

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  07/10/2025
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)
F 0689  Level of Harm - Actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (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

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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 0689  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure residents reviewed for accidents/hazards received adequate supervision to prevent accidents and injury for one of two sampled residents (Resident 1), who had a recent fall, and who was identified at high risk for falls upon admission on [DATE], by failing to: 1. Ensure the facility communicated and provided awareness to licensed nurses (Licensed Vocational Nurse [LVNs 1 and 2] and Registered Nurse [RN] 1) and certified nurse assistants (CNAs 1, 2, 3 and 4) that Resident 1 was identified as high risk for falls due to recent history of falls history of falls and interventions to visually monitor every hour, in accordance with the care plan for falls and the physician order. 2. Ensure the Restorative Nursing Assistants (RNA - provides rehabilitative care to patients recovering from illnesses or injuries) check the fall risk visual identifiers (Red name band and/or red star on the room, bed, and wheelchair) for residents identified as high risk for falls, during the RNAs daily resident rounds, in accordance with the facility's policy and procedure (P&amp;P) titled Falling Star Program. These deficient practices resulted in Resident 1 having an unwitnessed fall (unknown date) as discovered by CNA 1, LVN 1, and RN 1 in the morning shift (7 AM to 3 PM) of 6/19/2025, resulting in an acute (sudden onset) comminuted (fragments) right intertrochanteric (upper part of the femur) fracture (crack or break in the bone) with moderate displacement (a broken bone where the two ends have moved out of their normal alignment) and angulation (the bone is bent in a curved position) on 6/19/2025. Resident 1 sustained bruising to the right knee and right inner thigh and complained of pain to the right hip. The facility transferred Resident 1 to General Acute Care Hospital (GACH 1) on 6/19/2025 because Resident 1 could not move her right leg due to pain and had a surgery of the right femur (bone of the thigh). Findings: During a review of Resident 1's admission Record (AR), the AR indicated the Resident 1 was admitted to the facility on [DATE] with diagnoses that included nondisplaced (the bone cracks or breaks but retains its proper alignment) fracture of the sacrum (the triangular bone at the base of your spine, below your lower back and between your hip bones), unspecified fall, left artificial hip joint, and idiopathic (cause unknown) peripheral autonomic neuropathy (nerve damage often causes weakness, numbness and pain, usually in the hands and feet). During a review of Resident 1's facility document titled Fall Risk Data Collection (FRDC), dated 5/14/2025, the FRDC indicated Resident 1 had one to two falls for the past three months. The FRDC indicated Resident 1 was not able to stand or balance on both feet. The FRDC indicated Resident 1 was identified as high risk for falls. The FRDC further indicated IDT met with the resident's family (Family 1 and 2) and discussed plan of care. Informed of risks upon fall risk assessment, red star fall program, and visual monitoring every hour and interventions to manage risks. During a review of Resident 1's History and Physical Examination (H&amp;P), dated 5/15/2025, the H &amp; P indicated Resident 1 had the capacity to make healthcare decision. The H&amp;P indicated Resident 1's diagnoses included s/p fall with left hip fracture. During a review of Resident 1's physician order titled General Order dated 5/15/2025, the order indicated Visual monitoring every hour for Falling Star Program. During a review of Resident 1's care plan titled High risk for falls that may result to physical harm dated 5/15/2025, the care plan indicated a goal developed on 5/15/2025, to decrease the resident's risk of falls and injury with intervention. The care plan interventions with an approach date of 5/15/2025, included Resident 1 to be placed in the facility's Falling Star Program, provide awareness to staff that patient has history of falls and continued to be at risk for falls. The care plan interventions dated 7/3/2025, indicated Visual monitoring every hour for falling star program (two months after Resident 1 was identified as high risk for falls on 5/15/2025) During a review of Minimum Data Set (MDS, a resident assessment tool), dated 5/20/2025, the MDS indicated Resident 1 required setup or clean-up assistance (helper sets up or cleans up; resident completes activity) with eating, partial/moderate assistance (helper does less than half the effort) with personal; hygiene and dressing and substantial/maximal assistance (helper does more than half the effort) with bathing and toileting. During a review of Resident 1's facility document titled SBAR [Situation, Background, Assessment, Recommendations] - General (document used for residents change of condition), dated 6/19/2025 timed at 7:37 AM, the SBAR indicated at 7:30 AM, Resident 1 complained of right knee pain, and had discoloration (bruising) on the right knee and right inner thigh. The SBAR indicated [Resident 1] was unable to move her right leg due to pain. The SBAR indicated the resident was confused because she was trying to get out of bed. The SBAR indicated pain medication was given for pain management. The SBAR indicated the physician was made aware, and X-ray (used to</p>		