

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055519	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Downey Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 13007 S. Paramount Blvd. Downey, CA 90242	

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** 45009</p> <p>Based on interview and record review, the facility failed to develop and/or implement an individualized person-centered care plan with measurable objectives, timeframes, and interventions for two of three sampled residents (Resident 1 and Resident 3), who had moisture associated skin damage ([MASD] skin damage caused by prolonged exposure to various sources of moisture, including urine or stool, perspiration, wound exudate, mucus, saliva, and their contents. MASD is characterized by inflammation of the skin, occurring with or without erosion or secondary cutaneous infection).</p> <p>This deficient practice had the potential to negatively affect the delivery of skin treatments and skin breakdown prevention for Resident 1 and Resident 3.</p> <p>Findings:</p> <p>1. A review of Resident 1's Admission Record, indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) and dependence on renal dialysis (process of removing waste products and excess fluid from the body when the kidneys are not able to adequately working).</p> <p>A review of Resident 1's History and Physical (H&P) dated 6/3/2024, indicated Resident 1 had the capacity to understand and make medical decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care planning tool), dated 3/20/2024, indicated Resident 1's cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making was intact. The MDS indicated Resident 1 was dependent (helper does all of the effort) on staff for shower/bath, and lower body dressing. The MDS indicated Resident 1 required substantial assistance (helper does more than half the effort) for toileting hygiene. The MDS indicated Resident 1 had frequent bowel incontinence (two or more episodes of bowel incontinence, but at least one continent bowel movement).</p> <p>A review of Resident 1's Physician Orders dated 6/3/2024, indicated for cleanse the MASD with normal saline (a mixture of sodium chloride and water, has a number of uses in medicine including cleaning wounds), pat dry, apply barrier cream (a product applied directly to the skin surface to help maintain the skin's physical barrier) and leave open to air dry for everyday shift for 21 days.</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>A review of Resident 1's Treatment Administration Record (TAR) dated 6/1/2024 - 6/18/2024, indicated Resident 1 received treatment for MASD to the perianal (privates) area.</p> <p>A review of Resident 1's electronic medical record (EMR) indicated there was no care plan developed for Resident 1's MASD to the perianal area.</p> <p>2. A review of Resident 3's Admission Record, indicated Resident 3 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 3's diagnoses included peripheral vascular disease and diabetes mellitus (high blood sugar).</p> <p>A review of Resident 3's H&P dated 5/14/2024, indicated Resident 3 had the capacity to understand and make medical decisions.</p> <p>A review of Resident 3's MDS, dated [DATE], indicated Resident 3's cognitive skills for daily decision making was intact. The MDS indicated Resident 3 was dependent on staff for toileting hygiene, shower/bath, and lower body dressing. The MDS indicated Resident 3 had frequent bowel and urinary incontinence (inability to control bowel and bladder functions).</p> <p>A review of Resident 3's Physician Orders dated 6/13/2024, indicated Resident 3 had an order to cleanse the bilateral (pertaining to both sides) gluteal folds MASD with normal saline, pat dry, apply barrier cream, and leave open to dry daily for 14 days.</p> <p>A review of Resident 3's EMR, indicated there was no care plan developed for Resident 3's MASD to the bilateral gluteal folds.</p> <p>A review of Resident 3's TAR dated 6/13/2024 - 6/18/2024, indicated Resident 3 received treatment to the bilateral gluteal folds.</p> <p>During an interview on 6/18/2024 at 11:35 a.m. with the Treatment Nurse (TN), the TN stated Resident 1 had MASD located on her groin and on her buttocks. The TN stated Resident 3 had MASD located on her perianal area. The TN stated all residents with MASD should have a care plan developed because all skin issues were care planned. The TN stated it was important for MASD to be care planned to provide staff a plan of care to treat the MASD and prevention of further skin breakdown. The TN stated if the MASD did not get care planned, staff would not pay attention to residents' skin and more skin issues would develop.</p> <p>During an interview on 6/18/2024 at 12:10 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that MASD was a skin issue that was always care planned. LVN 1 stated it was important to develop a care plan because the goals would be individualized for each resident. LVN 1 stated if a care plan was not developed for MASD it would be harder to follow up on the resident and know the plan of care for that resident, and staff would not be aware the resident had MASD.</p> <p>During an interview on 6/18/2024 at 1:04 p.m. with the MDS Nurse (MDSN), the MDSN stated MASD was care planned by the TN. The MDSN stated the TN received the treatment orders, put the orders in the resident's EMR, and developed the care plan for skin issues.</p> <p>(continued on next page)</p>

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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 an interview on 6/18/2024 at 2:57 p.m. with the Director of Nursing (DON), the DON stated a change in condition was care planned. The DON stated it was important to develop a care plan because it served as guidance to the staff to inform them of the residents' plan of care. The DON stated if a care plan was not developed, there would not be guidance for the residents' care and staff might miss something. The DON stated that residents' that have MASD must have a care plan for MASD to prevent further skin breakdown.</p> <p>A review of facility's Policy and Procedure (P&P) titled Change of Condition Reporting , undated, indicated for a routine medical change staff must document resident change of condition and response in the clinical record, and update the resident care plan.</p> <p>A review of the facility's P&P titled Comprehensive Resident Centered Care Plan , dated 1/2021, indicated the facility would develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs.</p>		