

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055697	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/09/2024
NAME OF PROVIDER OR SUPPLIER Costa Del Sol Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1016 S. Record St. Los Angeles, CA 90023	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on interview and record review, the facility failed to report unusual occurrence from one of four sampled residents (Resident 1) to the state agency California Department of Public Health (CDPH), when Resident 1 was noticed with a large bruise on her left side of the breast and left rib cage on 9/5/2024.</p> <p>This deficient practice resulted in a delay of an onsite inspection by CDPH to investigate Resident 1 ' s injury in a timely manner, a delay in prevention of further injuries and possible abuse.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with a diagnosis that included adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), unspecified protein-calorie malnutrition (The lack of sufficient energy or protein to meet the body's metabolic demands), and type 2 diabetes (DM-a disorder characterized by difficulty in blood sugar control.)</p> <p>During a review of Resident 1 ' s History and Physical (H&P) dated 6/22/2024, the H&P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardized care assessment and care screening tool), dated 9/13/2024, the MDS indicated Resident cognitive skills were severe impaired never/rarely make decisions. The MDS indicated Resident 1 required substantial maximum assistance with activities of daily living (ADLs) such as dressing, toilet use, personal hygiene. The MDS indicated Resident 1 required partial to moderate assistance with eating and oral hygiene. The MDS indicated Resident 1 required dependent assistance with transfer from chair to bed.</p> <p>During a review of Resident 1 ' s Interdisciplinary meeting (IDT) dated 9/6/2024, the IDT meeting indicated, the IDT team met regarding the incident that happened 9/5/024 around 10AM. The IDT team meeting indicated Resident 1 was noted with bluish purplish discoloration the left breast and left rib cage. Resident 1 complained of pain when care was provided to the affected area.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s care plan titled Potential for pressure ulcer development related to impaired mobility and anemia dated 5/9/2023, the care plan goals indicated Resident 1 would have intact skin, free of redness, blisters, or discolorations. The care plan interventions indicated to follow facility policies/protocols for the prevention/treatment of skin issues.</p> <p>During an interview on 10/9/2024 at 2:00 p.m. with the Restorative Nursing Assistance (RNA), the RNA stated the bruise on Resident 1's skin should have been reported to the Administrated (ADM) or Director of Nursing (DON) for investigation.</p> <p>During a concurrent interview and record review on 10/9/2024 at 3:45 p.m. with the DON, the DON stated on 9/5/2024 in the morning, she was notified of Resident 1's bruised left breast and rib cage. The DON stated stated it was injury of unknow origin and happened on 9/5/2024. The DON stated the injury of unknow origin reporting policy indicated any incident needed to be report it to CDPH within 24 hours, and an investigation started at the facility.</p> <p>During a review of the facility ' s policy and procedures (P&P) titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and investigation, dated 2001, the P&P indicated If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law within 24 hours of an allegation.</p>		