

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 02/21/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46832</p> <p>1. Report to the California Department of Public Health (CDPH- the state department responsible for public health in California) of a resident-to-resident physical altercation for two of four sampled residents (Resident 2 and Resident 3).</p> <p>This resulted in a delay in investigation by CDPH and placed Resident 3 at risk for further abuse.</p> <p>Findings:</p> <p>a. During a review of Resident 2 ' s face sheet, indicated Resident 2 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses which included schizophrenia (a mental illness that is characterized by disturbances in thought), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), epilepsy (a brain condition that causes seizures), and insomnia (trouble falling asleep or staying asleep).</p> <p>During a review of Resident 2 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 1/3/2025, the MDS Section indicated Resident 2 ' s cognitive skills were intact. The MDS Section indicated Resident 2 required supervision with activities of daily living (ADLs-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) such as toileting needs, showering and upper/lower body dressing.</p> <p>b. During a review of Resident 3 ' s face sheet, indicated Resident 2 was originally admitted on [DATE] with diagnoses which included osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage), hypertension (HTN-high blood pressure), muscle weakness (a decreased ability of muscles to contract and generate force) and cellulitis (a skin infection that causes swelling and redness).</p> <p>During a review of Resident 3 ' s Minimum Data Set (MDS- a federally mandated resident assessment tool), dated 1/9/2025, indicated Resident 3 ' s cognitive skills were intact. The MDS indicated Resident 3 required supervision and partial assistance with activities of daily living (ADLs-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) such as toileting needs, showering and upper/lower body dressing.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a record review of Resident 2 ' s progress notes, indicated Resident 2 had been discharged to a board and care facility (lower level of care).</p> <p>During an interview, on 02/21/2025, at 9:40 a.m., Resident 3 stated he did not physically hit Resident 2. Resident 3 stated as he was sitting in the hallway at the entrance looking out of the window. Resident 2 walked up to the door from the outside attempting to enter and told Resident 3 to move out of his way. Resident 3 stated he told Resident 2 to use the other entrance door. Resident 3 stated Resident 2 continued to enter the door where Resident 3 was sitting and started calling him racial slurs, while walking past him. Resident 3 stated he and Resident 2 started cursing at each other. Resident 3 stated I did not touch that man.</p> <p>During a telephone interview, on 02/21/2025 at 11:41 a.m., CNA 3 stated she had observed Resident 3 open-handedly hit (slapped) Resident 2 on the side of his head after after their verbal altercation. CNA 3 stated there were no injuries and stated staff intervened immediately after hearing the commotion. CNA 3 stated she did not know if the incident was reported to CDPH.</p> <p>During an interview, on 02/21/2025, at 11:52 a.m., with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated she was the staff member who reported the incident to CDPH. LVN 1 stated she did not have evidence of a fax confirmation or written Report of Suspected Dependent Adult/Elder Abuse (SOC 341) form to show the incident was reported to CDPH. LVN 1 stated the risk of not reporting in a timely manner could result in a potential for further abuse.</p> <p>During an interview, on 02/21/2025, at 12:45 p.m., with the Director of Nursing (DON), the DON stated he was informed by LVN 1 that CDPH was notified via fax and phone of the altercation with Resident 2 and Resident 3. The DON stated he did not have a fax report confirmation nor phone call confirmation of reporting the incident. The DON stated the risk of not reporting a physical altercation in a timely manner could result in abuse.</p> <p>During a review of the facility ' s policy and procedures, titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised 3/2023, indicated the administrator or the individual making the allegation immediately reports his or her suspicion to the state licensing/certification agency responsible for surveying/licensing the facility (CDPH) and Immediately is defined as within two hours of an allegation involving abuse or result in serious bodily injury.</p>		