

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  05/03/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41699</p> <p>Based on observation, interview and record review, the facility failed to provide care in a manner that maintained or enhanced a resident's dignity and respect in full recognition of their individuality for two of two sampled residents (Resident 82 and Resident 59. The facility failed to:</p> <p>a. Ensure Resident 82 was dry and clean and provided with privacy while only wearing diaper.</p> <p>This failure had the potential to affect the resident's self-worth and dignity.</p> <p>b. Ensure Resident 59 indwelling urinary catheter ([foley catheter]- a tube that inserted into the bladder, allowing the urine to drain freely into a collection bag, which must be strapped and/ or secured) was enclosed in a privacy bag.</p> <p>This failure has the potential for Resident 59 to feel embarrassed and undignified.</p> <p>Findings:</p> <p>a. During a review of Resident 82's Admission Order (Face Sheet), the Admission Order indicated Resident 82 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including dysphagia (difficulty of swallowing), hemiplegia (complete paralysis and hemiparesis (partial weakness) following cerebral infarction (damage to the brain from interruption of its blood supply), essential hypertension (high blood pressure).</p> <p>During a review of Resident 82's Minimum Data Sheet (MDS- a comprehensive assessment and care screening tool) dated 3/29/24 indicated Resident 82 had moderate cognitive impairment (ability to learn, understand, and make decisions) and requires dependent assistance for activities of daily living (ADL) such as toileting, shower/bath self, upper and lower dressing and putting on/taking off footwear.</p> <p>During a review of Resident 82's care plan titled Resident 82 has incontinence related to disease process, age and impaired functional mobility dated 03/26/2024, interventions including to provide assistance with toileting needs and to keep resident call light within reach to call for assistance.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 5/1/2024 at 9:46 a.m., observed Resident 82 lying in bed wearing incontinent brief (diaper) soaked with urine. Resident 82 privacy curtain was not drawn he was exposed to the hallway. Resident 82 stated that he cannot be exposed with only wearing a diaper and not covered with bed sheet. Resident 82 stated that it was awful, and it takes away his dignity.</p> <p>During a concurrent observation and interview on 5/1/2024 at 10:29 a.m., Resident 82 still was lying in bed wearing only diaper soaked with urine and exposed to the hallway with privacy curtain not drawn. Resident 82 stated the assigned staff did not come and changed his diaper.</p> <p>During a concurrent observation and interview on 5/1/2024 at 10:47 a.m., Resident 82 still was lying in bed wearing diaper soaked with urine and exposed to the hallway with privacy curtain not drawn.</p> <p>During an interview on 5/2/24 at 12:29 p.m., the Licensed Vocational Nurse (LVN) 3 stated if resident privacy curtain was not drawn and was exposed for staff, other residents and visitors that was a dignity issue for the resident. LVN 3 stated Resident 82 should have his privacy curtain drawn and should be covered with bed sheet and not exposed for by passer to see.</p> <p>During an interview on 5/3/24 at 11:03 a.m., Certified Nursing Assistant (CNA) 8 stated when a resident was expose and everyone can see it from the hallway for such a long time, that was a dignity issue. CNA 8 stated if resident needs his diaper to be change and resident was soak in their own urine and feces for a long period of time, that puts them at risk for skin breakdown and pressure ulcer (injury to skin and underlying tissue resulting from prolonged pressure on the skin).</p> <p>45537</p> <p>b. During a review of Resident 59's Admission Record (Face sheet), indicated Resident 59 was admitted to the facility on [DATE] with a diagnoses including acute cystitis (sudden inflammation of the bladder caused by an infection) with hematuria (blood in the urine).</p> <p>During a review of Resident 59's care plan titled Resident 59 has a foley catheter revised 4/13/2024, care plan interventions including to provide a privacy bag for the foley catheter to promote privacy and provide dignity.</p> <p>During an observation and interview on 4/30/2024 at 11:48 a.m., Resident 59 had her privacy curtain open and her foley catheter exposed to residents, staff and visitors passing by the hallway. Resident 59 had a worried expression on her face while looking at the foley catheter and stated she wants to get out of bed.</p> <p>During an interview on 4/30/2024 at 11:48 a.m., CNA 3 stated Resident 59 could feel ashamed if her foley catheter was exposed. CNA 3 stated Resident 59 need a privacy bag to keep the foley catheter out of public view.</p> <p>During an interview on 4/30/2024 at 11:48 a.m., Licensed Vocational Nurse 1 (LVN) 1 stated it was necessary for Resident 59's personal healthcare equipment such as a foley catheter to be unexposed to other individuals because Resident 59 deserves to be treated normal despite her health impairment.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/1/2024 at 10:41 a.m., the Director of Nursing (DON) stated Resident 59 needed a privacy bag to enclose her foley catheter to ensure that she feel respected, valued, and afforded the right to have a dignified life.</p> <p>During the review of facility's policy and procedure (P&amp;P) titled Resident Rights to Respect and Dignity revised on 2/2021, indicated Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Staff promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</p>

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699</b></p> <p>Based on observation, interview, and record review the facility failed to ensure call light was within reach for two of three sampled residents (Resident 82 and 67).</p> <p>This failure had the potential for Resident 82 and 67 not able to find the call light to call for assistance when needed, and experienced loss of self-esteem.</p> <p>Findings:</p> <p>a. During a review of Resident 82's Admission Order (Face Sheet), the Admission Order indicated Resident 82 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including dysphagia (difficulty of swallowing), hemiplegia (complete paralysis and hemiparesis (partial weakness) following cerebral infarction (damage to the brain from interruption of its blood supply), essential hypertension (high blood pressure).</p> <p>During a review of Resident 82's Minimum Data Sheet (MDS- a comprehensive assessment and care screening tool) dated 3/29/24 indicated Resident 82 had moderate cognitive impairment (ability to learn, understand, and make decisions) and requires dependent assistance for activities of daily living (ADL) such as toileting, shower/bath self, upper and lower dressing and putting on/taking off footwear.</p> <p>During a review of Resident 82's care plan titled Resident 82 has incontinence related to disease process, age and impaired functional mobility dated 03/26/2024, interventions including to provide assistance with toileting needs and to keep resident call light within reach to call for assistance.</p> <p>During an observation on 4/30/24 at 11:19 a.m., Resident 82's call light was on the floor. Resident 82 was unable to reach the call light and it was placed on the right side where Resident 82 has paralysis.</p> <p>During an interview on 4/30/24 at 2:26 p.m., Resident 82 stated he felt frustrated not to be able to use the call light for assistance especially if his incontinent brief (diaper) needs to be change.</p> <p>During an interview on 05/02/24 at 12:07 p.m., the Certified Nursing Assistant (CNA) 8 stated when resident cannot reach the call light to ask for assistance, it was very frustrating and it makes you less of a person for not be able to get help on time and you are high risk for fall and injury if you try to force to reach it especially if you have paralysis to the other part of your body.</p> <p>During an interview on 05/02/24 at 12:24 p.m., Licensed Vocational Nurse (LVN) 3 stated when resident cannot reach the call light, they feel unsafe, unheard and felt less important and affect their psychosocial being. When resident tries to reach the call light from the floor, it was high risk for fall and injury.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. During a review of Resident 67's Admission Record, the Admission Record indicated Resident 67 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus (a disease of inadequate control of blood levels of glucose), atrial fibrillation (an irregular and often very rapid heart rhythm), cerebral ischemia (acute brain injury that results from impaired blood flow to the brain), and depression (mental illness that negatively affects how you feel, the way you think and how you act).</p> <p>During a review of Resident 67's MDS, dated [DATE] indicated Resident 67's cognitive status and decision-making skills were severely impaired. The MDS indicated Resident 67 required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) for eating, oral hygiene, toileting hygiene, and personal hygiene.</p> <p>During an observation on 4/30/2024 at 10:39 a.m., in Resident 67's room, Resident 67 was sitting in her bed. Resident 67's call light was hanging down at the side of the bed.</p> <p>During a concurrent observation and interview on 4/30/2024 at 10:59 a.m. with CNA 4, CNA 4 observed the call light for Resident 67 was not within reach. CNA 4 stated, we should need to place call light within reach to be able to use it in case of an emergency because resident might fall and get injured.</p> <p>During an interview on 5/02/2024 at 2:52 p.m., with the Director of Nursing Service (DON), the DON stated call light was a communication tool that enables residents to call for help and it should be placed within easy reach. DON stated, we need to reorient residents on use of call light and visually check to ensure each resident has call light within reach. DON stated, if resident was unable to locate the call light, it has a potential to harm the resident.</p> <p>During a review of facility's policy and procedure (P&amp;P) titled, Call System, Resident dated 10/2022, indicated Residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/ bathing facilities and from the floor. If the resident has a disability that prevents him/her from making use of the call system, an alternative means of communication that is usable for the resident is provided and documented in the care plan.</p>		

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<p>F 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699</b></p> <p>Based on interview and record review, the facility failed to ensure that the discharge Minimum Data Set (MDS-a comprehensive assessment and care screening tool) Assessment was transmitted to Centers for Medicare and Medicaid Services (CMS) within 14 days' time frame for one of 12 sampled residents (Resident 82).</p> <p>This failure had the potential to the delay in identifying resident care concerns needing individualized care plan, delay in providing residents interventions necessary to provide quality care and delay in the reimbursement process.</p> <p>Findings:</p> <p>During a review of Resident 82's Admission Order (Face Sheet), the Admission Order indicated Resident 82 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including dysphagia (difficulty of swallowing), hemiplegia (complete paralysis and hemiparesis (partial weakness) following cerebral infarction (damage to the brain from interruption of its blood supply), essential hypertension (high blood pressure).</p> <p>During a review of Resident 82's Minimum Data Sheet (MDS- a comprehensive assessment and care screening tool) dated 3/29/24 indicated Resident 82 had moderate cognitive impairment (ability to learn, understand, and make decisions) and requires dependent assistance for activities of daily living (ADL) such as toileting, shower/bath self, upper and lower dressing and putting on/taking off footwear.</p> <p>During a review of MDS submission form dated 3/21/2024 indicated the assessment completion was late and it was more than fourteen days beyond what was required for submission.</p> <p>During an interview on 5/3/2024 at 2:11 p.m., the MDS Coordinator stated Resident 82's MDS discharge assessment from the hospital was submitted after fourteen days and the regulation requires to submit within fourteen days. The MDS Coordinator stated there was a late submission of Resident 82's discharge assessment. MDS Coordinator stated, affects the quality measures, plan of care and the assessment will not be as accurate for Resident 82.</p> <p>During the review of facility's policy and procedure (P&amp;P) titled MDS Completion and Submission Timeframes revised on 07/2017, indicated: Our facility will conduct and submit resident assessments in accordance with current federal and state submission timeframes. Timeframes for completion and submission of assessments is based on the current requirements published in the Resident Assessment Instrument Manual.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45537</b></p> <p>Based on observation, interview and record review, the facility failed to ensure one of one sampled resident (Resident 20) fingernails were clean and trimmed.</p> <p>This failure has resulted to Resident 20's right hand fingernails to have irregular edges, accumulation of dark brown substance under the fingernails and had the potential to cause infection and impaired skin integrity.</p> <p>Findings:</p> <p>During a review of Resident 20's Admission Record (Face sheet), the face sheet indicated Resident 20 was admitted to the facility on [DATE] with diagnosis including cerebral infarction (stroke- blood flow in the brain is stopped or there is a sudden bleeding in the brain) with hemiplegia on the left side of the body (paralysis to the left side of the body) and diabetes mellitus (a disease that occurs when the blood glucose or blood sugar in the body is too high) and peripheral vascular disease (a disease that is caused by restricted blood flow to the tissues of the body).</p> <p>During a review of Resident 20's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 4/23/2024, the MDS indicated Resident 20 was totally dependent to 2-person assist to complete her activities of daily living {ADLs} such as bathing/showering, toileting, dressing and personal hygiene.</p> <p>During a review of Resident 20's plan of care initiated 4/18/2024, the care plan indicated Resident 20 has alteration in physical functioning due to cerebral vascular disease affecting the left side of her body. The care plan indicated a goal for Resident 20 to be able to develop some area of in physical function and achieve some areas of independence with interventions for staff to anticipate the needs, assist in toileting, showering/bathing, dressing and personal hygiene of Resident 20.</p> <p>During an observation on 4/30/2024 at 10:22 a.m., Resident 20's right hand fingernails were untrimmed and had some dark brown substance under her nails.</p> <p>During an observation on 5/1/2024 at 12:05 p.m., Resident 20 was in her room taking a nap and her right hand fingernails were untrimmed and had some dark brown substance under her nails.</p> <p>During an interview on 5/2/2024 at 9:49 a.m., Certified Nursing Assistant 1 stated and confirmed Resident 20's right hand fingernails were untrimmed and unclean. CNA 1 stated Resident 20 had a shower yesterday and nail care should have been provided for Resident 20. CNA 1 stated Resident 20 could get an infection because of the unknown dark brown substances under her fingernails.</p> <p>During an interview on 5/2/2024 at 10:08 a.m., Licensed Vocational Nurse 2 (LVN 2) stated the licensed nurses are responsible for trimming the fingernails of Resident 20 because of diabetes precaution; however, the certified nursing assistants must ensure Resident 20's fingernails were cleaned during bed bath and/ or shower and should be included during her activities of daily living.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/2/2024 at 1:36 p.m., the Director of Nursing Services (DON) stated the care of the residents must include personal grooming that ensures their fingernails are trimmed to prevent skin impairment and cleaned to prevent bacterial growth that could predispose them to infection.</p> <p>During a review of the facility's policy and procedure (P/P) on Fingernails/ Toenails, Care of revised 2/2018, the P/P indicated the residents' nailbeds must be trimmed and cleaned daily to prevent skin problems and infection.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45537</p> <p>Based on observation, interview and record review, the facility failed to ensure two of two sampled residents (Resident 20 and Resident 145) was provided their activities of choice (preference).</p> <p>This failure has the potential for Resident 20 and Resident 145 to have no mental and emotional interaction that could negatively impact their quality of life.</p> <p>Findings:</p> <p>a. During a review of Resident 20's Admission Record (Face sheet), indicated Resident 20 was admitted to the facility on [DATE] with diagnoses including cerebral infraction (damage to the brain from interruption of its blood supply) with hemiplegia on the left side of the body (paralysis to the left side of the body).</p> <p>During a review of Resident 20's Minimum Data Set ([MDS] a comprehensive assessment and care screening tool) dated 4/23/2024, the MDS indicated Resident 20 was able to speak clearly, hear adequately and usually understands and able to be understood. The MDS indicated Resident 20's preferred activities were reading books, listening to music, animal petting, group activities and the outdoors.</p> <p>During a concurrent observation and interview on 4/30/2024 with Resident 20, the following were observed:</p> <p>a. At 10:22 a.m., Resident 20 was lying in bed staring at the window and stated in sad voice that she was okay, covered her face with a blanket and did not want to answer questions anymore.</p> <p>b. At 2 p.m., Resident 20 was in her bed napping with no music or television entertainment and there were no activity personnel in the room.</p> <p>During a concurrent observation and interview on 5/1/2024 with Resident 20, the following were observed:</p> <p>a. At 10 a.m., Resident 20 was alone in the room and stated she do not want to get out of bed and there was no music playing nor an activity personnel offering/ providing Resident 20 with her activity of choice.</p> <p>b. At 11:40 a.m., Resident 20 was napping in her bed and there was no music playing nor an activity personnel offering/ providing Resident 20 with her activity of choice.</p> <p>c. At 1 p.m., Resident 20 was napping and there was no music playing nor any activities going on (no activity personnel) for Resident 20.</p> <p>d. At 3 p.m., Resident 20 was sitting up in bed with a bored expression on her face and she closed her eyes to nap. There was no activity staff in her room and there were not any activities ongoing for Resident 20.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 5/2/2024 at 9:30 a.m., Resident 2's curtain was closed and can be heard asking for coffee. There was no activity ongoing for Resident 2 and there were no activity personnel in the room.</p> <p>41699</p> <p>b. During a review of Resident 145's Admission Record (Face Sheet), indicated Resident 145 was initially admitted to the facility on [DATE] with diagnoses including dysphagia (difficulty of swallowing), hemiplegia (complete paralysis) and hemiparesis (partial weakness) following cerebral infarction and essential hypertension (high blood pressure).</p> <p>During a review of Resident 145's care plan titled Resident 145 prefers to stay in room, not interested in group activities or socializing with other residents dated 4/26/2024 indicated interventions including recreational activities and honor resident's rights to choose own activities such as enjoy the comfort of her room watching the news.</p> <p>During a review of Resident 145's activities assessment dated [DATE], Resident 145's preference to read mystery and romantic books and likes to listen any kind of romantic music.</p> <p>During an observation on 4/30/2024 at 11:01 a.m., Resident 145 was asleep and gastrostomy tube (a tube inserted through the wall of the abdomen directly into the stomach) feeding was off.</p> <p>During an observation on 04/30/2024 at 12:13 p.m.to 3:04 p.m observed Resident 145 was sleeping.</p> <p>During an observation on 05/01/2024 at 11:12 a.m.to 4:36 p.m.,observed Resident 145 was sleeping.</p> <p>During an observation on 05/02/2024 at 9:12 a.m. to 2:40 p.m., observed Resident 145 was sleeping.</p> <p>During an interview on 5/2/2024 at 9:49 a.m., Certified Nursing Assistant 1 (CNA 1) stated she has not seen the activity personnel visit Resident 20. CNA 1 stated Resident 20 could decline with her thinking and her feelings when not engaging in any activities.</p> <p>During an interview on 5/2/2024 at 10:08 a.m., Licensed Vocational Nurse 2 (LVN 2) stated Resident 20 used to have earphones in the past because she likes to listen to music. LVN 2 stated the staff must provide stimulation for mental and emotional interaction to Resident 20 to prevent depression (constant feelings of sadness and loss on interest, which stops the person from completing their normal activities in life).</p> <p>During an interview on 5/2/2024 at 1:30 p.m., Registered Nurse Supervisor 1 stated it was important for Resident 20 to be provided with interaction and her preferred activities to promote communication and social skills thereby preventing mental and psychosocial decline.</p> <p>During an interview on 5/2/2024 at 2:40 p.m., Resident 145 stated she does not remember anyone came to offer her activities.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/2/2024 at 2:54 p.m., the Activity Director (AD) stated Resident 145 was not consistently provided activities because one of the activity assistants was off work. AD stated each resident must be provided with their activities of choice daily to help the residents enjoy social interaction.</p> <p>During a concurrent interview and record review on 5/2/2024 at 3:46 p.m., with AD, Resident 145 medical records were reviewed. No documentation that activities were provided for the month 4/2024 to Resident 145. Activity Director stated when activities were not documented, then it was not provided.</p> <p>During an interview on 5/3/2024 at 11:28 a.m., the Director of Nursing Services (DON) stated although Resident 20 prefers to stay in her room, the facility staff must provide Resident 20 with activities of her choice to support her psychological and social well-being.</p> <p>During a review of the facility Policy and procedure (P&amp;P) titled Activity Evaluation revised 6/2018, the P&amp;P indicated The residents' physical, mental and psychosocial well-being are promoted through an evaluation of the resident's interests, goals, needs and activity pursuit patterns and preferences and the activity director is responsible for ensuring the completion, direction, and delegation of the residents' activities.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45537</p> <p>Based on observation, interview, and record review the facility failed to ensure one of two sampled residents (Resident 20) was provided range of motion exercises by the certified nursing assistant staff during activities of daily living (the routine activities that people do to take care of their basic needs such as eating, bathing, dressing, grooming, toileting, repositioning and transferring).</p> <p>This failure has the potential for Resident 20 to decline with mobility and/ or function and develop and/ or worsen contractures (fixed tightening of the muscles, tendons, ligaments, or skin that prevents normal movement) to her extremities.</p> <p>Findings:</p> <p>During a review of Resident 20's Admission Record (Face sheet), the face sheet indicated Resident 20 was admitted to the facility on [DATE] with diagnosis including cerebral infraction (stroke- blood flow in the brain is stopped or there is a sudden bleeding in the brain) with hemiplegia on the left side of the body (paralysis to the left side of the body).</p> <p>During a review of Resident 20's Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 4/23/2024, the MDS indicated Resident 20 had an impairment (diminished or loss of function) to one side of her upper extremity (shoulder, elbow, wrist, or hand) and both of her lower extremities (hip, knee, ankle, foot, or foot) that may interfere with daily functions.</p> <p>During a review of Resident 20's plan of care initiated 4/18/2024, the care plan indicated Resident 20 has alteration in physical functioning due to cerebral vascular disease affecting the left side of her body. The care plan indicated a goal for Resident 20 to be able to develop some area of in physical function and achieve some areas of independence</p> <p>During a review of Resident 20's medical record Tasks dated 4/2024, the Tasks indicated the following:</p> <ol style="list-style-type: none"> <li>1. out of 30 (thirty) calendar days, Resident 20 was provided with active range of motion exercises to the left lower extremity and right upper extremity twice, 12 (twelve) episodes documented as Not Applicable, 3 (three episodes) as Refused and 11 (eleven) days with blank documentation.</li> <li>2. out of 30 (thirty) calendar days, Resident 20 was provided with gentle passive range of motion exercises to the left upper extremity twice, 12 (twelve) episodes documented as Not Applicable, 3 (three episodes) as Refused and 11 (eleven) days with blank documentation.</li> <li>3. During a review of Resident 20's medical record Tasks dated 5/2024, the Tasks indicated the following:             <ol style="list-style-type: none"> <li>1. there was no documentation from 5/1/2024 to 5/3/2024 to indicate Resident 20 was provided with active range of motion exercises to the left lower extremity and right upper extremity and gentle passive range of motion exercises to the left upper extremity.</li> </ol> </li> </ol> <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 - Few</p>	<p>During an observation and interview on 4/30/2024 and on 5/1/2024 with Resident 20, the following were observed:</p> <ol style="list-style-type: none"> <li>At 10:22 a.m., Resident 20 was in lying in bed</li> <li>Between 12:00-and 1 p.m., Resident 20 was lying on a supine (lying on her back) position in bed</li> </ol> <p>During an interview on 5/2/2024 at 9:49 a.m., Certified Nursing Assistant 1 (CNA 1) stated Resident 20 a left sided weakness to her upper and lower extremity with a strong right upper extremity and she did not know what to do to prevent Resident 20 from declining further with mobility and function.</p> <p>During an interview on 5/2/2024 at 10:08 a.m., Licensed Vocational Nurse stated Resident 20 has no order for Restorative Nursing Services; however, the certified nursing assistants must provide Resident 20 with range of motion exercises to prevent decline and worsening of contractures.</p> <p>During an interview on 5/2/2024 at 1:50 p.m., Registered Nurse Supervisor 1 stated the certified nursing assistants were supposed to provide Resident 20 with range of motion exercises daily because Resident 20 can decline in mobility and function. RNS 1 confirmed Resident 20's tasks on some days of April and May was not done.</p> <p>During an interview on 5/2/2024 at 3:41 p.m., the Rehabilitation Coordinator (RC) stated Resident 20 was admitted to the facility with functional limitations to both upper extremities and both lower extremities on 10/2023 and the Director of Staff Development coordinates implementation of the residents' restorative nursing services.</p> <p>During an interview on 5/2/ 2024 at 11:35 a.m., the Director of Nursing Services (DON) stated Resident 20 order for restorative nursing services was discontinued in 2021 and Resident 20's range of motion exercises was incorporated with her Activities of Daily Living (ADLs). The DON stated it was important for the certified nursing assistants to consistently provide the range of motion exercises for Resident 20 to prevent overall decline in physical and joint mobility.</p> <p>During a review of the facility Policy and Procedure (P/P) on Resident Mobility and Range of motion revised 7/2017, the P/P indicated the residents of the facility will receive appropriate treatment and services, equipment and assistance to maintain or improve mobility, to increase and or prevent a further decrease in range of motion.</p> <p>During a review of the facility's Policy and Procedure (P/P) on Activities of Daily Living, Supporting revised 3/2018, the P/P indicated the residents will be provided with care, treatment and services to maintain or improve their ability and prevent decline by providing support and assistance with their mobility and function. The P/P indicated the residents will be provided interventions to improve or minimize their functional abilities in accordance with their needs, goals and recognized standards of practice and their response to interventions will be monitored, evaluated, and revised as appropriate.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45537</b></p> <p>The facility failed to ensure two of two sampled residents (Resident 17 and Resident 47):</p> <p>a. yankauer (an oral suctioning tool used in medical procedures), and suction machine tubing were dated, and</p> <p>b. oxygen tubing was dated and humidifying water (sterile water incorporated with oxygen use to prevent irritation of the nasal passages during use of supplemental oxygen) was changed timely.</p> <p>These failures have the potential for the respiratory equipment to lose patency and delay delivery of care and services to Resident 17 and Resident 47.</p> <p>Findings:</p> <p>A. During a review of Resident 17's Admission Record (Face sheet), the face sheet indicated Resident 17 was admitted to the facility on [DATE] with diagnosis including acute (urgent) and chronic (long lasting and do not quickly go away) respiratory failure ( a condition I which the lungs have a hard time loading the blood with oxygen {large amount of gas released in the air needed by plants, animals and human beings in order to live}and removing carbon dioxide {a waste product of the human body}with hypoxia (too low oxygen not enough to sustain life).</p> <p>During a review of Resident 17's Order Summary Report dated 8/9/2023, the Order Summary indicated Resident 17 has an order for suctioning as needed for increased mucus production.</p> <p>During an observation on 4/30/2024 at 9:19 a.m., Resident 17's suction machine tubing and yankauer did not have a date.</p> <p>B. During a review of Resident 47's Admission Records (Face sheet), the face sheet indicated Resident 47 was admitted to the facility with a diagnosis including chronic obstructive pulmonary disease (a group of diseases that block the airflow and make it difficult to breathe).</p> <p>During a review of Resident 47's Order Summary Report dated 4/6/2024, the Order Summary report indicated Resident 47 had an order for Oxygen inhalation at 2 (two) liters per minute thru a nasal cannula (a medical device used to deliver supplemental oxygen or increased airflow to a patient or person in need of a respiratory help) as needed for chronic obstructive disease.</p> <p>During a concurrent observation and interview on 4/30/2024 at 9 a.m., Resident 47 had ongoing oxygen inhalation at 2 Liters with a humidified water and the oxygen tubing was undated, and the humidifying water had a date of 4/7/2024. Resident 47 stated he gets oxygen supplement when he feels short of breath, but he was not sure when was the last time the oxygen tubing and the water was changed.</p> <p>During a concurrent observation and interview on 4/30/2023 at 9:00 a.m., Licensed Vocational Nurse 1 (LVN 1) confirmed Resident 47's oxygen tubing was undated, and the humidifying water was dated and/or changed 4/7/2024. LVN 1 stated the oxygen tubing and humidifying water are changed weekly and dated to ensure patency and prevent growth of germs.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and observation on 4/30/2024 at 9:19 a.m., Registered Nurse Supervisor 1(RNS 1) confirmed Resident 17's suction machine tubing and yankauer should have been dated to identify the next date it needs to be changed. RNS 1 stated the suction tubing need to be changed weekly and if missed can cause patency issues which can affect the effectivity of the suction equipment and therefore delay delivery of care and services.</p> <p>During an interview on 5/1/2024 at 10:41 a.m., with the Director of Nursing Services (DON), DON stated the oxygen tubing and humidifying water must be dated and changed weekly as well as the yankauer and suction tubing because these medical items can get clogged with mucus residue and can lose patency overtime. The DON stated the licensed nursing staff must be vigilant to change and date these respiratory tubing to ensure the equipment are renewed and working properly.</p> <p>During a review of the facility's policy and procedure (P/P) titled Oxygen Administration revised in 10/2010, the P/P indicated the facility must ensure oxygen is safely administered by checking the oxygen tubing and discarding used and/ or soiled/outdated tubing as well as other respiratory supplies such as mask, tank, humidifying water, suction machine, and its related supplies.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45537</p> <p>Based on observation, interview, and record review, the facility failed to provide accurate and safe pharmaceutical services and procedures when:</p> <p>a. Medications for two of two residents (Resident 39 and Resident 16), were not disposed from the medication cart after being discontinued.</p> <p>b. Physician's orders for fentanyl (medication to treat pain) transdermal (placed on the skin) patches were not transcribed into the Medication Administration Record (MAR) for one of one resident (Resident 14)</p> <p>c. Medication destruction was not followed according to the Controlled Drug Record instructions for one of one resident (Resident 14).</p> <p>d. Ensure to check blood pressure parameter for a resident (Resident 148) prior to administering antihypertensive medication as ordered.</p> <p>These failures placed the residents at risk for accidental use of discontinued medications, adverse side effects and potential diversion of a medication with a high risk for addiction and dependence.</p> <p>The deficient practice of not checking blood pressure parameter prior to administering medication has the potential to result in an adverse reaction and may result in dizziness, hypotension (low blood pressure), and bradycardia (low heartbeat).</p> <p>Findings:</p> <p>A. During an observation of a medication cart review with Licensed Vocational Nurse 5(LVN 5) on 5/1/2024 at 8:44 a.m., one bubble pack (packaged container of medications) for Resident 16 for risperidone (medication used to treat mood disorders) 0.25 milligrams [(mg) unit of weight] tablet by mouth every 24 hours as needed for bipolar disorder (mental illness characterized by extreme mood swings) and one bubble pack for Resident 39 for zolpidem tartrate [(Ambien) medication used to treat sleep problems in adults] 5 mg, take 1 tablet by mouth every night at bedtime as needed for sleep were identified in the medication cart.</p> <p>1. During a review of Resident 39's Admission Record (face sheet) indicated the resident was admitted to the facility on [DATE] with diagnoses including acute pyelonephritis (inflammation of the kidney), acute cystitis (inflammation of the bladder), and pressure ulcer of the sacral region (wound over a bone of the lower back).</p> <p>During a review of Resident 39's Psychosocial Notes dated 2/18/2024, the Admission Notes indicated the resident was taking Ambien 5 mg 1 tablet as needed for insomnia.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 39's Minimum Data Set (MDS), a specialized care and screening tool, dated 2/16/2024 indicated the resident had trouble falling or staying asleep nearly every day.</p> <p>During a review of Resident 39's physician's order dated 3/26/2024 indicated Ambien oral tablet 5 mg, give 1 tablet by mouth as needed for insomnia for 14 days for inability to sleep at bedtime was discontinued on 3/26/2024.</p> <p>2. During a review of Resident 16's Admission Record (face sheet) indicated the resident was admitted to the facility on [DATE] with the most recent re-admitted d 1/8/2021 with diagnoses including bipolar disorder and depression.</p> <p>During a review of Resident 16's physician order dated 9/1/2023 indicated risperidone 0.25 mg, give 0.5 mg tablet by mouth every 24 hours as needed for bipolar disorder was discontinued on 9/1/2023 at 5:50 p.m.</p> <p>During an interview with LVN 5 on 5/3/24 at 11:35 a.m., LVN5 stated when a medication was discontinued, the medication is removed from the medication cart with two licensed nurse's signatures. LVN 5 stated whoever received the physician's order to discontinue the medication was responsible for pulling out and disposing of the medication from the cart. LVN5 stated if the medication remained in the cart, it could still be given to the resident.</p> <p>During an interview with the Director of Nursing (DON) on 5/2/2024 at 11:46 a.m., the DON stated when medications are discontinued the nurses take the bubble pack and pull it out of the medication cart as soon as possible.</p> <p>During a record review of the facility's policy and procedure (P/P) titled medication storage in the facility dated 05/2022, the P &amp; P indicated medications labeled for individual residents are stores separately from floor stock medications when not in medication cart.</p> <p>B. During a review of Resident 14's Admission Record (face sheet), indicated resident was admitted to the facility on [DATE] with diagnoses including arthrogryposis multiplex congenita (condition that causes stiffness in the joints), pain due to an internal orthopedic prosthetic (artificial substitute to a part of the body) with history of joint replacement surgery, peripheral vascular disease (narrowed arteries causing reduced blood flow to the arms and legs), gout (inflammation of the joints), difficulty walking and muscle weakness.</p> <p>During a review of Resident 14's Electronically Transmitted Prescription orders dated 2/27/2024, 3/23/2024 and 4/23/2024 indicated fentanyl 25 micrograms per hours (mcg/hour), one patch trans dermally every 72 hours for 30 days.</p> <p>During a review of Resident 14's Medications Administration Record (MAR) dated 2/1/2024 through 2/29/2024 indicated fentanyl transdermal patch 72-hour, 25 mcg/hr, apply 1 patch trans dermally at bedtime every 2 days for pain management. The record indicated medication administration signatures every 2 days for the entire month of February. There was no change in the MAR coinciding with the physician's order dated 2/27/2024.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 14's MAR dated 3/1/2024 through 3/31/2024 indicated fentanyl transdermal patch 72-hour, 25 mcg/hr, apply 1 patch trans dermally at bedtime every 2 days for pain management. The record indicated medication administration signatures every 2 days for the entire month of March. There was no change in the MAR coinciding with the physician's order dated 2/27/2024.</p> <p>During a review of Resident 14's MAR dated 4/1/2024 through 4/30/2024 indicated fentanyl transdermal patch 72-hour, 25 mcg/hr, apply 1 patch trans dermally at bedtime every 2 days for pain management. The record indicated medication administration signatures every 2 days for the entire month of April. There was no change in the MAR coinciding with the physician's order dated 3/23/2024.</p> <p>During a review of the Controlled Drug Record for fentanyl 25 mcg/hr patch dated 3/18/2024, 3/28/2024 and 4/11/2024, the record instructions indicated apply 1 patch trans dermally every 72 hours (3 days), remove per schedule.</p> <p>During an interview with the Consultant Pharmacist (CPh) on 5/3/2024 at 10:21 a.m., the CPh stated if there was a discrepancy between the physician order and the label on the medication, the nursing staff should call pharmacy about the change or write on the order sheet that the order has been changed. The CPh stated that nursing staff needed to read the order and check it against the medication.</p> <p>During an interview with the Primary Physician (PP) on 5/3/2024 at 10:41 a.m., the PP stated she had been refilling Resident 14 fentanyl patch orders every 30 days. The PP stated the correct order was to remove the fentanyl patch and re-apply every 72 hours. The PP stated the facility staff should be following the pharmacy order.</p> <p>During an interview with LVN 6 on 5/3/2024 at 12:28 p.m., LVN 6 stated when administering medications nurses need to compare the medication with the MAR and if there was a discrepancy to call the doctor. LVN 6 stated on Resident 14 MAR the order was to remove and apply every 48 hours. LVN6 stated Registered Nurse Supervisor 1(RNS1) was made aware but the MAR was not changed. LVN6 stated either the charge nurse or nurse supervisor was responsible for changing the MAR. LVN6 stated she did not document clarification with the doctor or pharmacy because the clarification came in while she was off from work.</p> <p>C. During a review of Controlled Drug Record: dated 2/28/2024 through 3/18/2024, 3/20/2024 through 3/28/2024, 3/30/2024 through 4/7/2024 and 4/11/2024 through 4/19/2024 indicated when patch is removed, it must be immediately destroyed and witnesses with two nurse signatures. The Controlled Drug Records were missing signatures under the witness signature column.</p> <p>During an interview with the Dispensing Pharmacist (DPh) on 5/2/2024 at 9:59 a.m., the DPh stated nurses should fill out the date and time the fentanyl patches were removed and when removed, two nurses' signatures are required on the form.</p> <p>During an interview with the Consultant Pharmacist (CPh) on 5/3/2024 and 10:21 a.m., the CPh stated the best practice for disposing fentanyl patches was to put them in a box to be disposed. The CPh stated the nursing staff can put the drug in a bin for incineration.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/3/2024 at 12:12 p.m. with Director of Nursing (DON), the DON stated that licensed staff signatures was to verify if fentanyl patch was given or removed. DON stated if the patches are not monitored, that can cause overdose and respiratory failure.</p> <p>During a record review of the facility's policy titled Disposal of Medications and Medication-related Supplies: Controlled Substance Disposal dated may 2022 indicated when a dose of a controlled medication is removed from the container for administration .it is destroyed in the presence of two licensed nurses and the disposal is documented on the accountability record/book on the line representing the dose. The same process applies to the disposal of unused partial tablets and unused portions if single dose ampules and doses of controlled substances waster for any reason (including fentanyl patches when removed from the resident).</p> <p>D. During a review of 148's Admission Record, the Admission Record indicated, Resident 148 was admitted to the facility on [DATE] with diagnoses including hypertension (a condition in which the force of the blood against the artery walls is too high), muscle weakness, and bradycardia (a slow heart rate).</p> <p>During a review of 148's Minimum Data Set ([MDS], a standardized assessment and care screening tool) dated 4/29/2024, indicated Resident 148's cognitive (relating to the process of acquiring knowledge and understanding) status and decision-making skills were intact.</p> <p>During a review of 148's physician's order summary report, the order summary report indicated a physician's order, dated 4/24/2024, to start amlodipine Besylate Oral Tablet 10 milligram (mg) give 1 tablet by mouth one time a day for Hypertension Hold medication if systolic blood pressure ([SBP], measures the pressure in your arteries when your heart beats) is below 120 and heart rate is below 60.</p> <p>During a review of 148's Care Plan titled The resident has potential for increased blood pressure related to complication of comorbidities initiated on 4/23/2024 and revised on 4/24/2024, the Care Plan goals indicated Blood pressure will be maintained within normal range of 90/60mm/hg to 140/95 mm/hg in the next three months. The Care Plan intervention included amlodipine Besylate Oral Tablet 10 mg to give 1 tablet by mouth one time a day for Hypertension Hold medication if sbp is below 120 and heart rate is below 60 and check vital signs, blood pressure prior to administration of medication per order.</p> <p>During a concurrent observation and interview on 5/02/2024 at 8:37 a.m., with License Vocational Nurse (LVN) 3 was observed to check blood pressure for Resident 148 and it was 117/42 mm/hg and HR 67. After that, LVN 3 attempted to preceded administering amlodipine Besylate Oral Tablet 10 mg to Resident 148. LVN 3 stated, she did not realize about physician order to hold the medication if sbp is below 120 and heart rate is below 60. LVN 3 stated, if she administered the medication to Resident 148, the resident might experience possible side effects including bradycardia and hypotension.</p> <p>During an interview on 5/02/2024 at 3:10 p.m., with Director of Nursing Service (DON), the DON stated nurse should always check the doctor's orders including parameters before administering a medication. DON stated, if nurses do not check the parameters and hold medication as ordered, the resident could experience possible hypotension and bradycardia, which could lead to lift-threatening situation.</p> <p>(continued on next page)</p>		

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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	
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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&amp;P), titled Administering Medications, revised 04/2019, the P&amp;P indicated, 4. Medications are administering in accordance with prescriber orders, including any required time frame.</p> <p>46036</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699</b></p> <p>Based on interview and record review, the facility failed to ensure one of one sampled resident (Resident 39) was free from unnecessary drugs by:</p> <p>Failing to assessed Resident 39 for infection before starting oral antibiotic ( drug used to treat infections caused by bacteria and other microorganisms) medication.</p> <p>This failure had the potential to result in Resident 39 receiving unnecessary medication.</p> <p>Findings:</p> <p>During a review of Resident 39's Admission Order (Face Sheet) indicated Resident 39 was admitted on [DATE] with diagnoses including dysphagia (difficulty of swallowing), pressure ulcer of sacral region stage 4 (damage to an area of the skin caused by constant pressure on the area for a long time), acute cystitis without hematuria (sudden inflammation of the bladder without presenting blood in the urine).</p> <p>During a review of Resident 39's Minimum Data Sheet (MDS- a comprehensive assessment and care screening tool) dated 2/16/24 indicated Resident 39 had moderate cognitive impairment (ability to learn, understand, and make decisions) and required dependent assistance for activities of daily living (ADL'S) such as toileting hygiene, shower, dressing for both upper and lower body and personal hygiene.</p> <p>During a review of Resident 39's Physician's Order dated 4/12/2024 for antibiotic order- Doxycycline Hyclate Oral Tablet (a drug used to treat many types of bacterial infections) 100 milligrams (mg-unit of measurement) to give one tablet by mouth one time daily for wound infection Stage 4 for four days.</p> <p>During a review of the Infection Report Surveillance form indicated that Resident 39 was not screened for wound culture and blood works was not done.</p> <p>During a concurrent interview and record review on 5/3/2024 at 9:24 a.m., with Infection Preventionist (IP) and Registered Nurse (RN) 1, it indicated Resident 39 started on oral antibiotic doxycycline hyclate 100 mg daily for four days. There was no documentation to determine if there was wound infection, wound culture (a test to find germs [such as bacteria, a virus, or a fungus] that can cause an infection) and blood works done prior to Resident 39's starting oral antibiotic.</p> <p>During an interview on 5/3/24 at 9:53 a.m., the IP stated if resident was started on antibiotic medication with no indication of use and no test done for culture and sensitivity it would it will put the resident at risk for any adverse reaction of the medication, resistant to the medication and at risk for developing clostridium difficile (a germ [bacterium] that causes diarrhea and colitis [an inflammation of the colon]) as a side effects. IP stated if resident takes medication and was not assessed properly and indicate the indication for its use means unnecessary medication used.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/3/2024 at 10:15 a.m., the Director of Nursing (DON) stated the IP should have questioned the antibiotic order for Resident 39 and should have recommended laboratory tests such as wound culture to prevent unnecessary use of antibiotic.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Antibiotic Stewardship revised 12/2016 indicated: Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. When a culture and sensitivity (C&amp;S) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.</p> <p>CROSS REFERENCE F881</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45537</b></p> <p>Based on observation, interview and record review the facility failed to ensure one of eight residents (Resident 14) was free from significant medication error by failing to administer fentanyl (medication use to treat severe pain) transdermal (on the skin) patches as ordered by the physician.</p> <p>This deficient practice placed the resident at risk for higher dosage of medication and respiratory depression.</p> <p>Findings:</p> <p>During a review of Resident 14's Admission Record (facesheet), indicated resident was admitted to the facility on [DATE] with diagnoses including arthrogryposis multiplex congenita (condition that causes stiffness in the joints), pain due to an internal orthopedic prosthetic (artificial substitute to a part of the body) with history of joint replacement surgery, peripheral vascular disease (narrowed arteries causing reduced blood flow to the arms and legs), gout (inflammation of the joints), difficulty walking and muscle weakness.</p> <p>A review of Resident 14's Electronically Transmitted Prescription orders dated 2/27/2024, 3/23/2024 and 4/23/2024 indicated fentanyl 25 micrograms per hours (mcg/hour), one patch transdermally every 72 hours for 30 days.</p> <p>During a review of Resident 14's Medications Administration Record (MAR) dated 2/1//2024 through 2/29/2024 indicated fentanyl transdermal patch 72 hour, 25 mcg/hr, apply 1 patch transdermally at bedtime every 2 days for pain management. The record indicated medication administration signatures every 2 days for the entire month of February. There was no change in the MAR coinciding with the physician's order dated 2/27/2024.</p> <p>During a review of Resident 14's MAR dated 3/1/2024 through 3/31/2024 indicated fentanyl transdermal patch 72 hour, 25 mcg/hr, apply 1 patch transdermally at bedtime every 2 days for pain management. The record indicated medication administration signatures every 2 days for the entire month of March. There was no change in the MAR coinciding with the physician's order dated 2/27/2024.</p> <p>During a review of Resident 14's MAR dated 4/1/2024 through 4/30/2024 indicated fentanyl transdermal patch 72 hour, 25 mcg/hr, apply 1 patch transdermally at bedtime every 2 days for pain management. The record indicated medication administration signatures every 2 days for the entire month of April. There was no change in the MAR coinciding with the physician's order dated 3/23/2024.</p> <p>During an interview with the Consultant Pharmacist (CPh) on 5/3/2024 at 10:21 a.m., the CPh stated if there was a discrepancy between the physician order and the label on the medication, the nursing staff should call pharmacy about the change or write on the order sheet that the order has been changed. The CPh stated that nursing staff needed to read the order and check it against the medication.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Primary Physician (PP) on 5/3/2024 at 10:41 a.m., the PP stated she had been refilling Resident 14's fentanyl patch orders every 30 days. The PP stated the correct order was to remove the fentanyl patch and re-apply every 72 hours. The PP stated the facility staff should be following the pharmacy order.</p> <p>During an interview on 5/3/2024 at 12:12 p.m. with Director of Nursing (DON), the DON stated that licensed staff signatures was to verify if fentanyl patch was given or removed. DON stated if the patches are not monitored, that can cause overdose and respiratory failure.</p> <p>A review of the manufacturer's medication insert dated 2021 indicated, fentanyl transdermal system exposes patients and other users to the risk of opioid addiction, abuse and misuse, which can lead to overdose and death .serious life-threatening or fatal respiratory depression has been reported with the use of opioids .to reduce the risk of respiratory depression, proper dosing and titration of fentanyl transdermal systems are essential.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45537</p> <p>During an observation, interview, and record review the facility failed to ensure the refrigerator in the medication storage room was operating at a normal/ expected range of temperature per facility's policy (36-to-46-degree Fahrenheit {a temperature scale in which the freezing point of water is 32 degrees, and the boiling point is 212 degrees}).</p> <p>This failure has the potential for the medications stored in the refrigerator to lose potency (activity of the drug in terms of concentration or amount of the drug required to produce a desired effect) and efficacy (the ability of a drug to produce a desired effect) which could negatively affect the delivery of care and services to the residents.</p> <p>Findings:</p> <p>During an observation on 5/1/2024 at 9:55 a.m., of one of 2 (two) medication storage rooms, the refrigerator in the medication storage had a temperature of 54 degrees Fahrenheit. In the refrigerator were the following unopened and unexpired medications:</p> <ol style="list-style-type: none"> <li>1. Lantus Solostar (a long-acting man-made insulin {a hormone that lowers the levels of glucose, or blood sugar} used to control high blood sugar level in adults) 100 units/ml (is a unit of fluid volume equal to one-thousandth of a liter, which means insulin come dissolved/suspended in liquids).</li> <li>2. Insulin glargine (a synthetic version of human insulin used to treat adults and children with diabetes {a condition or disorder of high blood glucose or high blood sugar level in the blood} to maintain normal blood glucose or blood sugar levels) 100 U Pen (insulin dissolved in liquid contained in a pen that delivers a precise dose as dialed by the nurse from time to time).</li> <li>3. Aplisol (a sterile solution that contains purified protein derivative of tubercles (bacteria) used to test for tuberculosis (a disease caused by germs that are spread from person to person though the air) infection in people) 5/ 0.1 ml in 1 ml vial (a small glass bottle that contains a chemical or drug) house (facility) supply in 3 (three) vials.</li> <li>4. Afluria Quad (influenza vaccine) Vial house supply in 13 (thirteen) individual vials.</li> <li>5. Insulin Lispro (a human-like insulin used to control high blood sugar levels) 100 units /ml pen.</li> <li>6. House supply emergency kit that contains Lorazepam (a medication used to treat anxiety) 2mg/ml =1ml vial in 2 vials.</li> </ol> <p>Humulin N (an intermediate acting insulin which helps the blood sugar levels to be at normal levels after a meal) 100 U/ml 10mls x 1 vial.</p> <p>Humulin R (a short-acting insulin that works rapidly to lower blood sugar levels) 100 U ml 3ml in 1 vial.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Humalog (a rapid acting insulin that works in 15 minutes after injected) 100 U/ ml Lispro 10 mls in 1 vial.</p> <p>Promethazine (an antihistamine or an anti-allergy medicine) 25 mg (a unit of weight that is equal to a thousandth of a gram) suppository (a form of medicine contained in a small piece of solid material such as coca butter or glycerin, that melts at body temperature) with 2 (two) individual suppositories.</p> <p>7. House emergency kit with Glucagon (a hormone injection that raises the blood sugar or glucose) 1mg/ unit per injection, 3(three) injections.</p> <p>8. Narcan (a medicine that can help people who overdosed on an opioid {narcotic drugs or substance that dulled the senses and relieves the pain) Nasal (thru the nose) Spray 4mg, 1 (one) spray.</p> <p>9. epinephrine (an emergency medical treatment used to treat life- threatening allergic reactions) auto injector 0.3mg, 3 (three) injectors</p> <p>During a concurrent observation and interview on 5/1/2024 at 9:55 a.m., Registered Nurse Supervisor 1(RNS 1) stated she checked the temperature of the refrigerator at the start of the shift (7:00 a.m.), and it registered 46 degrees Fahrenheit. RNS 1 stated the normal temperature of the refrigerator in the medication storage room should be between 36 to 46 degrees Fahrenheit. RNS 1 stated if the medications are stored in refrigerator out of the normal temp, the medications can lose efficacy and will not be effective to the residents.</p> <p>During an interview on 5/1/2024 at 10:41 a.m., the Director of Nursing (DON) stated the facility, and its nursing staff should ensure the temperature of the refrigerator in the medication storage room is within normal limits so the medications stored in the refrigerator will maintain their potency and efficacy.</p> <p>During a review of the facility's policy (P/P) on Medication Storage in the Facility revised 1/2018, the P/P indicated the medications and biologicals in the facility are stored safely, securely, and properly by ensuring the medication refrigerator temperature is between 36 to 46 degrees Fahrenheit.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46036</p> <p>Based on observation, interview, and record review, the facility failed to store food in a sanitary manner to prevent growth of infectious agents that could cause food borne illness (food poisoning: any illness resulting from the food spoilage or contaminated food) for 93 out of 95 total residents in the facility by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure foods were dated, labeled, and discarded before the used by date (expiration dates).</li> <li>2. Monitor and document room temperature in dry storage room daily.</li> <li>3. Ensure three frozen packs of ham was properly thawed in the refrigerator.</li> </ol> <p>These failures had the potential to affect residents and result in pathogen (germ) exposure and placed residents at risk for developing food borne illness (food poisoning) with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever and can lead to other serious medical complications and hospitalization .</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a concurrent observation and interview on [DATE] at 8:32 a.m. with Kitchen Aid (KA), in refrigerator, freezer, and storage room, there were food items that were not dated, and expired as follows: <ol style="list-style-type: none"> <li>a. three frozen packs of ham with no entry date.</li> <li>b. Swiss cheese with no entry date or no use by ([UB]-the date in which food must be consumed or discarded) date.</li> <li>c. a pack of frozen patty with no entry date or no use by date.</li> <li>d. three packs of opened slice bread with no opened date.</li> </ol> </li> </ol> <p>The Kitchen Aid (KA) stated all food items in storeroom, refrigerator and freezer should be labeled and dated when the facility got delivery from vendors and stored in refrigerator. The KA stated, all food items should have labeled for an opened date and a use by date (expiration date). The KA stated everyone has responsibility to check all food items for labels, dates, and quality to make sure all food items were in good condition. The KA stated any food items without a label and date should be discarded.</p> <ol style="list-style-type: none"> <li>2. During a concurrent interview and record review on [DATE] at 8:52 a.m. with Kitchen Aid (KA), in dry storage room, the KA stated, no one documented for monitoring temperature of dry storage room on [DATE] and [DATE]. The KA stated someone must forgotten to document the temperature on those days. The KA stated, checking temperature of dry storage room was essential to ensure food will not be spoiled.</li> </ol> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. During a concurrent observation and interview on [DATE] at 8:32 a.m. with Kitchen Aid (KA), there were three frozen pack of ham in white container stored right next to cups of vanilla pudding on the same shelf. The KA stated, it should not have stored next to each other because it will lead to possible cross contamination (the process by which bacteria or other microorganisms are unintentionally transferred from one substance or object to another with harmful effect).</p> <p>During an interview on [DATE] at 1:35 p.m. with Dietary Supervisor (DS), the DS stated, she supervised all staff working in kitchen. DS stated, the facility follow First in and first out (FIFO) methods and all food items in refrigerator should be label and date for opened date and use by date. DS stated, thawing of frozen ham should include labelling entry date in the refrigerator and store the food separately from cooked or vanilla pudding because it will cause cross contamination. The DS stated she would provide an in-service (staff education) for labeling and dating of foods, monitoring, and documenting dry storage room temperature, and thawing of meats.</p> <p>During a review of the undated, facility policy and procedures (P&amp;P) titled Labeling and Dating of Foods, the P&amp;P indicated, All food items in the storeroom, refrigerator, and freezer need to be labeled and dated. Food delivered to facility needs to be marked with a received date. Note that the delivery sticker is dated, and it can serve as the delivery date for the product. Newly opened food items will need to be closed and labeled with an open date and used by the date that follows the various storage guidelines .</p> <p>During a review of the undated facility P&amp;P titled, Thawing of Meats, the P&amp;P indicated, In a refrigerator at 41 degrees Farenheight ( F- unit of temperature) or colder, allow 2 to 3 days to defrost, depending on quantity and total weight of meat. Label defrosting meat with pull and use by date. Use a drip pan under food being thawed so drippings do not contaminate other food. Store raw meat, poultry, and fish separately from cooked and ready-to-eat food to prevent cross contamination.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>45537</p> <p>Based on observation, interview, and record review the facility failed to maintain clinical records in accordance with accepted professional standards and practices for document Resident 14's records of fentanyl patch that required two signatures of licensed staff accurately and completely.</p> <p>This failure had the potential for non-accountability of medication and drug diversion.</p> <p>Findings:</p> <p>During an interview with the Dispensing Pharmacist (DPh) on 5/2/2024 at 9:59 a.m., the DPh stated nurses should fill out the date and time the fentanyl patches were removed and when removed, two nurses' signatures are required on the form.</p> <p>During an interview on 5/3/2024 at 12:12 p.m. with Director of Nursing (DON), the DON stated that licensed staff signatures was to verify if fentanyl patch was given or removed. DON stated if the patches are not monitored, that can cause overdose and respiratory failure.</p> <p>During a review of Controlled Drug Record dated 2/28/2024 through 3/18/2024, 3/20/2024 through 3/28/2024, 3/30/2024 through 4/7/2024 and 4/11/2024 through/19/2024 indicated when patch is removed, it must be immediately destroyed and witnesses with two nurse signatures. The Controlled Drug Records were missing signatures under the witness signature column.</p> <p>During a review of facility's Policy and Procedure (P&amp;P) titled, Charting and Documentation revised 7/2017, the P&amp;P indicated:</p> <ol style="list-style-type: none"> <li>1. Documentation in the medical records will be objective (not opinionated or speculative), complete, and accurate.</li> <li>2. Documentation of procedures and treatment will include care-specific details, including date and me the procedure/treatments were provided.</li> </ol>

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  05/03/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699</b></p> <p>Based on interview and record review, the facility failed to implement their protocol for Antibiotic Stewardship (refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use) for one of two sampled residents (Resident 39). Resident 39 was prescribed antibiotic ( drug used to treat infections caused by bacteria and other microorganisms) drug without meeting the criteria and prior to assessing for wound infection.</p> <p>This failure had the potential for resident to develop antibiotic resistance (not effective to treat infection) from unnecessary or inappropriate antibiotic use.</p> <p>Findings:</p> <p>During a review of Resident 39's Admission Order (Face Sheet) indicated Resident 39 was admitted on [DATE] with diagnoses including dysphagia (difficulty of swallowing), pressure ulcer of sacral region stage 4 (damage to an area of the skin caused by constant pressure on the area for a long time), acute cystitis without hematuria (sudden inflammation of the bladder without presenting blood in the urine).</p> <p>During a review of Resident 39's Minimum Data Sheet (MDS- a comprehensive assessment and care screening tool) dated 2/16/24 indicated Resident 39 had moderate cognitive impairment (ability to learn, understand, and make decisions) and required dependent assistance for activities of daily living (ADL'S) such as toileting hygiene, shower, dressing for both upper and lower body and personal hygiene.</p> <p>During a review of Resident 39's Physician's Order dated 4/12/2024 for antibiotic order- Doxycycline Hyclate Oral Tablet (a drug used to treat many types of bacterial infections) 100 milligrams (mg-unit of measurement) to give one tablet by mouth one time daily for wound infection Stage 4 for four days.</p> <p>During a review of the Infection Report Surveillance form indicated that Resident 39 was not screened for wound culture and blood works was not done.</p> <p>During a concurrent interview and record review on 5/3/2024 at 9:24 a.m., with Infection Preventionist (IP) and Registered Nurse (RN) 1, it indicated Resident 39 started on oral antibiotic doxycycline hyclate 100 mg daily for four days. There was no documentation to determine if there was wound infection, wound culture (a test to find germs [such as bacteria, a virus, or a fungus] that can cause an infection) and blood works done prior to Resident 39's starting oral antibiotic.</p> <p>During an interview on 5/3/24 at 9:53 a.m., the IP stated if resident was started on antibiotic medication with no indication of use and no test done for culture and sensitivity it would it will put the resident at risk for any adverse reaction of the medication, antibiotic resistance and at risk for developing clostridium difficile (a germ [bacterium] that causes diarrhea and colitis [an inflammation of the colon]) as a side effects. IP stated the importance of screening residents prior to initiation of antibiotic therapy to prevent antibiotic resistance.</p> <p>(continued on next page)</p>		

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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	

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/3/2024 at 10:15 a.m., the Director of Nursing (DON) stated the IP should have questioned the antibiotic order for Resident 39 and should have recommended laboratory tests such as wound culture to prior to initiation of antibiotic therapy to prevent antibiotic resistance and ensure antibiotic prescribed was the right antibiotic to give to Resident 39.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Antibiotic Stewardship revised 12/2016 indicated: Antibiotics will be prescribed and administered to residents under the guidance of the facility's antibiotic stewardship program. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. When a culture and sensitivity (C&amp;S) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.</p> <p>CROSS REFERENCE F757</p>