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	06/25/2024

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 interview and record review, the facility failed to revise care plans for two of five sampled residents (Resident 1 and Resident 2) ensuring care plan was revised following Covid 19 infection. This deficient practice had the potential to affect the provision of care for these affected residents. Finding: A review of the facility ' s policy and procedure titled COVID-19 infection, dated with the revision date of January 28th, 2022, indicated resident vital sign monitoring - Residents in the red area will have vital signs, blood pressure, pulse, respiration rate, temperature and oxygen saturation documented every four hours. A review of Resident 1 ' s Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses including hemiplegia (inability to move affected body part) and hemiparesis (one sided weakness) following a cerebral infarction (stroke). A review of Resident 1 ' s History and Physical dated 06/23/2023, indicated Resident 1 had the capacity to understand and make decisions. A review of Resident 1 ' s Minimum Data Set (MDS, a standardized assessment and care- screening tool), dated 5/17/2024, indicated Resident 1 ' s cognition is intact but requires partial to moderate assistance with all functional activity requiring assistance from staff with bed mobility, transfer, ambulation, locomotion on and off, and toilet use. A review of Resident 1 ' s Care Plan dated 06/24/2024, titled fever related to Covid positive indicated to monitor vital signs every shift. The care plan did not show revision for Covid Screening /Monitoring to be done every 4 hours. A review of Resident 1 ' s Medication Administration record dated 6/23/2024, indicated Monitor temperature, Pulse, respiration, blood pressure, and oxygen Saturation and Symptoms daily every 4 hours for Covid Screening/ Monitoring for 10 Days. (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	06/25/2024

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

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(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 Admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses including below the right knee amputation. A review of Resident 2 ' s history and physical dated 9/20/2023, indicated this resident has fluctuating capacity to understand and make decisions. A review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care-screening tool), Dated 6/21/2024, indicated residents ' cognition is intact and requires only supervision or verbal cues with all functional mobility tasks. A review of Resident 2 ' s care plan dated 6/24/2024, indicated Resident 2 has actual Covid 19 infection as evidence by positive laboratory finding. The care plan Interventions indicated to monitor vital signs every shift. The care plan did not show revision for Covid Screening/Monitoring to be done every 4 hours. A review of Resident 2 ' s Medication Administration Record dated 6/24/2024, indicated Monitor temperature, Pulse, respiration, blood pressure, and oxygen Saturation and Symptoms daily every 4 hours for Covid Screening/ Monitoring for 11 Days. During a concurrent interview and record review on 6/24/2024 at 12:40 pm with the Director of Nursing (DON), the care plans for Resident 1 and Resident 2 were reviewed. The care plans indicated to monitor vital signs every shift. The DON stated the monitoring of vital signs for covid positive residents needs to be done every 4hrs as policy states, to ensuring proper monitoring of resident. Stated we need to monitor the vital signs more often with covid residents to identify symptoms such as shortness of breath or a decline in oxygenation.