

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 05/09/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to develop and implement a care plan for nutrition for one of five sampled residents (Resident 1). For Resident 1, the facility failed to develop and implement a care plan to address Resident 1 ' s nutritional and hydration needs.</p> <p>This deficient practice had the potential for the facility not to address Resident 1 ' s hydration and nutritional needs.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 12/30/24 with diagnoses including Parkinson ' s disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), muscle weakness, and heart failure (lifelong condition in which the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, a resident assessment tool) dated 1/3/25 indicated Resident 1 had mild cognitive impairment. Resident 1 was dependent on toileting hygiene, shower/bathe self, upper/lower body dressing, putting on/taking off footwear and maximal assistance (helper does more than half the effort) with eating and oral hygiene. The MDS indicated Resident 1 had an indwelling catheter (tube that collects urine from the bladder (organ inside the body that stores urine) and leads to a drainage bag.</p> <p>During a review of Resident 1 ' s Nutritional Care initial assessment dated [DATE] indicated Resident 1 had variable oral intake and was underweight. The nutritional assessment indicated Resident 1 needed additional calories.</p> <p>During a concurrent interview and record review on 5/8/25 at 12:31 p.m., Resident 1 ' s Nutritional assessment dated [DATE] was reviewed with the Director of Nursing. DON stated Resident 1 had diagnoses that included malnutrition and were given high protein supplement three times a day. DON stated there was no care plan created to address Resident 1 ' s nutritional needs. The DON further stated the care plan interventions would include Resident 1 ' s input and output and other nutritional interventions. The DON further stated the care plan would help us evaluate if the care plan interventions are working or if .we need to do a more aggressive approach to meet Resident 1 ' s nutritional needs.</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 0656</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 titled Care Plans, Comprehensive Person-Centered revised on 5/24 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 same Policy indicated the assessments of residents are ongoing and care plans are revised as information about the residents and the resident ' s condition change.</p> <p>During a review of the facility's policy and procedures titled Nutritional Assessment revised on 10/17 and reviewed on 4/17/25, the P&P indicated once current conditions and risk factors for impaired nutrition are assessed and analyzed, individual care plans will be developed that address or minimize to the extent possible the resident ' s risks for nutritional complications. Such interventions will be developed within the context of the resident ' s prognosis and personal preference. The same Policy indicated the individualized care plans shall address to the extent possible:</p> <ol style="list-style-type: none"> a. The identified causes of impaired nutrition b. The resident ' s personal preferences c. Goals and benchmarks for improvement d. Timeframes and parameters for monitoring and reassessment.

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36395</p> <p>Based on interview and record review the facility failed to evaluate the nutritional and hydration (maintain adequate amount of fluid in the body) needs of one of five sampled residents (Resident 1). For Resident 1, the facility failed to ensure:</p> <ol style="list-style-type: none"> 1. Resident 1 ' s intake (amount of fluid entering the body) and output (amount of liquid leaving the body) were monitored as ordered by the physician on 2/8/25. 2. The registered dietitian (RD) evaluates Resident 1 ' s nutritional needs regularly. 3. Resident 1 was given a fortified diet as recommended by the RD on 1/20/25. <p>These deficient practices had the potential for the facility not to be able to meet the hydration and nutritional needs of Resident 1.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 12/30/24 with diagnoses including Parkinson ' s disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), muscle weakness, and heart failure (lifelong condition in which the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS, resident assessment tool) dated 1/3/25 indicated Resident 1 had mild cognitive impairment. Resident 1 was dependent on toileting hygiene, shower/bathe self, upper/lower body dressing, putting on/taking off footwear and maximal assistance (helper does more than half the effort) with eating and oral hygiene. The MDS indicated Resident 1 had an indwelling catheter (tube that collects urine from the bladder (organ inside the body that stores urine) and leads to a drainage bag.</p> <p>During a review of Resident 1 ' s Nutritional Care initial assessment dated [DATE] indicated Resident 1 had variable oral intake and was underweight. The nutritional assessment indicated Resident 1 needed additional calories and the nutrition intervention included to give Resident 1 fortified diet (adding ingredients to food and drinks to increase the nutritional content).</p> <p>During a review of Resident 1 ' s Physician Telephone Order dated 2/8/25 at 7:56 p.m., indicated an order to initiate input and output (I&O) for hydration.</p> <p>During a review of Resident 1 ' s Care Plan initiated on 2/10/25 indicated Resident 1 had an indwelling catheter related to urinary retention. The care plan goal included to minimize occurrence of dehydration. The care plan interventions included to observe adequate urine output and encourage fluid intake unless contraindicated.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s fluid intake from 2/8/25 to 3/5/25, indicated Resident 1 had been drinking fluid ranging from 100 milliliters (ml., measure of volume) to 750 ml. of fluid every shift.</p> <p>During a review of Resident 1 ' s urine output from 2/8/25 to 3/5/25 indicated the following:</p> <p>2/9/25 at 1:53 p.m. - 240 ml</p> <p>2/9/25 at 4:41 p.m. - 800 ml</p> <p>2/13/25 at 12:55 p.m. - 400 ml.</p> <p>2/15/25 at 10:08 p.m. - 300 ml</p> <p>2/18/25 at 11:31a.m.- 1000 ml</p> <p>2/20/25 10:40 p.m. - 400 ml</p> <p>2/21/25 6:04 a.m.- 780 ml</p> <p>2/21/25 at 8:13 p.m. 200 ml.</p> <p>2/22/25 at 5:58 a.m. 500 ml</p> <p>2/25/25 at 5:57 a.m. - 500 ml.</p> <p>3/1/25 at 9:38 p.m. - 400 ml.</p> <p>3/2/25 at 6:31 p.m.- 550 ml.</p> <p>3/3/25 at 4:17 pm - 600 ml.</p> <p>3/5/25 at 11:01 a.m. - 500 ml.</p> <p>No other urine output was documented.</p> <p>During a concurrent interview and record review on 5/9/25 at 9:15 a.m., Resident 1 ' s physician order dated 2/8/25 to initiate I&O for hydration was reviewed with the registered nurse supervisor (RNS 1). RNS 1 stated the urine output was not documented every shift. RNS 1 stated the urine output should be documented every shift and then compared and determine the trend to find out if Resident 1 was retaining fluid or if Resident 1 may need more fluids.</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/9/25 at 12:31 p.m., the director of nursing (DON) agreed that Resident 1 ' s fluid intake was documented but the urine output was not documented. The DON stated Resident 1 had an indwelling catheter and the urine output was not consistently documented every shift. The DON stated Resident 1 ' s input and output should be documented and should be reviewed to determine if Resident 1 was meeting his fluid needs. The DON further added she was unable to find documentation that the RD continue to evaluate Resident 1 ' s nutritional needs after 1/20/25. DON stated the RD is responsible for evaluating the nutritional needs of Resident 1.</p> <p>During a telephone interview on 5/9/25 at 2:45 p.m., the RD stated Resident 1 was at risk for weight loss and dehydration. RD stated she initially assessed Resident 1 ' s nutritional needs on 1/20/25 and recommended a fortified diet that would provide Resident 1 with an extra 500 calories a day. The RD stated she ensures that Resident 1 ' s intake was meeting his nutritional needs. However, RD stated she did not follow-up with Resident 1. RD stated she does not have any documentation after 1/20/25.</p> <p>During a telephone interview on 5/9/25 at 3:10 p.m., the dietary supervisor (DS) stated Resident 1 ' s diet was on no added salt minced texture regular liquid but was not given the fortified diet. DS stated that when Resident 1 was not given the fortified diet, Resident 1 had the potential for weight loss.</p> <p>During a review of the facility' policy and procedures (P&P) titled Catheter Care, Urinary reviewed on 3/24, the P&P indicated to observe the resident ' s urine level for noticeable increases or decreases. If the level stays the same or increases rapidly, report to the physician or supervisor. The same Policy indicated maintain an accurate record of the resident ' s daily output as per facility policy and procedure.</p> <p>During a review of the facility, the RD job description indicated the RD ' s key responsibilities included conducting comprehensive nutrition assessments for residents upon admission, quarterly, annually and as needed. The same job description indicated the RD monitor resident ' s weight trends, hydration status, overall nutritional intake to prevent malnutrition and other health complications. The same job description indicated the RD will maintain accurate and timely documentation in resident ' s medical records.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>36395</p> <p>Based on interview and record review the facility failed to provide adequate staffing for one of 5 sampled residents (Resident 2). Resident 2 stated on 5/3/25 and 5/4/25 she called for assistance to have her pull ups changed during the night shift. Resident 2 stated she did not get the assistance she needed timely.</p> <p>This deficient practice resulted in Resident 2 not provided the necessary services timely affecting Resident 2 ' s psychosocial and physical well-being.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 2 on 4/5/25 with diagnoses including muscle weakness and difficulty in walking.</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 4/12/25 indicated Resident 2 was cognitively intact. Resident 2 was dependent (helper does all the effort) on toileting hygiene, needed maximal assistance (helper does more than half the effort) with oral hygiene, shower/bathe self, upper/lower body dressing, putting on/taking off footwear, personal hygiene and set up with eating.</p> <p>During a review of Resident 2 ' s Care Plan initiated on 4/7/25 indicated Resident 2 had a high risk for falls related to balance problems. The care plan goal indicated Resident 2 ' s risk for falls will be minimized to the extent possible by the next review date. The care plan interventions included to anticipate and meet the resident ' s needs promptly and answer the resident ' s needs promptly to all requests for assistance.</p> <p>During a review of the Facility Census and Direct Care Service Hours Per Patient Day (DHPPD) dated 5/3/25 and 5/4/25 indicated there were 48 residents living in the facility.</p> <p>During a review of the Nursing Assignment and Sign-in Sheet for the night shift (11 p.m. to 7 a.m.) on 5/3/25 and 5/4/25 indicated four CNAs were scheduled to work. However, two CNAs called in sick on 5/3/25 and 5/4/25. The Nursing Staffing Assignment indicated only two CNAs worked during the night shift.</p> <p>During an interview on 5/8/25 at 9:42 a.m. Resident 2 stated she called for assistance on 5/3/25 because I wet myself during the night shift. Resident 2 stated she pressed the call bell and I waited for hours before the CNA came to assist her. Resident 2 stated on 5/4/25 she called for assistance again and had to wait for hours before the CNA came to assist her. Resident 2 stated the facility needs more help during the night shift. Resident 2 stated it was unacceptable. Resident 2 stated she was annoyed and angry that it took too long for the CNA to answer the call bell when she needed assistance.</p> <p>(continued on next page)</p>		

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<p>F 0725</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 5/8/25 at 10:43 a.m., the staffing for 5/3/25 and 5/4/25 were reviewed with the director of staff development (DSD). DSD stated on 5/3/25 and 5/4/25 there were four CNAs scheduled to work during the night shift, but two CNAs called in sick. DSD stated the two CNAs who called off sick on 5/3/25 and 5/4/25 were not replaced. DSD stated two CNAs for 48 residents is too much. DSD stated when the facility was short of CNAs, the quality of care given to the residents are affected, and the CNAs get burnt out.</p> <p>During a review of the facility' policy and procedures (P&P) titled Staffing revised on 5/24, the P&P indicated the facility provides sufficient numbers of staff with the skills and competency necessary to provide care and services for all residents in accordance with resident care plan and the facility assessment. The same Policy indicated licensed nurses and certified nursing assistants are available 24 hours a day to provide direct resident care services.</p>		