

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 01/23/2025
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** 48343</p> <p>Based on interview and record review, the facility failed to provide the State Survey Agency (Bureau of Health Facility Licensing, Certification and Resident Assessment, within the Department of Public Health), a written report of the findings of the investigation of an allegation of abuse within five (5) working days of the occurrence of an incident of physical abuse for two of four sampled residents (Residents 1 and 2).</p> <p>This deficient practice had the potential to result in a delay in the State Survey Agency's investigation, unidentified abuse in the facility, and placed Residents 1 and 2 at risk for elder abuse.</p> <p>Findings:</p> <p>a. During a review of Resident 1 ' s Face Sheet (front page of the chart that contains a summary of basic information about the resident), the Face Sheet indicated Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including dementia (a progressive state of decline in mental abilities), anxiety (feeling of fear), dysphagia (difficulty swallowing), and muscle weakness (loss of muscle strength).</p> <p>During a review of Resident 1's Minimum Data Set ([MDS]- a resident assessment tool), dated 12/31/2024, the MDS indicated Resident 1 ' s cognitive (the ability to think and process information) skills for daily decision making was moderately impaired. The MDS indicated Resident 1 was dependent (helper does all the effort) on staff for activities of daily living ([ADLs]- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 1 ' s History and Physical (H&P), dated 12/3/2024, the H&P indicated Resident 1 did not have the capacity for medical decision making.</p> <p>During a review of Resident 1 ' s situation, background, assessment, recommendation ([SBAR]-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 1/9/2025, the SBAR indicated Resident 1 was monitored for emotional distress manifested by (m/b) a physical altercation (angry dispute) with Resident 2 on 1/9/2025.</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>b. During a review of Resident 2 ' s Face Sheet, the Face Sheet indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including altered mental status (change in person ' s mental function), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and seizure (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness).</p> <p>During a review of Resident 2 ' s MDS, dated [DATE], the MDS indicated Resident 2 ' s cognitive skills for daily decision making was severely impaired. The MDS indicated Resident 2 required supervision or touching assistance (helper provides verbal cues and /or touching/steadying assistance as resident completes activity) from staff for ADLs.</p> <p>During a review of Resident 2 ' s SBAR, dated 1/9/2025, the SBAR indicated on 1/9/2025 Resident 2 was physically aggressive toward Resident 1. The SBAR indicated Resident 2 was agitated (upset) and irritated (angry) and hit Resident 1.</p> <p>During an interview on 1/23/2025 at 9:50 a.m., with Licensed Vocational Nurse (LVN 1), LVN 1 stated on 1/9/2025 around 5:30 p.m., Resident 1 was lying in bed and talking loudly. LVN 1 stated Resident 2 asked Resident 1 if he (Resident 1) could stop talking so loudly. LVN 1 stated while Resident 1 continued talking loudly Resident 2 became irritated and agitated, stood up from his bed approached Resident 1 and hit Resident 1 on the face.</p> <p>During a review of a SOC 341 (this form, as adopted by the California Department of Social Services CDSS, is required under Welfare and Institutions Code WIC, to report suspected dependent adult/elder abuse), dated 1/9/2025 indicated the incident between Residents 1 and 2 was reported to the Los Angeles County Department of Public Health, Health Inspection Division on 1/9/2025 via fax (an image of a document made by electronic scanning).</p> <p>During an interview on 1/23/2025 at 2:45 p.m., with the Director of Nursing (DON), the DON stated, I will be honest with you regarding the 5- days Investigation Report, it was completed on 1/16/2025 but was not faxed to CDPH within 5 days.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled Abuse, Neglect, exploitation or Misappropriation-Reporting Investigating, revised 9/2022, the P&P indicated reports of resident abuse would be reported to local and federal agencies. The P&P indicated facility shall provide a written report of the findings of abuse investigations within five (5) working day of the reported allegations.</p> <p>Based on interview and record review, the facility failed to provide the State Survey Agency (Bureau of Health Facility Licensing, Certification and Resident Assessment, within the Department of Public Health), a written report of the findings of the investigation of an allegation of abuse within five (5) working days of the occurrence of an incident of physical abuse for two of four sampled residents (Residents 1 and 2).</p> <p>This deficient practice had the potential to result in a delay in the State Survey Agency's investigation, unidentified abuse in the facility, and placed Residents 1 and 2 at risk for elder abuse.</p> <p>Findings:</p> <p>(continued on next page)</p>		

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