

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/01/2024
NAME OF PROVIDER OR SUPPLIER  Guardian Rehabilitation Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  533 S. Fairfax Ave Los Angeles, CA 90036	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43261</p> <p>Based on interview and record review, the facility failed to ensure documentation of grievances was completed for one of three sampled residents (Resident 1).</p> <p>This deficient practice violated Resident 1 ' s family right to have their grievance addressed.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (lack of blood flow resulting in severe damage to some of the brain tissue), difficulty in walking and abnormal posture.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a comprehensive assessment and care screening tool), dated 4/5/2024, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision-making was severely impaired and requiring moderate assistance from staff for activities of daily living (ADLs- bed mobility, transfer, dressing, and toilet use).</p> <p>A review of facility ' s Grievances from 4/1/2024 to 4/24/2024, indicated no grievance was completed on 4/17/2024.</p> <p>During an interview with Resident 1 ' s family member (R1 FM), on 4/24/2024 at 8:24 a.m., R1 FM stated that on 4/17/2024 at around 3:00-3:30 p.m., she (R1 FM) found Resident 1 sitting in the wheelchair with no undergarments and pants below the knee. R1 FM also stated that the head nurse was made aware regarding the concern.</p> <p>During an interview with the Registered Nurse 1 (RN1) on 4/24/2024 at 12:57 p.m., RN1 stated that R1 FM came to see her (RN1) and notified her regarding a concern. RN1 stated that she (RN1) notified the Director of Nursing (DON) and the Director of Staff Development (DSD) regarding R1 FM ' s concern.</p> <p>During an interview with the DSD on 4/24/2024 at 1:24 p.m., DSD stated that she (DSD) was made aware regarding R1 FM ' s concern by RN1. DSD stated that a grievance was not done due to R1 FM refused to talk to her (DSD) regarding the issues.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the DON on 4/24/2024 at 1:32 p.m., DON stated that is important to do a grievance so they can investigate, identify and solve the issue. DON also stated that they should have done a grievance report during the incident with Resident 1.</p> <p>A review of the facility ' s policy and procedures (P&amp;P), titled, Grievance Procedure, reviewed on 1/9/2024, P&amp;P indicated that the resident has the right to and the facility must make prompt efforts to resolve grievances that the resident, responsible party, other family members, or advocates may have.</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43261</b></p> <p>Based on interview and record review, the facility failed to document a medication intolerance for cephalexin (medication to treat infection) medication in the medication allergy profile between 3/12/2024 and 4/15/2024 for one of three sampled residents (Resident 1). Resident 1 received the first dose on 3/12/2024, causing Resident 1 to have an episode of nausea and vomiting. Facility staff failed to document intolerance of cephalexin medication use for Resident 1 ' s medication allergy profile.</p> <p>This deficient practice caused Resident 1 to receive another dose on 4/15/2024, causing Resident 1 to experience another episode of nausea and vomiting related to the use of cephalexin.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (lack of blood flow resulting in severe damage to some of the brain tissue), difficulty in walking and abnormal posture.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a comprehensive assessment and care screening tool), dated 4/5/2024, indicated Resident 1 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision-making was severely impaired and requiring moderate assistance from staff for activities of daily living (ADLs- bed mobility, transfer, dressing, and toilet use).</p> <p>A review of Resident 1 ' s SBAR (situation, background, appearance and review/notify- structured tool for healthcare provider that provides communication between members. Also, being used as documentation for any changes of condition) dated 3/11/2024, SBAR indicated that Resident 1 had a urinary tract infection (UTI-infection in the urinary system [kidneys, bladder, or urethra]) with physician order for cephalexin 500 milligram (mg, unit of measurement) by mouth three times a day for seven days.</p> <p>A review of Resident 1 ' s SBAR, dated 3/12/2024, indicated that Resident 1 had an episode of nausea and vomiting.</p> <p>A review of Resident 1 ' s Medication Administration Record (MAR) from 3/1/2024 to 3/31/2024, MAR indicated that Cephalexin was administered on 3/12/2024 to Resident 1, discontinued on 3/14/2024 and replaced by Macrobid (Antibiotic) medication on 3/13/2024.</p> <p>A review of Resident 1 ' s SBAR, dated 4/15/2024, indicated Resident 1 had dysuria (discomfort, pain or burning when urinating).</p> <p>A review of Resident 1 ' s Physician Order (PO) dated 4/15/2024 at 4:50 p.m., PO indicated an order for Cephalexin 500 mg PO three times a day for five days. PO also indicated that Cephalexin was not approved resident is allergic.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s MAR from 4/1/2024 to 4/30/2024, MAR indicated that Cephalexin was administered on 4/15/2024 to Resident 1.</p> <p>A review of Resident 1 ' s Physician Order (PO) dated 4/15/2024 at 8:25 p.m., PO indicated to discontinue an order for Cephalexin due to vomiting.</p> <p>A review of Resident 1 ' s Allergy Profile, dated 4/15/2024, allergy profile indicated that Resident 1 was allergic to Cephalexin.</p> <p>During an interview with the Director of Nursing (Don) on 5/1/2024 at 1:02 p.m., DON stated that she (DON) was unsure why a Cephalexin allergy was not added to Resident 1 ' s medical record during the first episode of nausea and vomiting. DON also stated that if the allergy was documented, it is likely that Cephalexin medication would have not been administer to Resident 1 and would have avoided the second episode of nausea and vomiting.</p> <p>During an interview with Resident 1 ' s physician (R1 ' s MD) on 5/1/2024 at 1:54 p.m., R1 ' s MD stated that he (R1 ' s MD) was unaware that Resident 1 did not tolerate Cephalexin during the first order and was not aware that Resident 1 had an episode of nausea and vomiting. R1 ' s MD also stated that if the facility had listed Cephalexin as an allergy after the first incident on 3/12/2024, he (R1 ' s MD) would have not prescribed it the second time and the pharmacy would have not dispensed it without first checking with him.</p> <p>A review of the facility ' s policy and procedures (P&amp;P), titled, Medication Administration-General Guidelines, reviewed on 1/16/2024, P&amp;P indicated that Medications are administered as prescribed in accordance with good nursing principles and practices.</p> <p>A review of the facility ' s P&amp;P, titled, Medication Orders, reviewed on 1/16/2024, P&amp;P indicated that the prescriber is contacted to verify or clarify an order (e.g., when the resident had allergies to the medication, there are contraindications to the medication .).</p>