STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055697	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Costa Del Sol Healthcare	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to notify the physician when one of three sampled residents (Resident 1) missed a session of dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed). This deficient practice had the potential for Resident 1 to experience a delay in treatment or services due to possible unidentified complications associated with the physician not being aware of a missed session of dialysis. Findings: 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 on [DATE] and readmitted on [DATE] with diagnoses that included idiopathic neuropathy (a type of nerve damage where the origin is unknown), acute respiratory failure (a condition where you don't have enough oxygen in the tissues in the body) , asthma (a chronic respiratory disease that affects the airways in the lungs, causing inflammation, swelling, and muscle tightening, leading to breathing difficulties), end stage renal disease (End Stage Renal Disease-irreversible kidney failure), dependence on dialysis, cardiomegaly (condition where the heart is bigger than normal) , pneumonia (an infection/inflammation in the lungs), and pleural effusion (a condition where there is fluid buildup in the area between the lungs and chest wall). During a review of Resident 1 ' s Care Plan dated 3/27/2025, the Care Plan indicated Resident 1 required dialysis related to ESRD, and interventions included to provide dialysis on Monday, Wednesday, and Friday for 3 hours and 30 minutes. During a review of Resident 1 ' s Order Summary Report, the Order Summary Report indicated Resident 1 had an order placed on 4/23/2025 for Resident 1 to receive dialysis on Monday, Wednesday, and Friday from 1:45pm to 5:15pm. During a review of Resident 1 ' s History and Physical (H&P) dated 4/25/2025, the H&P indicated Resident 1 had the ability to make medical decisions. During a review of Resident 1 ' s Minimum Data Set (MDS - a resident assessment tool) dated 4/26/2025, the MDS indicated Resident 1 had moderately impaired cognition (ability to learn, reason, remember, understand, and make decisions), received dialysis, and was dependent on staff for activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily). (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
	055697	A. Building B. Wing	05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1 ' s Progress Notes dated 4/25/2025, the Progress Notes indicated Resident 1 was being monitored for signs and symptoms of fluid overload due to a missed dialysis session on 4/25/2025 that was rescheduled for the next day on 4/26/2025. During an interview on 5/14/2025 at 2:01 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated transportation for residents to their dialysis appointments were made by the social service director and if there were any issues with cancellation or delay, they would communicate with the transport company and the dialysis center to make them aware of the situation. LVN 1 stated Resident 1 received dialysis on Monday, Wednesday, and Friday. On 4/25/2025, Resident 1 was supposed to have dialysis, but the transportation company was late and when they ultimately arrived, the dialysis company called and said they could no longer take Resident 1 because they couldn ' t accommodate her any longer due to how late she was. At this time, Resident 1 was already on the gurney, so they had to place her back in bed. LVN 1 stated they informed the dialysis center the transportation was running behind, and they also followed up with the transport company to see approximately how late they would be. LVN 1 stated she did not notify Resident 1 ' s physician that Resident 1 missed her scheduled dialysis appointment because her dialysis session was already rescheduled for the following day. LVN 1 further stated that the doctor should have been notified because the doctor could give additional orders such as monitoring, interventions or the doctor could even send Resident 1 to a general acute care hospital (GACH) for dialysis if necessary to reduce complications from a missed session of dialysis. During an interview on 5/15/2025 at 11:30 with the Director of Nursing (DON), the DON stated they have never had any issues with a resident missing a dialysis appointment and this was the first time a scenario like this had happened. He stated the facility had other transportation companies the facility could use but the transportation company just arrived late, and the dialysis center was not able to accommodate Resident 1 due to how late she was. He stated the staff communicated with the transportation company and the dialysis center to keep them all informed but ultimately the dialysis center had to reschedule Resident 1 ' s dialysis to the following day. The DON stated if a resident were to miss a dialysis session, the staff should inform the resident ' s doctor to notify them of the situation because the doctor needs to be aware and if necessary, they could give additional orders or to transfer the resident out to a hospital for dialysis if needed. During a review of the facility ' s policy and procedure (P&P) titled Change in a Resident ' s Condition or Status dated 10/2024, the P&P indicated the facility will promptly notify the resident, his or her physician, and the resident representative of changes in the resident ' s medical/mental condition and/or status and when there is a need to alter the resident ' s medical treatment significantly.