

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER LA Crescenta Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Montrose Ave LA Crescenta, CA 91214	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47882</p> <p>Based on observation, interview, and record review, the facility failed to protect and promote resident rights for 1 of 3 sampled residents (Resident 1) when LVN 1, CNA 2, and CNA 3, continue to change Resident 1 ' s diaper after Resident 1 refused to be changed.</p> <p>This deficient practice resulted in Resident 1 ' s right hand accidentally hit the bedrail (metal or plastic bars positioned along the side of a bed, also commonly known as side rails) and caused bruising (an injury in which the skin is not broken but is discolored from the breaking of small blood vessels that lie underneath the skin) to the back of the right hand and right wrist area.</p> <p>Findings:</p> <p>A review of Resident 1s admission record indicated the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included but not limit to, cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy), and anxiety disorder (.persistent and excessive worry that interferes with daily activities).</p> <p>A review of Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 5/15/2024, indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating, supervision or touching assistance (helper provides verbal cues and/or touching/steadying and or contact guar assistance as resident completes activity) with dressing, partial/moderate assistance (helper does less than half the effort) personal hygiene, and substantial/maximal assist (helper does more than half the effort) with toileting.</p> <p>During a concurrent observation and interview on 8/8/2024 at 11:50 AM with Fam1 in Resident 1 ' s room, Resident 1 on her wheelchair observed with bruise on the back of the right hand and wrist area. Fam 1 stated, the incident happened on Saturday 8/3/2024 and she was told by Licensed Vocational Nurse (LVN) 1, Resident 1 was agitated during diaper change and accidentally hit right hand to the right bedrail causing the bruising. FAM 1 stated Resident 1 behavior was usually calm but gets agitated when woken up or forced to do care she does not like. Fam 1 stated, she told staff months ago to call her if Resident 1 refuses care and gets agitated, she usually can get Resident 1 to calm down.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER LA Crescenta Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Montrose Ave LA Crescenta, CA 91214	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on at 8/8/2024 at 12:15 PM with certified nurse assistant (CNA) 1 (CNA for 8/8/24), CNA 1 stated, Resident 1 is usually calm, but gets agitated if suddenly awakened and /or do not want care. CNA 1 stated, when refusing Resident 1 would use her hands to push away the care givers.</p> <p>During an interview on 8/8/2024 at 2:00 PM with CNA 2 (CNA on duty 8/3/24 the day of incident), CNA 2 stated, the day of incident, Resident 1 had a bowel movement and when she tried to change her, Resident 1 got agitated, pushed away, and refused, so she called LVN 1 (charge nurse for 8/3/24 the day of incident) and CNA 3 to help. CNA 2 stated, she did not inform the family about refusal of care, but she told the charge nurse LVN 1.</p> <p>During an interview on 8/8/2024 at 2:15 PM with LVN 1, LVN 1 stated, on the day of incident when CNA 2 and CNA 3 was trying to change Resident 1 ' s diaper, Resident 1 got agitated, pushed, and tried to hit a CNA, refusing care. LVN 1 stated, as they proceeded changing the diaper, Resident 1 accidentally hit the bedrail with her right hand and it turned red. LVN 1 stated she was aware to notify FAM 1 when Resident 1 was refusing care, she did not call because she was able to calm Resident 1 down after calling a Spanish speaker CNA (CNA 4) to talk to her. LVN 1 stated, she did not call FAM 1 when Resident 1 got agitated and refused care prior to the incident.</p> <p>During an interview on 8/8/2024 at 2:45 PM with Registered Nurse (RN) 1, RN 1 stated, LVN 1 told her that Resident 1 was resisting care during diaper change and accidentally hit her right hand to the bedrail. RN 1 stated, she was aware that FAM 1 should be called when Resident 1 is resisting care. RN 1 stated, she does not know why LVN 1 did not call Fam 1 when Resident 1 resisted care.</p> <p>During an interview on 8/8/2024 at 3:00 PM with CNA 4 (Spanish speaker 3 to 11 shift day of incident), CNA 4 stated, she saw CNA 2 and CNA 3 with LVN 1 changing Resident 1 ' s diaper during shift change, and Resident 1 was refusing care.</p> <p>During an interview on 8/8/2024 at 4:45 PM with RN 2 (RN supervisor 3 to 11 shift), RN 2 stated, if resident is refusing care, we stop and inform the family. RN 2 stated, if resident is pushing away it means no, we cannot force and we notify family.</p> <p>During an interview on 8/8/2024 at 5:00 PM with RN 1 (RN supervisor 7 to 3 shift), RN 1 stated, if a resident is refusing care, stop and then let the family know. RN1 stated, I don ' t know why they did not call the Fam 1 when Resident 1 was pushing them away, it is the same as refusing.</p> <p>During an interview on 8/9/2024 at 10:55 AM with LVN 1, LVN 1 stated, she should have stopped the care/changing diaper when Resident 1 refused and hit one of the CNA and called Fam 1. LVN 1 stated, it could have prevented Resident 1 hit the bedrail.</p> <p>A review of Resident 1 ' s care plan (CP) for Rejection of care with: behavior that interrupts or interferes with the delivery or receipt of care, dated 5/28/2024, the CP intervention includes a) will call Fam 1 and let her speak with patient regarding the importance of care, b) inform responsible party of any changes, and c) respect resident ' s wishes and refusal of procedure.</p> <p>A review of Resident 1 ' s facility document titled SBAR-GENERAL OBSERVATION INFORMATION dated 8/3/2024 timed at 5:20 PM, the document indicated Resident 1 had multiple discoloration on the right upper extremity.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER LA Crescenta Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Montrose Ave LA Crescenta, CA 91214	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/9/2024 at 12:00 PM with Director of Nurses (DON), DON stated, LVN 1 should have called the daughter when Resident 1 refused care, it could have prevented aggravation, and prevented the injury. DON stated, there were many incidence when we called the daughter, she was able to calm the Resident 1 down.</p> <p>A review of the facility ' s policy and procedure (P&P) titled Refusal of Care, (undated), indicated; a) the facility honors a competent resident ' s request not to receive medical treatment as prescribed by his or her physician, as well as care routines outlined on the resident ' s assessment and plan of care, b) a legally designated surrogate or resident representative may similarly refuse treatment or care on behalf of an incompetent resident. c) the resident is not forced to accept any medical treatment and may refuse specific treatment even though a physicians prescribe it, and d) if the resident refuses to accept the treatment, the residents ' representative/surrogate and the attending physician must be notified of refusal without delay.</p> <p>A review of the facility ' s policy and procedure (P&P) titled Resident Rights, (undated), indicated; a) the company protects and promote the rights of each resident, b) the resident has the right to a dignified existence , self-determination, and communication with and access to persons and services inside and outside the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER LA Crescenta Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Montrose Ave LA Crescenta, CA 91214	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47882</p> <p>Based on observation, interview and record review, the facility failed to ensure food tray was served timely for one of three sampled residents (Resident 4) when Resident 4, who was in the dining room, lunch tray was delivered at 1:00 P (scheduled meal service was 12:15 PM).</p> <p>This deficient practice had the potential to affect the palatability of the food (quality of being tasty or acceptable in some other way), attractiveness and temperature which could decrease food intake and affect Resident 4 ' s nutritional health (the adequate provision of vitamins, minerals, fiber, water carbohydrates, proteins, fats and other micronutrients to cells and organisms, to support life).</p> <p>Findings:</p> <p>A review of Resident 4 ' s admission record indicated the resident was admitted to the facility on [DATE] with diagnoses that included but not limit to autonomic neuropathy (damage to the nerves that control automatic body functions), vitamin D deficiency (inadequate amounts of vitamin D in your body) and muscle wasting (decrease in size and wasting of muscle tissue).</p> <p>A review of Resident 4 ' s History and Physical Examination (H & P), dated 10/5/2024, indicated Resident 4 does not have the capacity to understand and make decisions.</p> <p>A review of Resident 4 ' s Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 7/8/2024, indicated Resident 4 required partial/moderate assistance (helper does less than half the effort) with eating, substantial/maximal assist (helper does more than half the effort) with personal hygiene, dressing and dependent (helper does all the effort) on bathing and toileting.</p> <p>During a concurrent observation and interview on 8/8/2024 at 1:00 PM with DSD in the dining room, observed Resident 4 just receiving her food tray as she watched Resident 5 (table mate) for 40 minutes being fed by DSD. DSD stated, the kitchen had trouble looking for Resident 4 ' s tray. DSD stated, residents in the dining room should have received their food tray timely around 12:15, otherwise it could affect the food temperature and palatability and affects residents ' food intake.</p> <p>During an observation on 8/8/2024 at 1:30 PM in the dining room, Resident 4 consumed less than 50 percent of her meal.</p> <p>During an interview on 8/8/2024 at 1:35 PM with Director of Nurses (DON) , DON stated, residents in the dining room should have their tray at the same time and should be eating at the same time. DON stated, late tray could affect food temperature and palatability and may affect resident ' s intake.</p> <p>During an interview on 8/9/2024 at 10:15 AM dietary service supervisor (DSS), DSS stated, her process was to prep the food early to get the tray on time and her team prep 45 minutes before the scheduled time. DSS stated, it needs to be served between 12:00 to 12:30 PM for lunch and it needs to be served timely for proper temperature and be palatable to patient.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER LA Crescenta Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 Montrose Ave LA Crescenta, CA 91214	

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 0804</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 care plan (CP), dated 7/10/2024, the CP indicated Resident 4 had fragile skin with risk for bruising, skin tear and irritation. CP intervention included to provide adequate nutrition and hydration.</p> <p>A review of facility document Mealtime Services, (undated), the document indicated lunch was scheduled at 12:15 noon.</p> <p>During an interview on 8/9/2024 at 12:00 PM with the DON, DON stated, food trays should be distributed timely. DON stated, the scheduled lunch time was 12:15 PM it should distributed at that time, in order to have the right temperature, to ensure palatability, because it could potentially affect their intake, and their nutrition.</p> <p>A review of the facility ' s policy and procedure (P and P) titled Meal Service dated 2018, indicated; a) meals will be delivered to resident ' s/patients in a timely manner and free from the risk of cross contamination by those who are serving them, and b)nursing is responsible for the delivery of trays to the resident ' s/patient ' s room or individual table in the dining room.</p>