

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49571</p> <p>Based on interview and record review, the facility failed to review, revise and update the care plans quarterly addressing risk for fall, incontinence, and activities of daily living (ADL) for one of four sampled residents (Resident 1). This deficient practice had the potential for Resident 1 to have recurrent falls, urinary tract infections (UTI- an infection in parts of the urinary system kidneys, bladder and or urethra), or decline in functional ability.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the resident was readmitted to the facility on [DATE], with diagnoses including history of generalized muscle weakness, cognitive communication deficit (a person's inability to think learn, remember, use judgement, and make sound decisions), and chronic kidney disease (a damage to the kidneys and they are not functioning as they should).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 11/15/2024, indicated Resident 1 was moderately confused, unable to make decisions, or follow instructions. The MDS indicated Resident 1 was dependent on a manual wheelchair for mobility, and required partial assistance from another person for indoor ambulation. The MDS indicated Resident 1 had a fall in the last 2-6 months prior to admission, was dependent on staff for toileting hygiene and personal hygiene. The MDS indicated under the bladder and bowel assessment, Resident 1 was always incontinent (having no or insufficient voluntary control over urination or defecation), was dependent on staff for toilet transfer.</p> <p>A review of the At Risk for Fall care plan initiated 12/7/2020 indicated the resident had gait / balance problems, attempts to stand unassisted, and was unaware of safety needs. The care plan goal indicated the resident would not sustain injuries for 90 days. The care plan interventions indicated to anticipate and meet the resident's needs, assist with all transfers or ambulation, and that the resident needed a safe environment. Further review of the At Risk for Fall care plan indicated a resolved date of 9/18/2023.</p> <p>A review of the Bowel and Bladder Incontinence care plan initiated 3/9/2023 indicated the interventions to assist Resident 1 to the bathroom toilet every two hours and when needed, to encourage the resident to ask for assistance during toileting program and to encourage the resident participation in bowel and bladder re-training program for seven days. There was no revision or review date indicated on the care plan.</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: 055461
		If continuation sheet Page 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's clinical care plans revision dated 9/3/2024, indicated Resident 1 had decreased functional ability, a witnessed fall, a behavior problem, activities of daily living (ADL) self-care performance deficit related to confusion and impaired balance, with one person assist for mobility and toileting.</p> <p>During a concurrent record review and interview on 12/3/2024 at 10:45 AM with Director of Staff Development (DSD), Resident 1's falls, incontinence and ADLs and self-care performance deficit were reviewed. The DSD stated care plans were used to implement and apply interventions. The DSD stated and acknowledged a quarterly care plan review for June 2024 was not updated nor indicated in the records for Resident 1.</p> <p>During an interview on 12/4/2024 at 12:27 PM with MDS coordinator, Resident 1's care planning revisions record were reviewed. The MDS Coordinator acknowledged there was a deficiency in updating the quarterly care plans for Resident 1. The MDS Coordinator stated the quarterly care plan for June 2024 was not updated nor indicated in the records.</p> <p>During an interview on 12/5/2024 at 2:06 PM with Director of Nursing (DON), the DON stated care plan was a tool to establish a resident's baseline, to plan and implement appropriate care, a guide for licensed staff to adhere to the standards of care. The DON stated and acknowledged the deficiency to update a quarterly care plan for June 2024 was not updated nor indicated in Resident 1's record.</p> <p>A review of the facility's Policy and Procedures (P&P) revised January 2024, titled, Care Plans, Comprehensive Person-Centered, 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. The interdisciplinary team must review and update the care plan: a. when the desired outcome is not met; d. At least quarterly, in conjunction with the required quarterly MDS assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49571</p> <p>This is a Repeated Deficiency from 10/8/2024 and 12/3/2024.</p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1), who had a history of falls, was a high fall risk, and was dependent on staff for toilet transfer, received the care and services necessary to prevent accident and falls by failing to assist Resident 1 for transfer to the toilet every two hours, per the Bowel and Bladder Incontinence care plan.</p> <p>As a result, on 11/28/2024 approximately at 11:30 PM, Resident 1 tried to go to the bathroom by himself and fell . Resident 1 was transferred to the General Acute Care Hospital (GACH) for further evaluation where he was diagnosed with a displaced intertrochanteric (where hip and thigh meet) fracture (a partial or complete break in a bone) of right femur (the thigh bone).</p> <p>Cross Reference F690</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the resident was readmitted to the facility on [DATE], with diagnoses including generalized muscle weakness, cognitive communication deficit (a person's inability to think learn, remember, use judgement, and make decisions), and chronic kidney disease (damaged kidneys cannot filter blood as needed causes risks of high blood pressure and heart disease).</p> <p>A review of the Bowel and Bladder Incontinence care plan initiated 3/9/2023 indicated the interventions to assist Resident 1 to the bathroom toilet every two hours and when needed, to encourage the resident to ask for assistance during toileting program and to encourage the resident participation in bowel and bladder re-training program for seven days. There was no revision or review date indicated on the care plan.</p> <p>A review of Resident 1's Fall Risk assessment dated [DATE] indicated the resident had a history 1 -2 falls in the past three months, required use of assistive devices, and that for level of consciousness the resident was disoriented. The assessment indicated Resident 1 had a score of 17, as a score of 10 or greater indicated a high risk for potential falls.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a mandated federal assessment tool) dated 11/15/2024, indicated Resident 1 was moderately confused, unable to make decisions, or follow instructions. The MDS indicated Resident 1 was dependent on a manual wheelchair for mobility, and required partial assistance from another person for indoor ambulation. The MDS indicated Resident 1 had a fall in the last 2-6 months prior to admission and was dependent on staff for toilet transfer, .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the At Risk for Fall care plan initiated 12/7/2020 indicated the resident had gait / balance problems, attempts to stand unassisted, and was unaware of safety needs. The care plan goal indicated the resident would not sustain injuries for 90 days. The care plan interventions indicated to anticipate and meet the resident's needs, assist with all transfers or ambulation, and that the resident needed a safe environment. Further review of the At Risk for Fall care plan indicated a resolved date of 9/18/2023. This indicated there was no active Fall care plan for Resident 1.</p> <p>A review of Resident 1's CNA tracking log titled, Toilet transfer: The ability to get on and off a toilet or commode, dated 11/26/2024 indicated at 2:25 PM the resident had supervision or touching assistance to get on and off the toilet. At 8:30 PM indicated 'not applicable' for the activity. On 11/27/2024 at 8:41 PM, the log indicated 'not attempted due to environmental limitations, i.e., lack of equipment.' On 11/28/2024 at 2:34 PM, Resident 1 had supervision for the activity and at 6:58 PM, there was no attempt for Resident 1 to be assisted on and off the toilet due to medical condition or safety concerns.</p> <p>A review of the Physician's Order Summary Report dated 11/29/2024, indicated to transfer Resident 1 to the GACH for further evaluation and treatment of status post fall.</p> <p>According to a review of the facility document received to the Department on 12/2/2024, Resident 1 had a fall on 11/28/2024 around 11 PM. Resident 1 was found on the floor by the closet and stated he was trying to go to the bathroom. The facility document indicated the physician was notified, ordered an X-ray of the right hip and the technician reported there was a dislocation.</p> <p>A review of the Progress Notes dated 12/2/2024 indicated Resident 1 was screaming because of pain during the x-ray performed on 11/29/2024.</p> <p>A review of Resident 1's re-admission record dated 12/2/2024 indicated Resident 1 had a new diagnosis of a displaced intertrochanteric (the area between the greater and lesser bone, where hip and thigh meet) fracture (a partial or complete break in a bone) of right femur (the thigh bone, the longest and strongest bone in the body), initial encounter for closed fracture.</p> <p>A review of Resident 1's post fall Interdisciplinary Team (IDT) note dated 12/2/2024 indicated Resident 1 fell on [DATE] approximately 11 PM during shift change. The IDT note indicated Resident 1 had periods of confusion and required supervision during activities of daily livings (ADLs).</p> <p>During an interview on 12/2/2024 at 2:45 PM, Resident 2 (Resident 1's roommate) stated Resident 1 fell around the bathroom door while trying to go to bathroom on Thanksgiving Day. Resident 2 stated Resident 1 was yelling for help. I got out of my bed and tried to get help, staff came and assisted Resident 1.</p> <p>During an interview on 12/3/2024 at 6:24 AM, Licensed Vocational Nurse (LVN) 3 stated, I assist Resident 1 daily. Resident 1 was confused and very dependent on staff for mobility and ADLs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 12/3/2024 at 10:45 AM with Director of Staff Development (DSD), Resident 1's At Risk for Fall and Incontinence care plans, 12/7/2020 and 3/9/2023 respectively, were reviewed. The DSD stated Resident 1 had mobility and cognitive deficiencies that contributed to his fall. The DSD stated, after review of Resident 1's At Risk for Fall care plan and Incontinence care plan that the quarterly care plans for June 2024 was not reviewed or revised and was missing. The DSD stated the importance of reviewing and revising the care plans was to provide accurate direction and guidance to staff and to meet the resident's needs.</p> <p>During an interview on 12/4/2024 at 12:27 PM with MDS coordinator, Resident 1's care planning revisions were reviewed. The MDS coordinator stated and acknowledged there was a deficiency in updating the At Risk for Fall and Incontinence quarterly care plans for Resident 1.</p> <p>On 12/5/2024 at 1:38 PM, during a telephone interview, Certified Nursing Assistant (CNA) 3 stated he was assigned to care for Resident 1 on the night Resident 1 fell while trying to go to bathroom. CNA 3 stated he heard a loud bang near Resident 1's room and went to check the noise. CNA 3 stated he found Resident 1 lying flat on his back in front of the bathroom and assisted the charge nurse to place Resident 1 back to his bed. CNA 3 stated Resident 1 was screaming and was assessed with no visible injury noted. CNA 3 stated Resident 1 was not consistent with using call lights because he gets confused. CNA 3 stated Resident 1 did not have routine schedules to assess for toileting needs, staff conducted hourly or random checks.</p> <p>During an interview on 12/5/2024 at 2:06 PM, the Director of Nursing (DON) stated Resident 1 required frequent reminders to call for assistance and was dependent on staff for ambulating. The DON stated Resident 1 was checked and changed by staff for bathroom needs. Staff conducted frequent rounds, but they were not documented. When the DON was asked about the bowel bladder incontinence care plan intervention regarding Resident 1 required assistance every two hours for transfer to the bathroom, the DON stated the facility did not document the two hourly rounds for Resident 1 because that was not the process.</p> <p>A review of the facility's policy and procedures (P&P) titled, Fall Risk Assessment, revised January 2024, indicated the staff with the support of the attending physician, would evaluate functional and psychological factors that may increase fall risk, including ambulation, mobility, gait, balance, excessive motor activity, Activities of Daily Living (ADL) capabilities, activity tolerance, continence, and cognition. The staff and attending physician would collaborate to identify and address modifiable fall risk factors and interventions to try to minimize the consequences of risk factors that were not modifiable.</p> <p>A review of the facility's Policy and Procedures (P&P) revised January 2024, titled, Care Plans, Comprehensive Person-Centered, 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. The interdisciplinary team must review and update the care plan: a. when the desired outcome is not met; d. At least quarterly, in conjunction with the required quarterly MDS assessment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49571</p> <p>Based on interview and record review, the facility failed to ensure one of four sampled residents (Resident 1), who was incontinent (having no or insufficient voluntary control over urination or defecation) and dependent on staff for toilet transfer, was properly monitored with evaluation of the resident's bladder habits (volume, or quality of stream). There was no monitoring of Resident 1's continence status at regular intervals (a check and change strategy) to restore continence to the extent possible.</p> <p>As a result, on 11/28/2024 approximately at 11:30 PM, Resident 1 tried to go to the bathroom by himself and fell . Resident 1 was transferred to the General Acute Care Hospital (GACH) for further evaluation where he was diagnosed with a displaced intertrochanteric (the area between the greater and lesser bone, where hip and thigh meet) fracture (a partial or complete break in a bone) of right femur (the thigh bone, the longest and strongest bone in the body), initial encounter for closed fracture.</p> <p>Cross Reference F689</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the resident was readmitted to the facility on [DATE], with diagnoses including generalized muscle weakness, cognitive communication deficit (a person's inability to think learn, remember, use judgement, and make sound decisions), and chronic kidney disease (damaged kidneys cannot filter blood as needed causes risks of high blood pressure and heart disease).</p> <p>A review of the Bowel and Bladder Incontinence care plan initiated 3/9/2023 indicated the interventions to assist Resident 1 to the bathroom toilet every two hours and when needed, to encourage the resident to ask for assistance during toileting program and to encourage the resident participation in bowel and bladder re-training program for seven days. There was no revision or review date indicated on the care plan.</p> <p>A review of the Interdisciplinary Team (IDT) Notes dated 8/17/2024 indicated Resident 1 was incontinent of bowel and bladder, required one person assistance with most activities of daily living. The notes indicated that on 8/9/2024 the team met at 12:30 PM to discuss Resident 1's witnessed fall that occurred on 8/9/2024. The IDT notes indicated Resident 1 had unsteady gait while attempting to go to the bathroom, lost his balance, and fell in sitting position.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a federally mandated resident assessment tool) dated 8/27/2024, indicated the resident had severe cognitive impairment (problems with understanding, memory, and making decisions), was dependent on staff for toileting hygiene and personal hygiene. The MDS indicated under the bladder and bowel assessment, Resident 1 was always incontinent (having no or insufficient voluntary control over urination or defecation), was dependent on staff for toilet transfer, and used a motorized wheelchair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Activity of Daily Living (ADL) Bowel / Bladder documentation survey report dated October 2024 indicated there was no evaluation about the resident's bladder habits (volume, or quality of stream) nor type of device used. Further review indicated there was no checking of Resident 1's continence status at regular intervals (a check and change strategy).</p> <p>On 10/23/2024 at 6:12 AM, 11 AM, and 8:35 PM (three times).</p> <p>On 10/24/2024 at 2:59 PM, and 6:14 PM (twice).</p> <p>On 10/25/2024 at 4:11 AM, 2:18 PM, and 4:25 PM (three times).</p> <p>On 10/26/2024 at 1:38 AM, 2:37 PM and 6:11 PM (three times).</p> <p>On 10/27/2024 at 6:59 AM, 2:41 PM and 9:49 PM (three times).</p> <p>A review of Resident 1's November 2024 Certified Nursing Assistant (CNA) tracking log titled, Toilet transfer: The ability to get on and off a toilet or commode, indicated there was no evaluation about the resident's bladder habits (volume, quality of stream). The tracking log indicated Resident 1 had toilet transfer on the following dates and times:</p> <p>On 11/4/2024 at 6:03 AM, 11:28 AM, and 10:24 PM, indicated Resident 1's toilet transfer was not applicable.</p> <p>On 11/5/2024 at 1:14 AM was not applicable and at 2:59 PM, and 6:02 PM, not attempted due to medical condition or safety concerns.</p> <p>On 11/6/2024 at 1:56 PM, not applicable and 6:23 PM, not attempted.</p> <p>On 11/7/2024 at 10:05 AM, not applicable.</p> <p>On 11/8/2024 at 5:46 AM, not applicable.</p> <p>A review of Resident 1's Bowel & Bladder assessment dated [DATE], indicated the resident was always incontinent, had renal dysfunction, had a score of 17, as a score of 13-24 indicated a Poor Candidate for scheduling or retraining. The Bowel & Bladder assessment indicated Resident 1 had dementia, while Resident 1's admission record and diagnosis information did not indicate or include a diagnosis of dementia (a neurological condition that causes a decline in brain function, affecting a person's ability to think remember, and reason).</p> <p>A review of Resident 1's Fall Risk assessment dated [DATE] indicated the resident had a history 1 -2 falls in the past three months, required use of assistive devices and that for level of consciousness the resident was disoriented. The assessment indicated Resident 1 had a score of 17, as a score of 10 or greater indicated a high risk for potential falls.</p> <p>On 11/12/2024 at 2:59 PM, the toilet transfer log indicated when Resident 1 was transferred to the toilet, he was dependent on staff, helper did ALL of the effort, and the resident did none of the effort to complete the activity.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's MDS dated [DATE], indicated the resident had moderate cognitive impairment was moderately confused, unable to make decisions, or follow instructions. The MDS indicated Resident 1 was always incontinent and there was no attempt or trial of a toileting program upon admission / entry or reentry to the facility. Resident 1 was dependent on a manual wheelchair for mobility and required partial assistance from another person for indoor ambulation.</p> <p>A review of Resident 1's CNA tracking log titled, Toilet transfer: The ability to get on and off a toilet or commode, dated 11/26/2024 indicated at 2:25 PM the resident had supervision or touching assistance to get on and off the toilet. At 8:30 PM indicated 'not applicable' for the activity. On 11/27/2024 at 8:41 PM, the log indicated 'not attempted due to environmental limitations, i.e., lack of equipment.' On 11/28/2024 at 2:34 PM Resident 1 had supervision for the activity and at 6:58 PM, there was no attempt for Resident 1 to be assisted on and off the toilet due to medical condition or safety concerns.</p> <p>A review of the Physician's Order Summary Report dated 11/29/2024, indicated to transfer Resident 1 to the GACH for further evaluation and treatment of status post fall.</p> <p>According to a review of the facility document received to the Department on 12/2/2024, Resident 1 had a fall on 11/28/2024 around 11 PM. Resident 1 was found on the floor by the closet and stated he was trying to go to the bathroom. The facility document indicated the physician was notified, ordered an X-ray of the right hip and the technician reported there was a dislocation.</p> <p>A review of Resident 1's re-admission record dated 12/2/2024 indicated Resident 1 with a new diagnosis of a displaced intertrochanteric (the area between the greater and lesser bone, where hip and thigh meet) fracture (a partial or complete break in a bone) of right femur (the thigh bone, the longest and strongest bone in the body), initial encounter for closed fracture.</p> <p>During a concurrent record review and interview on 12/3/2024 at 10:45 AM with Director of Staff Development (DSD), Resident 1's fall and incontinence care plans were reviewed. The DSD stated Resident 1 had mobility and cognitive deficiencies that contributed to his fall. The DSD stated after review of Resident 1's Fall care plan and Incontinence care plan that the quarterly care plan for June 2024 was not reviewed or revised and was missing.</p> <p>During an interview on 12/4/2024 at 12:27 PM with MDS coordinator, Resident 1's care planning revisions were reviewed. The MDS coordinator acknowledged there was a deficiency in updating the quarterly care plans for Resident 1.</p> <p>During an interview on 12/4/2024 at 12:27 PM with the MDS coordinator, Resident 1's Bowel and Bladder Incontinence care plan was reviewed. The MDS coordinator stated there was a problem in updating the quarterly care plan for Resident 1. The MDS coordinator stated and agreed that Resident 1 was moderately confused and had a high fall risk. She stated Resident 1 should have had a routine toileting program implemented based on criteria and assessment outcomes and IDT recommendations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER California Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 909 S Lake Street Los Angeles, CA 90006	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 12/5/2024 at 1:38 PM, Certified Nursing Assistant (CNA) 3 stated, he was assigned to care for Resident 1 on the night Resident 1 fell while trying to go to bathroom. CNA3 stated he heard a loud bang near Resident 1's room, and went to check the noise. CNA3 stated he found Resident 1 lying flat on his back in front of the bathroom and assisted the charge nurse to place Resident 1 back to his bed. CNA 3 stated Resident 1 was screaming, and was assessed with no visible injury noted. CNA 3 stated Resident 1 was not consistent with using call lights because he gets confused. CNA 3 stated Resident 1 did not have routine schedules to assess for toileting needs, staff conducted hourly or random checks.</p> <p>During an interview on 12/5/2024 at 2:06 PM, the Director of Nursing (DON) stated Resident 1 required frequent reminders to call for assistance, and was dependant on staff for ambulating. The DON stated Resident 1 was checked and changed by staff for bathroom needs. Staff conducted frequent rounds but they were not documented. When the DON was asked about the bowel bladder incontinence care plan intervention regarding Resident 1 required assistance every two hours for transfer to the bathroom, the DON stated the facility did not document the two hour rounds for Resident 1 because that was not the process.</p> <p>A review of the facility's policy and procedures (P&P) revised January 2024 titled, Behavioral Programs and Toileting Plan for Urinary Incontinence, indicated to monitor, record and evaluate information about the resident's bladder habits, and continence or incontinence, including: voiding patterns (frequency, volume, time, quality of stream, etc.): type of incontinence (stress, urge, mixed, overflow, functional, etc.): If the resident did not respond and did not try to toilet, or for those with such severe cognitive impairment that they cannot either point to an object or say their own name, staff would use a check and change strategy, involved checking the resident's continence status at a regular interval and using incontinence devices or garments.</p> <p>A review of the facility's P&P titled, Urinary Incontinence - Assessment and Management, revised January 2024 indicated facility staff and practitioner would appropriately screen for and manage individuals with urinary incontinence and that management would follow relevant clinical guidelines. The policy indicated to provide services and treatment to help residents restore or improve bladder function and prevent urinary tract infections to the extent possible.</p> <p>A review of the facility's Policy and Procedures (P&P) revised January 2024, titled, Care Plans, Comprehensive Person-Centered, 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. The interdisciplinary team must review and update the care plan: a. when the desired outcome is not met; d. At least quarterly, in conjunction with the required quarterly MDS assessment.</p>		