

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  03/20/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36395</p> <p>Based on interview and record review the facility failed to follow physician orders to evaluate resident ' s nutritional and fluid needs for one of five sampled residents (Resident 1). For Resident 1, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Assess, monitor and evaluate Resident 1 ' s nutritional needs regularly and as needed.</li> <li>2. Monitor Resident 1 ' s intake and output as ordered by the Resident 1 ' s primary physician.</li> <li>3. Discuss and meet with the weight variance interdisciplinary team (IDT, professionals from different discipline, as appropriate, will work together to provide the greatest benefit for the resident) to discuss Resident 1 ' s nutritional needs.</li> </ol> <p>These deficient practices had the potential for the facility not to meet Resident 1 ' s nutritional needs to maintain Resident 1 ' s highest practicable well-being.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 1/17/24 and readmitted on [DATE] with diagnoses including dysphagia (difficulty in swallowing), gastrostomy (GT, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 2/14/25 indicated Resident 1 had severely impaired cognitive skills. Resident 1 was dependent with shower/bathe self, putting on/taking off footwear, substantial assistance (helper does more than half the effort to complete the activity) with oral hygiene, toileting hygiene, upper/lower body dressing and personal hygiene. The same MDS indicated Resident 1 had a GT.</p> <p>1. During a review of Resident 1 ' s Care Plan initiated on 10/26/24 indicated Resident 1 was at high risk for aspiration, dehydration and weight loss. The Care Plan goal included Resident 1 will not have more than five percent (%) of weight loss or more in the next three months. The care plan interventions included nutritional assessment and follow up by registered dietitian (RD, professional who had training and education in food and nutrition).</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
---	-------	-----------

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  03/20/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/13/25 at 9:58 a.m., Resident 1 ' s weight and the RD notes were reviewed with the registered nurse supervisor (RNS 1). RNS 1 stated on 2/6/25 Resident 1 ' s weight was 120 pounds and on 2/11/25 Resident 1 ' s weight was 109 pounds with a weight loss of 11 pounds in five days. RNS 1 stated Resident 1 was under the care of the RD, but RNS 1 stated the last documentation by the RD was dated 12/10/24.</p> <p>During an interview on 3/20/25 at 12:09 p.m., RD stated she failed to see Resident 1 in 1/25 and 2/25. RD stated Resident 1 was at high risk for malnutrition. RD stated Resident 1 ' s weight loss was expected because Resident 1 had a change from oral diet to GT feeding. RD stated there was no weight variance IDT done weekly and should have been done. RD stated the weight variance IDT would discuss resident needs, discuss the laboratory results and any recommendations. RD further added because Resident 1 had a GT feeding, Resident 1 should have weekly monitoring. RD further added she recommended laboratory tests for Resident 1 but failed to follow-up if the laboratory were done.</p> <p>2. During a review of the physician order dated 2/9/25 at 5:15 p.m., indicated a physician order to monitor Resident 1 ' s intake and output for 30 days and then re-evaluate.</p> <p>During a concurrent interview and record review on 3/13/25 at 9:58 a.m., Resident 1 ' s physician order dated 2/9/25 and Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) dated 2/25 were reviewed with RNS 1. RNS 1 stated she was unable to find documentation that Resident 1 ' s intake and output were monitored and documented. RNS 1 stated Resident 1 ' s MAR would indicate the amount of fluid Resident 1 was given.</p> <p>During an interview on 3/13/25 at 3:29 p.m., the director of nursing (DON) stated Resident 1 was receiving GT feeding with water flushes. The DON stated Resident 1 ' s intake and output should be monitored to ensure that Resident 1 was absorbing the GT feeding properly and how Resident 1 ' s body was adjusting to the new GT feeding.</p> <p>During a review of the facility ' s Registered Dietitian job summary (undated) indicated the RD is responsible for ensuring the nutritional health and well-being of residents in accordance with federal, state and local regulations. This role includes assessing resident ' s nutritional needs, monitoring dietary interventions and working collaboratively with the interdisciplinary team to enhance resident ' s quality of life. The job description indicated the RD conduct comprehensive nutrition assessments for residents upon admission, quarterly, annually and as needed. The RD monitor resident ' s weight trends, hydration status and overall nutrition intake to prevent malnutrition and other health complications. The job description indicated to maintain accurate and timely documentation in resident ' s medical records, ensuring compliance with state and federal regulations.</p> <p>During a review of the facility's policy and procedures (P&amp;P) titled Enteral Nutrition reviewed on 1/24, the P&amp;P indicates the dietitian monitors residents who are receiving enteral nutrition and makes appropriate recommendations for interventions to enhance tolerance and nutritional adequacy of enteral feedings. The dietitian s to follow up with the resident for signs and symptoms of adequate nutrition, altered hydration and altered electrolytes.</p> <p>During a review of the facility' P&amp;P titled Weight Assessment and Intervention reviewed on 1/24, the P&amp;P indicates assessment information shall be analyzed by the multidisciplinary team and conclusions shall be made including:</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  03/20/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Resident ' s target weight range</p> <p>b. Approximate calorie, protein and other nutrient needs compared with the resident ' s current intake</p> <p>c. Whether and to what extent wight stabilization or improvement can be anticipated.</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  03/20/2025
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36395</p> <p>Based on interview and record review the facility failed to provide interventions to prevent complications for residents who were receiving enteral (form of nutrition that is delivered into the stomach as a liquid) through the gastrostomy tube (GT, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) for one of five sampled residents (Resident 1). For Resident 1, the facility failed to follow physician order to:</p> <ol style="list-style-type: none"> <li>1.Always keep Resident 1 ' s head of the bed elevated at 30 degrees and higher during feeding and for one hour after feeding has stopped.</li> <li>2.Check the tube placement before initiation of formula, medication administration and water flushing at least every eight hours.</li> </ol> <p>These deficient practices had the potential for Resident 1 to have aspiration pneumonia (food, liquid, or other material enters a person's airway and eventually the lungs [breathing organ] by accident).</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 1/17/24 and readmitted on [DATE] with diagnoses including dysphagia (difficulty in swallowing), gastrostomy (GT, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 2/14/25 indicated Resident 1 had severely impaired cognitive skills. Resident 1 was dependent with shower/bathe self, putting on/taking off footwear, substantial assistance (helper does more than half the effort to complete the activity) with oral hygiene, toileting hygiene, upper/lower body dressing and personal hygiene. The same MDS indicated Resident 1 had a GT.</p> <p>During a review of Resident 1 ' s Care Plan initiated on 10/26/24 indicated Resident 1 was at high risk for aspiration related to tube feeding. The Care Plan goal indicated Resident 1 will have no aspiration daily. The care plan interventions included to elevate the HOB 30 degrees while feeding is on, when giving medications or flushing the GT and monitor for signs of aspiration.</p> <p>During a review of the Resident 1 ' s Physician Order dated 2/9/25 at 5:15 p.m., indicated an order to elevate head of the bed 30 degrees or higher at all times during GT feeding and for one hour after GT feeding had stopped, to check GT placement before initiation of formula, medication administration and GT water flushing least every eight hours.</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  03/20/2025
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/20/25 at 10:40 a.m., Resident 1 ' s primary physician order dated 2/9/25 was reviewed with the director of nursing (DON). The DON stated Resident 1 ' s head of the bed should be elevated above 30 degrees or higher to prevent aspiration that may lead to pneumonia. DON agreed that the last documentation was dated 2/12/25 indicating Resident 1 had the head elevated during GT feeding. DON stated she was unable to find any other documentation.</p> <p>During a telephone interview on 3/20/25 at 11:04 a.m., Resident 1 ' s nurse practitioner (NP, aregistered nurse with advanced training in administering patient care) stated aspiration pneumonia can be caused by how Resident 1 was positioned while receiving the GT feeding. NP stated Resident 1 ' s head should be positioned above 30 degrees and above so it (feeding) won ' t back up while receiving the GT feeding.</p> <p>During a review of the facility's policy and procedures (P&amp;P) titled Enteral Nutrition revised on 1/24, the P&amp;P indicates the provider will consider the need for supplemental orders including confirmation of tube placement, head of bed elevation, checks for gastric residual volume. The same Policy indicated risk for aspiration is assessed by the nurse and provider and addressed in the individual care plan. The same Policy indicated the risk of aspiration may be affected which included improper position of the resident during feeding and failure to confirm placement and failure to confirm placement of the feeding tube prior to initiating the feeding.</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  03/20/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36395</p> <p>Based on interview and record review the facility failed to ensure the medical records were kept accurate for one of five sampled residents (Resident 1). For Resident 1, the facility failed to accurately reflect in Resident 1 ' s medical record that a care meeting was held between the facility and Resident 1 ' s responsible parties (RPs) on 2/27/25.</p> <p>This deficient practice resulted in inaccurate and incomplete medical record for Resident 1.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 1/17/24 and readmitted on [DATE] with diagnoses including dysphagia (difficulty in swallowing), gastrostomy (GT, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and dementia (a progressive state of decline in mental abilities).</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 2/14/25 indicated Resident 1 had severely impaired cognitive skills. Resident 1 was dependent with shower/bathe self, putting on/taking off footwear, substantial assistance (helper does more than half the effort to complete the activity) with oral hygiene, toileting hygiene, upper/lower body dressing and personal hygiene.</p> <p>During a telephone interview on 3/12/25 at 2:40 p.m., Resident 1 ' s responsible party (RP) stated, RP went to visit Resident 1 on 2/27/25 and met with the facility staff to discuss Resident 1 ' s needs.</p> <p>During an interview on 3/13/25 at 9:58 a.m., registered nurse supervisor (RNS 1) stated Resident 1 ' s responsible party (RP) came to the facility. RNS 1 stated a meeting was held between the RP and the facility SSD, activity director (AD) and licensed vocational nurse (LVN 1).</p> <p>During an interview on 3/13/25 at 10:40 a.m., LVN 1 stated Resident 1 ' s RP came and we had a meeting and discussed the plan of care including discussion of Resident 1 ' s medications.</p> <p>During an interview on 3/13/25 at 2:33 p.m., the social service designee (SSD) stated there was no documentation about the meeting with Resident 1 ' s RP because it was an informal meeting.</p> <p>During a telephone interview on 3/13/25 at 3:39 p.m., the director of nursing (DON) stated the meeting between Resident 1 ' s RP and RNS 1, AD, LVN 1 and the SSD should have been documented. DON stated the meeting is a care conference and any services provided should be documented in the medical record.</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  03/20/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility' policy and procedures (P&amp;P) titled Charting and Documentation revised on 1/24, the P&amp;P indicates all services provided to the resident, progress toward the care plan goals or any changes in the resident ' s medical, physical, functional or psychosocial condition shall be documented in the resident ' s medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident ' s condition and response to care. The same Policy indicated the following information shall be documented in the resident medical record including</p> <ol style="list-style-type: none"> <li>1. Treatments or services performed</li> <li>2. Events, incidents or accidents involving the resident</li> <li>3. Progress toward or changes in the care plan goals and objectives.</li> </ol> <p>The same Policy indicated documentation in the medical record will be objective (not opinionated or speculative), complete and accurate.</p>		