

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 06/20/2024
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 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** 43261</p> <p>Based on interview and record review, the facility failed to provide care in a manner that promote or enhanced resident's dignity and respect for one of two sampled resident (Resident 1) by failing to ensure facility staff gave some time to Resident 1 when Resident 1 had an episode of resisting care with combativeness during activities of daily living (ADL-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene).</p> <p>This deficient practice had the potential to cause psychosocial harm to the Resident 1 and can violate resident's right to be treated with dignity.</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 multiple sclerosis (MS- a disabling disease of the brain and spinal cord [central nervous system]), right hand contracture (permanent tightening of the muscles that causes joints to shorten and become very stiff) and dementia (loss of cognitive functioning-thinking, remembering, and reasoning).</p> <p>A review of Resident 1's history and physical (H&P) dated 8/1/2023, H&P indicated Resident 1 has fluctuating capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool), dated 5/23/2024, indicated Resident 1 has an intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and needing maximal assistance from staff for ADLs.</p> <p>During an interview with the Certified Nursing Assistant 1 (CNA1) on 6/18/2024 at 12:10 p.m., CNA1 stated that on 5/26/2024, Resident 1 had episodes of refusing to be changed and cleaned. CNA1 stated that when Resident 1 finally let him (CNA1), Resident 1 was becoming combative to CNA1. CNA1 stated that he could not find anyone at that time and continued on assisting Resident 1.</p> <p>During an interview with the Director of Nursing (DON) on 6/18/2024 at 12:51 p.m., DON stated that when a resident became resistive and combative during the care, staff should stop whatever the staff was doing to prevent any injury to both staff and resident.</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: 056008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedures (P&P), titled, Resident Rights, reviewed on 1/16/2024, P&P indicated that is it the facility's goal to promote exercising residents' rights, including any who face barriers (such as communication problems, vision, hearing problems and cognition limits.) P& P also indicated that residents must be treated with consideration, respect and full recognition of dignity and individuality.</p>		

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 06/20/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43261</p> <p>Based on interview and record review, the facility staff failed to ensure physician (MD) notification and change of condition (COC/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]) documentation was done for one of one sampled resident (Resident 1). Resident 1 had multiple, scattered skin discolorations on upper extremities (arm/leg) and had an episode of resisting care with combativeness during activities of daily living (ADL-bed mobility, surface transfer, eating, walk in room, dressing, toileting, and personal hygiene).</p> <p>These deficient practices had the potential to result in possible delayed provision of necessary care and services specific for Resident 1.</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 multiple sclerosis (MS- a disabling disease of the brain and spinal cord [central nervous system]), right hand contracture (permanent tightening of the muscles that causes joints to shorten and become very stiff) and dementia (loss of cognitive functioning-thinking, remembering, and reasoning).</p> <p>A review of Resident 1's history and physical (H&P) dated 8/1/2023, H&P indicated Resident 1 has fluctuating capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool), dated 5/23/2024, indicated Resident 1 has an intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and needing maximal assistance from staff for ADLs.</p> <p>During an interview with the Certified Nursing Assistant 1 (CNA1) on 6/18/2024 at 12:10 p.m., CNA1 stated that on 5/26/2024, Resident 1 had episodes of refusing to be changed and cleaned. CNA1 stated that when Resident 1 finally let him (CNA1), Resident 1 was becoming combative to CNA1. CNA1 stated that he could not find anyone at that time and did not notify the nurses since he needed to go on his lunch break.</p> <p>During an interview with the Registered Nurse 1 (RN1) on 6/19/2024 at 11:43 a.m., RN1 stated that Resident 1 had multiple scattered skin discolorations on his (Resident 1's) arms prior to the incident. RN1 also stated that she (RN1) was made aware of Resident 1's refusals of care and was combative during the ADLs after CNA1 came back from his lunch break. RN1 stated that CNA1 was supposed to report any issues or concerns to the nurses right away. RN1 also stated that staff should stop and give them some time when a resident becomes agitated or resistive with care for the staff and resident's safety.</p> <p>(continued on next page)</p>		

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 06/20/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Licensed Vocational Nurse 1 (LVN1) on 6/19/2024 at 1:26 p.m., LVN1 stated that Resident 1 had multiple skin discolorations on bilateral upper extremities prior to his (Resident 1) transfer to GACH (general acute hospital) although was unsure if a COC/SBAR was done and MD was notified. LVN1 also stated that CNAs supposed to immediately report to him any issues especially refusals or resisting care so he can notify the MD and do COC/SBAR.</p> <p>During a concurrent record review and interview with the Treatment Nurse 1 (TX1) on 6/20/2024 at 9:51 a.m., Resident 1's skin and body assessment (SBA) was reviewed dated 5/9/2024, prior to transfer to GACH, SBA indicated no skin discolorations documented. TX1 stated that for any new issues in the skin such as skin discolorations, they are supposed to notify the MD and document via COC/SBAR.</p> <p>During an interview with the Director of Nursing (DON) on 6/20/2024 at 10:42 a.m., DON stated that for any new skin discolorations and any resident's behavior such as refusals of care and combativeness, they have to be reported right away so they can notify the MD and do documentation via COC/SBAR.</p> <p>A review of the facility's policy and procedures (P&P), titled, Change of Condition-SBAR assessment, reviewed on 1/16/2024, P&P indicated that for any changes in a resident's condition that facility will thoroughly assess and evaluate using the SBAR process with MD notification for early clinical management.</p>		