

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Bonita Hills Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1233 West LA Habra Boulevard LA Habra, CA 90631	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48844</p> <p>Based on interview, medical record review, facility document review, and facility P&P review, the facility failed to provide the necessary care and services for one of five sampled residents (Resident 3).</p> <p>* The facility failed to monitor Resident 3's wound separation for the forehead area and skin breakdown for the left and right arm area every shift as ordered.</p> <p>* The facility failed to notify the physician of the changes in Resident 3's wound separation for the forehead area and skin breakdown for the left and right arm area as documented on the TAR.</p> <p>These failures had the potential to negatively impact Resident 3's well-being.</p> <p>Findings:</p> <p>Review of the facility's P&P titled Skin Assessment revised 12/19/22, showed a full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission, and weekly thereafter. The assessment may also be performed after a change of condition.</p> <p>Medical record review for Resident 3 was initiated on 11/14/24. Resident 3 was admitted to the facility on [DATE], and readmitted on [DATE].</p> <p>Review of Resident 3's SBAR Communication Form showed Resident 3 had an unwitnessed fall on 10/28/24. The form further showed Resident 3 sustained a small laceration (a cut or tear in the skin) to the forehead related to the fall.</p> <p>a. Review of Resident 3's Order Summary Report showed a physician's order dated 11/1/24, to monitor the following area every shift:</p> <ul style="list-style-type: none"> - for the forehead area laceration with bond/glue, to monitor the wound separation. - for the left arm area, to monitor for further skin breakdown; and - for the right arm area, to monitor for further skin breakdown. <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 3's TAR for November 2024 showed the 3-11 shift assessments for the following areas and dates were left blank:</p> <ul style="list-style-type: none"> - for the forehead area on 11/4, 11/5, 11/10, 11/11, 11/12, and 11/13/24. - for the left and right arm area on 11/4,11/5,11/10,11/11, 11/12, 11/13 and 11/18/24. <p>b. Furthermore, review of Resident 3's TAR for November 2024, showed Y was documented for the following areas, dates, and shifts:</p> <ul style="list-style-type: none"> - for the forehead area on 11/2/24 for the 7-3 shift and 3-11 shift, and 11/13/24 for the 7- 3 shift - for the left arm area on11/2/24 for the 7-3 shift and 3-11 shift, and 11/13/24 for the 7-3 shift - for the right arm area on 11/2/24 for the 7-3 shift and 3-11 shift, 11/11/24 for the 11-7 shift, and 11/13/24 for the 7-3 shift. <p>On 11/20/24 at 0903 hours, a concurrent interview and medical record review was conducted with LVN 4. LVN 4 was asked what Y meant in Resident 3's TAR for November 2024 monitoring of the forehead, left and right arm area. LVN 4 stated if it was a Y documented, it meant there was a breakdown in the skin and the physician should be notified. However, the progress notes showed no documented evidence of the skin breakdown and physician notification for those dates and time when the licensed nursed documented Y on the TAR. LVN 4 also verified the 3-11 shift had not monitored Resident 3's forehead, left and right am area on certain days in November 2024 as they were left blank.</p> <p>On 11/20/24 at 1140 hours, a concurrent interview and medical record review was conducted with the DON. The DON verifiedthere were Y documentedin Resident 3's TAR for November 2024, indicating a skin breakdown. The DON stated the physician should have been notified. The DON was unable to show documentation nor the physician notification of any skin breakdown. The DON also verified the 3-11 shift failed to monitor Resident 3's forehead, left and right arm as the above dates in the November 2024 TAR were left blank. The DON stated there was no documentation why it was not monitored.</p>		