

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 08/09/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36504</p> <p>Based on interview and record review, the facility failed to provide Restorative Nursing ([RNA] nursing aid that helps residents maintain their function and joint mobility) exercises according to the physician ' s order for three of five residents (Residents 1, 2 and 5).</p> <p>This deficient practice placed Residents 1, 2, 3 and 5 at risk for contractures (permanent or temporary shortening of muscles, tendons, skin, and other tissues that causes joints to stiffen and prevent normal movement) and a decline in range of motion ([ROM] how far you can move or stretch a part of the body, such as a joint or a muscle).</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including hemiplegia (paralysis that affect one side of the body, including the arms and legs) and Hemiparesis (muscle weakness).</p> <p>During a review of Resident ' s 1 Minimum Data Set ([MDS], a standardized assessment and care screening tool) dated 5/15/2024, indicated Resident 1 had the ability to make her needs known. The MDS indicated Resident 1 was totally dependent on staff for Activities of Daily Living (ADL ' s) including eating, hygiene, dressing and transfers (the ability to move to and from a bed to a chair).</p> <p>During a review of Resident 1 ' s physician order dated 7/25/2024, the order indicated RNA to provide PROM ([Passive Range of Motion] nurse moves the resident ' s limb or body part around the stiff joint, gently stretching the muscles) to both upper and lower extremities (arms and legs) five times a week as tolerated.</p> <p>During a review of Resident 1 ' s RNA Documentation Report dated 7/2024, the Report indicated there were no supporting documentation RNA exercises were provided on 7/26/2024, 7/29/2024, 7/30/2024 and 7/31/2024. The Report indicated NA (Not applicable) was marked on 7/29/2024 and 7/31/2024 and RR (Resident Refused) was marked on 7/26/2024 and 7/30/2024.</p> <p>During a review of Resident 2 Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including End Stage Renal Disease (a condition in which the kidney lose the ability to remove waste from the body), Diabetes Mellitus (abnormal sugar level in the blood) with foot ulcer and muscle spasm (cramps).</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident ' s 2 MDS dated [DATE], the MDS indicated Resident 2 had the ability to make her needs known. The MDS indicated Resident 2 was totally dependent on staff for ADL ' s including showering, dressing and transfers.</p> <p>During a review of Resident 2 ' s physician order dated 6/4/2024, the order indicated RNA to provide active assisted ROM (exercise where the resident moves their joints and muscles with the help of the nurse) to both upper and lower extremities five times a week as tolerated.</p> <p>During a review of Resident 2 ' s Care plan addressing the resident ' s risk for further joint restrictions, dated 6/4/2024, the Care plan indicated Resident 2 was at risk for further joint restrictions. The Care plan indicated interventions included RNA to provide active assisted ROM to bilateral upper and lower extremities five times a week as tolerated.</p> <p>During a review of Resident 2 ' s RNA Documentation Report dated 7/2024, the Report indicated there were no supporting documentation RNA exercises were provided on 7/1/2024, 7/3/2024, 7/6/2024, 7/8/2024-7/10/2024, 7/15/2024, 7/17/2024, 7/19/2024-7/20/2024, 7/23/2024-7/24/2024, and 7/26/2024-7/30/2024. The Report indicated NA was marked on 7/1/2024, 7/3/2024, 7/8/2024-7/10/2024, 7/15/2024, 7/17/2024, 7/23/2024-7/24/2024, 7/26/2024-7/27/2024, 7/29/2024-7/30/2024 and RU (Resident not available) was marked on 7/6/2024.</p> <p>During an interview on 8/2/24 at 11:00 a.m. with Resident 2, Resident 2 stated she had not been receiving RNA exercises five times a week.</p> <p>During a review of Resident 5 Admission Record, the Admission Record indicated Resident 5 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis.</p> <p>During a review of Resident ' s 5 MDS dated [DATE], the MDS indicated Resident 5 ' s cognitive skills (ability to think and reason) for daily decision making was moderately impaired. The MDS indicated Resident 3 was totally dependent on staff for ADL ' s including dressing and transfers.</p> <p>During a review of Resident 5 ' s physician order dated 8/7/2023, the order indicated RNA to provide PROM exercises to both upper and lower extremities five times a week as tolerated.</p> <p>A review of Resident 5 ' s RNA Documentation Report dated 7/2024 indicated there were no supporting documentation RNA exercises were provided on 7/1/2024-7/3/2024, 7/6/2024-7/10/2024, 7/13/2024-7/14/2024, 7/18/2024, 7/22/2024, 7/25/2024, 7/27/2024-7/29/2024 and 7/31/2024. The Report indicated a blank space on 7/1/2024 and 7/28/2024, NA was marked on 7/2/2024, 7/6/2024-7/7/2024, 7/9/2024-7/10/2024, 7/13/2024, 7/18/2024, 7/22/2024, 7/25/2024, 7/27/2024, 7/29/2024, 7/31/2024 and RR was marked on 7/3/2024, 7/8/2024 and 7/14/2024.</p> <p>During an interview on 8/2/2024 at 12 06 p.m. with Resident 5, Resident 5 stated he received RNA exercises once or twice a week.</p> <p>During a concurrent record review and interview on 8/9/24 at 11 a.m., with RNA 1, Residents 1, 2 and 5 ' s RNA Documentation Report dated 6/2024 and 7/2024 were reviewed. RNA 1 stated, the residents did not receive RNA exercises because the residents would refuse.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent record review and interview on 8/9/24 at 10 a.m. with the Director of Nursing (DON), Residents 1, 2 and 5 ' s RNA Documentation Report dated 6/2024 and 7/2024 were reviewed. The DON stated, the documentation indicated the residents did not receive RNA exercises as ordered by the physician. The DON also stated RNAs were instructed to report to the charge nurse any time a resident refused care.</p> <p>During a review of the facility ' s Policy and Procedure (P&P) titled, Nursing Clinical - Restorative Care, dated 5/2019, the P&P indicated Restorative care would be provided to each resident according to his/her individual needs and desires as determined by assessment and interdisciplinary care planning. The P&P indicated, residents would receive services to attain and maintain the highest possible mental/physical functional status and psychosocial well-being.</p>		