

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055527	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Los Palos Post-Acute Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1430 West 6th Street San Pedro, CA 90732	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44443</b></p> <p>Based on interview and record review, the facility failed to ensure one out of three sampled residents, (Resident 3) had floor mats (mat used to reduce fall related trauma if a resident gets out of bed, loses balance, and falls to the floor) at the bedside as indicated in Resident 3's care plan</p> <p>This deficient practice had the potential to result in injury from a fall if Resident 3 suffers a fall by the bed.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission record, dated 6/4/2024, the record indicated Resident 3 was admitted on [DATE] with a diagnosis including Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and eventually the ability to carry out the simplest tasks) and unspecified psychosis (a severe mental disorder in which a person loses the ability to recognize reality or relate to others), unilateral (one side) primary osteoarthritis (happens knee joint breaks down, enabling the bones to rub together), muscle weakness, and unspecified abnormalities of gait and mobility (a change to your walking pattern).</p> <p>During a review of Resident 3's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 3/21/2024, the MDS indicated Resident 3 had severe cognitive impairment. Resident 3 required substantial/ maximal assistance with rolling left to right, sit to lying, lying to sitting on side of bed, sit to stand, chair/ bed to chair transfer, toilet transfer, and for tub/ shower transfer. In addition, the MDS also indicated Resident 3 had a fall since admission.</p> <p>During a review Resident 3's Morse Fall Scale (a quick and easy tool used to assess a patient's risk of falling), dated 12/14/2023 and 5/6/2024, the tool indicated, Resident 3 was a high risk for falling.</p> <p>During a review of Resident 3's care plan for assistive devices (equipment used to help perform tasks), initiated on 12/14/2023, the care plan indicated Resident 3 needed floor mats at bedside related to history of a fall, related to generalized weakness, and history decreased function due to dementia (loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities). A care plan intervention indicated to provide rubber mats at the bedside.</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>During a concurrent observation and interview, on 6/3/2024, at 3:43 p.m., with the Charge Nurse (CN), in Resident 3's room, Resident 3 was observed not having any rubber floor mats on either side of Resident 3's bed. CN stated there should have been floor mats in Resident 3's bedside as indicated in the care plan.</p> <p>During a review of the facility's policy and procedure (P&amp;P), titled, Care Plans, Comprehensive Person Centered, dated 3/2022, the P&amp;P indicated, the comprehensive person-centered care plan describes the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p>		