

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055525	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Crenshaw Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 S Longwood Ave Los Angeles, CA 90016	

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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44294</p> <p>Based on interview and record review, the facility's dietary staff failed to serve the correct consistency per physician's order on June 1, 2024. This deficient practice placed the resident at risk for potential aspiration (happens when food, liquid, or other material enters a person's airway and eventually the lungs.)</p> <p>Findings:</p> <p>A review of Resident 1's Admission record, indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis of dysphagia, oropharyngeal phase (swallowing problems occurring in the mouth and/or the throat) and muscle weakness.</p> <p>A review of Resident 1's Minimum Data Set ([MDS], a standardized assessment and care screening tool), dated 6/8/2024, indicated Resident 1 had an intact cognition (mental capacity). Resident 1 required moderate assistance with eating and dressing and maximal assistance with oral hygiene and showers. Resident 1 was dependent for toileting hygiene, and dressing.</p> <p>A review of Resident 1's care plan, titled Mechanically altered diet , dated 4/30/2024, indicated follow diet as ordered and observe for chewing or swallowing difficulties and report to MD as indicated.</p> <p>A review of Resident 1's physician's order dated 6/1/2024, indicated NAS (No Added Salt) diet Minced and Moist texture, Nectar/Mildly Thick consistency, (texture-modified diet that restricts foods that are difficult to chew or swallow) g-tube wean consideration (slowly tapered off stomach tube feeds); prefers no fish or cheese.</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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of speech therapy note dated 6/20/2024-6/26/2024 Indicated Swallow treatment: instruction in alternating liquids/solids to increase pharyngeal clearance (prior to swallowing), facilitation of liquid delivery using small / controlled sips/intake, training in use of tongue sweep re-swallow to clear pocketing / residue, facilitation of small bites/sips (1/2 to 1/3 tsp), facilitation of food placement in oral cavity (mouth) to increase bolus (small amounts) control and propulsion (pushing), training in hard throat clear re - swallow to facilitate (ease) clearance and decrease s/s of penetration, training in use of double swallow to facilitate pharyngeal (before the voice box) clearance and facilitation of body positioning to increase safety with intake. Swallow treatment: exercises to increase oral motor strength. Swallow treatment: instruction in use of upright posture for > 30 mins after meals and training in use of upright posture during meals. (CTAR, open mouth swallows, pitch glides)</p> <p>During an interview on 7/12/2024 at 10:28 a.m. with Resident 1, Resident1 stated he was served the wrong diet and his family member had informed administration and director of nursing (DON).</p> <p>During an interview on 7/12/2024 at 11:18 a.m. ombudsman stated they had a meeting with the director of nursing (DON), dietary director and other specialists about Resident 1. On June 13,2024. They discussed Resident 1 had received the wrong diet on and the staff was apologizing for serving the wrong diet to the resident on 6/1/2024. They stated they were going to investigate and get back to them, but they never did.</p> <p>During a phone interview on 7/12/2024 at 12: 57 p.m. with family member 1 (FM 1). FM 1 stated that he had a meeting with ombudsman director of nursing,dietitian, and other staff. He reported to the staff that Resident 1 on 6/1/2024 had received a regular diet instead of a chop diet as ordered diet and he had a high aspiration risk due to being offered the wrong diet. They apologized for the wrong diet being given to resident but never got back them about interventions to prevent further errors.</p> <p>During an interview with Registered Nurse (RNS) on 7/12/2024 at 1:41 p.m. RNS stated the risk of having the wrong diet given to a resident was to aspirate, which could lead to aspiration, pneumonia, and hospitalization .</p> <p>During an interview with Dietary Supervisor (DS) on 7/12/2024 at 2:20 p.m. D.S. stated during the meeting FM 1, and ombudsman stated that resident 1 was offered the wrong diet. Resident 1 was offered a regular diet instead of the soft chopped diet as ordered by physician. They offered their apologies to resident and DON was supposed to get back with family about interventions, but DON is no longer in the facility, and he does not know if anything was done or said about the incident.</p> <p>A review of the facility's undated P&P titled, Food and Nutrition Services, indicated the multidisciplinary staff, including nursing staff, the attending physician and the dietitian will assess each resident's nutritional needs, food likes, dislikes and eating habits, as well as physical, functional, and psychosocial factors that affect eating and nutritional intake and utilization. A resident-centered diet and nutrition plan will be based on this assessment.</p>		