1's Progress Note indicated Resident 1's fall was witnessed by CNA. CNA was changing Resident at the time of the incident. During an interview on 6/6/2025, at 2:15 PM, with CNA 2, CNA 2 stated she took care of Resident 1 numerous times before Resident 1 was transferred to the hospital. CNA 2 stated she always asked another CNA to help her during incontinent care because Resident 1 was on a LALM, and she always threw her weight while she was turned on the bed. CNA 2 stated residents were at risk for falls when they were turned on the LALM because the air in the LALM shifts and throws the bed off balance. CNA 2 stated it was recommended for residents who were on a LALM to have two staff present during incontinent care. CNA 2 stated there should be staff on each side of the bed for the resident's safety. During an interview on 6/6/2025, at 3:15 PM, with CNA 1, CNA 1 stated on 5/18/2025, after breakfast, Resident 1 started slipping off the bed and onto the floor after he prompted Resident 1 to turn while providing incontinent care. CNA 1 stated Resident 1's legs went off the bed and slid off the LALM and CNA 1 was not able to stop resident from falling. CNA 1 stated he was not aware of the recommendation that two staff members should be present during incontinent care for residents on a LALM. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/6/2025, at 3:35 PM, with RN 1, RN 1 stated CNA 1 informed her on 5/18/2025 that Resident 1 slid off from the resident's bed while CNA 1 provided incontinent care. RN 1 stated CNA 1 should have asked another staff to help him with incontinent care if he needed help. RN 1 stated she did not know if Resident 1 needed one-person or two-person assist during incontinent care. During an interview on 6/6/2025, at 5:19 PM, with the Director of Nursing (DON), the DON stated Resident 1 fell from her bed when CNA 1 turned Resident 1 during incontinent care. The DON stated residents on a LALM should receive assistance from two staff members during incontinent care to prevent falls. The DON stated the number of staff assistance needed depended on what the resident was able to do during incontinent care and Resident 1 needed two-person assistance during incontinent care because the resident was required maximum assistance while turning in bed and was on a LALM. The DON stated the assistance that Resident 1 needed during incontinent care/ bedside care should have been in Resident 1's care plan but Resident 1's care plan did not include on how to safely provide incontinent care while resident is in bed with LALM. The DON stated Resident 1 should have a care plan on how to safely provide bedside care/ incontinent care for resident use a LALM. During a concurrent interview and record review on 6/10/2025, at 11:04 AM, with Minimum Data Set Nurse (MDSN), MDSN stated care plans serve as communication tools between staff regarding the plan of care for the residents. MDSN stated care plans are based on the residents' diagnoses, assessments, history, events that occurred in the facility. MDSN stated care plans should be comprehensive and resident- centered. MDSN stated Resident 1's care plan for potential for fall/injury did not indicate the number staff needed to safely provide incontinent care for Resident 1 who had leg weakness and was on a LALM. MDSN stated the care plan should have included specific interventions on how to prevent falls while on a LALM like grabbing the siderail while Resident 1 was turned on her side. MDSN stated the care plan should have included the type of care and assistance Resident 1 needed to prevent falls. During an interview on 6/10/2025, at 11:35 AM, with the Director of Staff Development (DSD), DSD stated it was important for Resident 1's care plan interventions for fall to be specific to what she needed based on her strength and ability. DSD stated it was important for the care plan to be comprehensive and resident-centered so that staff will know how to prevent fall and take care of Resident 1. DSD stated Resident 1's care plan for fall was not comprehensive and resident- centered. During a review of the facility's policy and procedure, titled, Care Plans, Comprehensive Person-Centered, revised on 3/2022, the care plan indicated the following: 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. The comprehensive, person-centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, builds on the resident's strengths, and reflects currently recognized standards of practice for problem areas and conditions.