| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 055504 | A. Building<br>B. Wing | 01/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Overland Terrace Healthcare & Wellness Centre, LP | 3515 Overland Avenue<br>Los Angeles, CA 90034 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253<br><br>Based on interview and record review, the facility failed to ensure one of two residents (Resident 1) received care and services necessary to prevent accidents and falls, by failing to accurately assess Resident 1's fall risk upon admission on 10/9/24.<br><br>This deficient practice placed Resident 1 at an increased risk for to not receiving care and services necessary to prevent accidents and falls.<br><br>Findings:<br><br>A review of Resident 1's Admission Record indicated the facility admitted the resident on 10/9/2024 with diagnoses including Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), anoxic brain damage, history of falling and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), unspecified convulsions.<br><br>A review of Resident 1's hypertension care plan, initiated 10/10/2024 indicated the resident had high blood pressure. The care plan interventions included the facility administer lisinopril (a medication that treats high blood pressure) one time a day and to monitor for hypotension (low blood pressure), increased heart rate and the effectiveness of the high blood pressure medication.<br><br>A review of Resident 1's Parkinson's Disease care plan, initiated 10/10/2024, indicated the interventions included to provide emotional support and encouragement, The interventions also included physical and occupational therapy as ordered.<br><br>A review of Resident 1's History and Physical (H&P), dated 10/12/2024, indicated Resident 1's primary medical history was significant for cardiac arrest in 2/2024 and the resident was ambulatory with a front wheeled walker (FWW).<br><br>A review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 10/16/2024, indicated that the resident had moderately impaired cognition (ability to think, understand, and reason). The MDS indicated Resident 1 required partial/moderate assistance (helper does less than half the effort) with personal hygiene and lower body dressing. The MDS indicated the resident used a manual wheelchair and a walker (FWW).<br><br>(continued on next page) |



| 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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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of Resident 1's Fall Risk assessment dated [DATE] indicated a total score of 5 indicating the resident was at low risk for falls. The fall risk assessment form indicated if the total score was10 or greater the resident should be considered at high risk for potential falls. The assessment form indicated the resident had not fallen in the past three months. The assessment form indicated Resident 1 had no predisposing condition such as Parkinson's Disease, seizures, arthritis, osteoporosis, and delirium. The fall risk assessment indicated Resident 1 was not taking the following types of medications, antiseizure medications, antihypertensive (medication that treats high blood pressure) and hypoglycemics (medications that lower blood sugar level).<br><br>A review of Resident 1's Physician orders, dated 10/9/2024, indicated the facility was to administer to the resident:<br><br>-Levetiracetam (a medication to prevent seizures) 500 MG one tablet by mouth twice a day for seizures<br><br>-Metformin (a medication to lower blood sugar) 500 mg one tablet by mouth one time a day for diabetes<br><br>-Lisinopril 20 mg one tablet by mouth one time a day for hypertension (high blood pressure)<br><br>During a concurrent interview and record review on 1/2/2025 at 12:32 PM, the Director of Nursing (DON) reviewed Resident 1's Fall Risk Assessments and care plans. The DON stated Resident 1's fall risk assessment dated [DATE], indicated the resident was not considered at high risk for falling. The DON stated Resident 1 was taking anti-convulsant (medication to treat seizures), a hypoglycemic medication (used to bring down one's blood sugar), and anti-hypertensive medications (used to treat high blood pressure). The DON stated the fall risk assessment did not accurately assess the resident's pre-disposing diseases. The DON stated the fall risk assessment indicated Resident 1 did not have any pre-disposing diseases and should have indicated the resident had 3 or more. The DON stated the fall risk assessment was not correctly coded and correctly coding the fall risk assessment would have increased the fall risk assessment score and would have indicated the resident was at greater risk, however the exact score could not be determined. The DON stated not correctly completing the fall risk assessment could lead to Resident 1 falling.<br><br>A review of the facility's policy and procedure titled, Fall Management Program, revised 3/13/2021, indicated the purpose of the policy was to provide residents a safe environment that minimizes complications associated with falls. The P&P also indicated as part of the Admission Assessment, the licensed nurse will complete a fall risk evaluation. If a fall risk factor is identified, document interventions on the Resident's care plan. Document interventions for every Resident regardless of fall risk evaluation score. |