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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055764 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 01/08/2025 |
| NAME OF PROVIDER OR SUPPLIER Whittier Pacific Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S Pickering Avenue Whittier, CA 90602 | |

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) |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36925</p> <p>Based on interview and record review, the facility failed to accommodate the needs of four of five sampled residents (Residents 1, 3, 4 and 5) by failing to answer the call light (a device used by patients to call for assistance from staff) in a timely manner.</p> <p>This deficient practice had the potential to increase the risk for falls, delay medical attention for urgent needs, increase residents discomfort, frustration, and potentially contribute to residents' harms or irreversible injuries.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated that the facility admitted Resident 1 on 10/25/2023 and readmitted the resident on 5/10/2024 with diagnoses that included hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) affecting the left nondominant side and the right dominant side.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a resident assessment and care-screening tool), dated 12/24/2024, indicated that Resident 1's cognition (the mental process of acquiring knowledge and understanding through thought, experience, and senses) was moderately impaired and that the resident required substantial/maximal assistance (helper does more than half the effort to do a task) from a person to perform daily living activities such as personal hygiene, toileting, showering/bathing, and upper/lower body dressing.</p> <p>A review of Resident 3's Admission Record indicated that the facility admitted Resident 3 on 11/22/2007 and readmitted the resident on 12/24/2024 with diagnoses that included hemiplegia and hemiparesis (a medical condition that causes weakness or an inability to move on one side of the body).</p> <p>A review of Resident 3's MDS, dated [DATE], indicated that Resident 3's cognition was intact, but the resident was dependent (helper does all the effort to do a task) on a person to perform daily living activities such as toileting, showering/bathing, and wearing footwear.</p> <p>A review of Resident 4's Admission Record indicated that the facility admitted Resident 4 on 1/29/2023 with diagnoses that included hemiplegia and hemiparesis affecting the left nondominant side.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 055764 |
| | | If continuation sheet Page 1 of 6 |

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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of Resident 4's MDS, dated [DATE], indicated that Resident 4 ' s cognition was intact, but the resident required partial/moderate assistance (helper does less than half the effort to do a task) from a person to perform daily living activities such as personal hygiene, toileting, and showering/bathing.</p> <p>A review of Resident 5's Admission Record indicated that the facility admitted Resident 5 on 11/14/2024 with diagnoses that included a right upper and lower end fibula (lower leg bone) fracture.</p> <p>A review of Resident 5's MDS, dated [DATE], indicated that Resident 5 ' cognition was intact, but the resident required substantial/maximal assistance from a person to perform daily living activities such as toileting, showering/bathing, personal hygiene, and wearing footwear.</p> <p>A review of the Resident Council Meeting minutes dated 10/24/2024, 11/21/2024, and 12/26/2024 indicated that Residents 3, 4, and 5 voiced out their concerns during the resident council meeting that the nursing staff do not answer the call light in a timely manner.</p> <p>During an interview with Resident 1 on 1/8/2025 at 9:30 AM, he stated that it takes at least two (2) hours for the nursing staff to answer the call light.</p> <p>During an interview with Resident 5 on 1/8/2025 at 12:35 PM, she stated that she had a couple of instances when the nursing staff took at least an hour to answer the call light when she needed a diaper change. She stated her diaper was soiled with urine and feces and it made her feel filthy and neglected when it took long for the nursing staff to change her diaper.</p> <p>During an interview with Resident 3 on 1/8/2025 at 12:45 PM, she stated she had to wait for 1-2 hours to get a diaper change during the night shift a couple of times. She stated she felt neglected since her diaper was soiled with urine.</p> <p>During an interview with Resident 4 on 1/8/2025 at 12:50 PM, she stated she felt neglected a couple of times during the night shift when she had to wait for 2 hours to get a diaper change.</p> <p>During an interview with the Director of Staff Development (DSD) on 1/8/2025 at 2:50 PM, she stated that the call light should be answered as soon as possible, but no later than five (5) minutes after the call light has been activated. The DSD stated that if the nursing staff does not respond to the call light in a timely manner, the resident is placed at risk for harm or danger.</p> <p>A review of the facility ' s undated policy titled, Call System, Residents version 1.0 (H5MAPL1558), dated September 2022 indicated that calls for assistance should be answered as soon as possible, but no later than 5 minutes and urgent requests for assistance should be addressed immediately.</p> | | |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>36925</p> <p>Based on interview, and record review, the facility failed to follow the facility ' s policy and procedure for influenza immunization for one of five sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> 1. Offer the influenza vaccine (a vaccine to protect against the influenza virus, or flu. 2. Provide education regarding the benefits and potential side effects of the medication. 3. Indicate Resident 1 ' s refusal to receive the influenza vaccine with the resident ' s name and signature. <p>This deficient practice increases the risk of Resident 1 ' s potential to be infected with the influenza virus that could lead to severe illness, hospitalization , or death.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated that the facility admitted Resident 1 on 10/25/2023 and readmitted the resident on 5/10/2024 with diagnoses that included an acute respiratory failure (a life-threatening condition that occurs when the lungs can't exchange enough oxygen with the blood) and cerebral aneurysm (a bulge or ballooning in a blood vessel in the brain that can cause serious health problems).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a resident assessment and care-screening tool), dated 12/24/2024, indicated that Resident 1 ' s cognition (the mental process of acquiring knowledge and understanding through thought, experience, and senses) was moderately impaired and that the resident required substantial/maximal assistance (helper does more than half the effort to do a task) from a person to perform daily living activities such as personal hygiene, toileting, showering/bathing, and upper/lower body dressing.</p> <p>A review of a Vaccine Consent Form, dated 9/27/2024, indicated that Resident 1 did not want to receive the influenza 2024/2025 vaccine, but the form did not have the name and signature of the resident acknowledging that the facility explained to him the benefits and potential side effects of the medication and refused to receive the shot.</p> <p>During an interview with complainant on 1/7/2025 at 8:30 am, complainant stated Resident 1's mother spoke with DON and informed her that Resident 1 wanted to have vaccines, but the facility did not give the vaccines to Resident 1.</p> <p>During an interview and record review on 1/8/2025 at 1:37 PM, Licensed Vocational Nurse (LVN) 2 stated that she offered the Covid-19 and the influenza vaccines to Resident 1 on 9/27/24. LVN 2 stated that Resident 1 refused to receive the vaccines and refused to sign the Vaccine Consent Form; thus, she signed the form and indicated, Resident did not want either vaccine at this time.</p> <p>(continued on next page)</p> | | |

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| <p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview with Resident 1 on 1/8/2025 at 2:17 PM, Resident 1 denied refusing to receive the Covid-19 and the influenza vaccines. Resident 1 stated that he wanted both vaccines, but the nurse did not show him a Vaccine Consent form and discuss with him the risks and benefits of the medications.</p> <p>During an interview on 1/8/2025 at 2:25 PM, the Director of Nursing (DON) stated that the facility offers the Covid-19 and the influenza vaccines to residents during admission and as indicated when Covid vaccine booster is recommended and during the flu season. The DON stated that vaccines provide protection to residents in the facility who are at higher risk for infection and illnesses. The DON stated that if the resident refuses the vaccine, the resident will have to sign a refusal form with two witnesses to indicate that the resident declined to receive the shot.</p> <p>A review of the facility ' s undated policy titled, Influenza Vaccine indicated that all residents who have no medical contraindications to the vaccine will be offered the influenza vaccine annually to encourage and promote the benefits associated with vaccinations against influenza. Prior to the vaccination, the resident will be provided information and education regarding the benefits and potential side effects of the influenza vaccine. A resident ' s refusal of the vaccine shall be documented on the informed consent for influenza vaccine and placed in the resident ' s medical record.</p> | | |

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| <p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>36925</p> <p>Based on interview, and record review, the facility failed to follow the facility ' s Covid-19 policy and procedure for one of five sampled residents (Resident 1) by failing to:</p> <ol style="list-style-type: none"> 1. Offer the Covid-19 2024/2025 vaccine (a vaccine intended to provide acquired immunity against the coronavirus disease) to Resident 1. 2. Provide Education to Resident 1 about the benefits of receiving the Covid-19 vaccine and risks of refusal. 3. Document Resident 1 ' s refusal of the Covid-19 vaccine with the resident ' s name and signature <p>This deficient practice put Resident 1 at risk to infected with COVID-19 virus that could lead to severe illness, hospitalization , and/or death.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated that the facility admitted Resident 1 on 10/25/2023 and readmitted the resident on 5/10/2024 with diagnoses that included an acute respiratory failure (a life-threatening condition that occurs when the lungs can't exchange enough oxygen with the blood) and cerebral aneurysm (a bulge or ballooning in a blood vessel in the brain that can cause serious health problems).</p> <p>A review of Resident 1's Minimum Data Set (MDS, a resident assessment and care-screening tool), dated 12/24/2024, indicated that Resident 1 ' s cognition (the mental process of acquiring knowledge and understanding through thought, experience, and senses) was moderately impaired and that the resident required substantial/maximal assistance (helper does more than half the effort to do a task) from a person to perform daily living activities such as personal hygiene, toileting, showering/bathing, and upper/lower body dressing.</p> <p>A review of a Vaccine Consent Form, dated 9/27/2024, indicated that Resident 1 did not want to receive the Covid-19 2024/2025 vaccine, but the form did not have the name and signature of the resident acknowledging that the facility explained to him the benefits and potential side effects of the medication and refused to receive the shot.</p> <p>A review of Resident 1 ' s care plan indicated that the resident tested positive for Covid-19 on 12/30/2024.</p> <p>During an interview with complainant on 1/7/2025 at 8:30 am, complainant stated Resident 1's mother spoke with DON and informed her that Resident 1 wanted to have vaccines, but the facility did not give the vaccines to Resident 1.</p> <p>(continued on next page)</p> | | |

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