STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055664	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
York Healthcare & Wellness Centre	6071 York Blvd. Los Angeles, CA 90042

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48219 Based on observation, interview, and record review, the facility failed to implement comprehensive person-centered care plan for one of three sampled residents (Resident 2) who required one-to-one staff supervision (sitter) and monitoring of the placement of wander guard, to reflect the current interventions and assessment to meet the immediate needs of the resident. This deficient practice in establishing, documenting, and implementing the care and services to be provided to the resident has the potential to negatively affect the physical well-being of Resident 2 and could potentially place the resident at risk for harm or injury. Findings: A review of Resident 2 ' s Admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses that included but not limited to dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and cognitive communication deficit (cannot recognize everyday social cues, both verbal and non - verbal). A review of the History and Physical dated 11/20/2023, indicated Resident 2 does not have the capacity to understand and make decisions. A review of Resident 2 ' s physician orders dated 4/10/2024, indicated to monitor the wander guard inside Red Headband every shift. There was no documented evidence of a physician order or an entry in the resident ' s Order Summary Report for a one-to-one sitter for Resident 2. A review of Resident 2 ' s Medication Administration Record with an order date of 4/10/2024, indicated Resident 2, was to have Wander Guard inside Red Headband monitored every shift for placement and function. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055664	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
York Healthcare & Wellness Centre	6071 York Blvd. Los Angeles, CA 90042

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 2 ' s Care plan dated 2/26/2024, indicated the resident has behaviors of elopement risk/wanderer related to disoriented to place, with history of attempts to leave facility unattended, impaired safety awareness, wanders aimlessly, and removing facility name band. The care plan interventions included to monitor wander guard on the resident ' s Right wrist every shift. There was no documented evidence of the interventions for one-to-one sitter or monitoring the placement of Resident 2 ' s wander guard in her Red Headband. A review of the facility ' s staffing Daily Assignment log dated 3/30/2024 to 4/10/2024, indicated that a one-to-one sitter was not assigned to Resident 2. During an Interview on 4/11/2024 at 10:48 am, the Activity Director stated Resident 2 requires a one-to-one sitter requiring a high level of assistance. During an Interview on 4/11/2024 at 11:30 am, the Director of Nursing (DON) stated the facility have a one-to-one sitter every day to assist Resident 2 with activities. During an Interview on 4/11/2024 at 1 pm, CNA1 stated Resident 2 has a one-to-one sitter since a resident to resident altercation happened on 3/30/2024. The DON stated Resident 2 shoud not wander in the facility unsupervised. During an Interview on 4/11/2024 at 1:30 pm, DON stated Resident 2 now has a one-to-one sitter to monitor her whereabouts. During an Interview on 4/11/2014 at 2:28 pm, the facility ' s Sitter 1 (one to one sitter) stated the charge nurse notifies her in morning who will be the resident she will be supervising one to one with. Sitter 1 stated she did not receive any specific instructions how to provide the one-to-one supervision with Resident 2. During an interview on 4/11/2024 at 3:30 pm, the DON Director of Nursing, we do not have an order for one-to-one sitter (for Resident 2), we should. During a concurrent observation and interview on 4/11/2024 at 3:33 pm with the DON, the DON verified that Resident 2 was wearing the red head band with the wander guard in placed. The DON stated the wander guard to be placed in Resident 2 ' s red head band was ordered on 4/10/24 but the facility have not updated the care plan. The DON stated, We need a care plan to be done in order to ensure proper intervention are being done. During an interview on 4/11/2024 at 4:40 pm, with RNA1, RNA 1 stated she completes the daily staffing assignments for 7 am to 3pm and 3pm to 11pm shift. RNA 1 stated it is the Director of Staff Development (DSD) who informs RNA 1 who was the resident that requires a one-to-one sitter on a daily basis. RNA 1 stated they are informed verbally from shift to shift only. A review of the facility ' s policy and procedure titled Comprehensive Person - Centered Care Planning dated 9/7/2023 revised on 8/24/2023, indicated a care plan must reflect the resident ' s stated goals and objectives, and include interventions that address his or her needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055664	A. Building B. Wing	04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
York Healthcare & Wellness Centre	6071 York Blvd. Los Angeles, CA 90042

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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Review of the facility ' s policy and titled Signaling Device - dated 10/26/2023, revised on 10/26/2023, indicated A signaling device is an intervention that can be utilized as part of a Resident ' s plan of care when they have been identified as being at risk for elopement. The licensed nurse will document the placement and functionality in the Resident ' s medical record. A review of the facility ' s policy and titled Sitters - dated 3/27/2024, indicated the facility would orient the sitter regarding reporting responsibilities, the resident ' s Care Plan, and the duties and responsibilities of the sitter.