

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/13/2024
NAME OF PROVIDER OR SUPPLIER  Live Oak Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 537 W Live Oak San Gabriel, CA 91776	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</b></p> <p>Based on observation, interview and record review, the facility failed to reasonably accommodate the needs of two of two sampled Residents (Resident 1 and 2) by failing to answer the call light (an alerting device for nurses or other nursing personnel to assist a patient when in need) timely.</p> <p>This deficient practice had the potential for the residents not to be able to call the staff for assistance, which could result to not receiving or delayed needed care or services necessary for the resident's well-being.</p> <p>Findings:</p> <p>1. A review of Resident 1's Admission Record indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnoses of muscle weakness and left non-dominant side hemiplegia (muscle weakness on one side of the body) and hemiparesis (weakness and inability to move on one side of the body).</p> <p>A review of Resident 1's History and Physical (H&amp;P), dated 2/18/23, indicated the resident has the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 2/19/2024, indicated the resident is cognitive (the function brain uses to think, pay attention, process information, and remember things) skills for daily decision making is independent. The MDS also indicated resident required substantial/maximal assistance (helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort) with toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. The MDS indicated resident required partial/moderate assistance (helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort) with oral hygiene, upper body dressing and personal hygiene. The MDS also indicated resident is frequently incontinent for urinary continence and frequently incontinent for bowel incontinence.</p> <p>A review of Resident 1's Care Plan, revised on 9/8/2022, with focus of ADL (Activities of Daily Living)/ self-care deficit indicated to assist resident in toileting needs and/ or provide incontinent care after incontinent episodes.</p> <p>During an interview on 6/13/2024 at 10:30 AM, Resident 1 stated she pressed the call light earlier that day at 7:05am and had to wait for assistance until 8:30 AM. Resident 1 stated she felt uneasy.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/13/24 at 10:45 AM, Licensed Vocational Nurse 1 (LVN 1) stated she attended to Resident 1's call light around 8:30 AM.</p> <p>During an interview on 6/14/2024 at 8:50 AM, Certified Nursing Assistant 1 (CNA 1) stated she noted that Resident 1's call light was on at 8:30 AM as she was entering Resident 1's room.</p> <p>2. A review of Resident 2's Admission Record indicated resident was admitted on [DATE] with the following diagnoses of muscle weakness and abnormal gait and mobility.</p> <p>A review of Resident 2's H&amp;P, dated 5/18/2024, indicated the resident has the capacity to understand and make decisions.</p> <p>A review of Resident 2's MDS, dated [DATE], indicated resident is cognitive skills for daily decision making is independent. The MDS also indicated resident required partial/moderate assistance with toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>A review of Resident 2's Care Plan, revised on 5/25/2024, with focus of ADL /self-care deficit indicated to assist resident in toileting needs and/ or provide incontinent care after incontinent episodes.</p> <p>During an interview on 6/13/2024 at 10:55 AM, Resident 2 stated she had to wait 15 to 20 minutes for her call light to be answered and it makes her upset.</p> <p>During an observation on 6/13/2024 at 11:23 AM in Resident 2's room, resident activated the call light, and the call light was answered at 11:30 AM.</p> <p>During an interview on 6/13/2024 at 12:16 PM, the Director of Nursing (DON) stated timely manner for answering call lights should be within five (5) minutes.</p> <p>During an interview on 6/13/2024 at 1:28 PM, the DON stated it is not okay that the call light is not answered within 5 minutes because the resident can have an emergency, or an urgent assistance is needed.</p> <p>A review of the Resident Council (structured platform for residents to voice their opinions, suggest improvements, and be actively involved in decisions that affect their community) Minutes, dated 3/20/2024, indicated a nursing issue was call lights not being answered in a timely manner.</p> <p>A review of the Resident Council Minutes, dated 4/22/2024, indicated a nursing issue was call lights not being answered in a timely manner.</p> <p>A review of the facility's Policy and Procedure (P&amp;P), dated 09/2022, indicated calls for assistance are answered as soon as possible, but no later than 5 minutes. Urgent requests for assistance are addressed immediately.</p>		