STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056127	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Live Oak Rehab Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44018 Based on observation, interview, and record review, the facility failed to ensure two (2) of seven (7) sampled residents (Residents 2 and 3) had call lights (one of the major communication technologies that link nursing home staff to the needs of residents) were placed within the residents' reach. This deficient practice had the potential for the delay in residents receiving care and/or risk for injury from falls if residents attempted to get out of bed on their own. Findings: 1. During a review of Resident 2's Admission Records indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (weakness to one side of the body) and hemiparesis (inability to move one side of the body) following cerebral infarction (stroke - damage to the tissues in the brain due to a loss of oxygen to the area) affecting left non-dominant side, muscle weakness, and hypertension (high blood pressure). During a review of Resident 2's History and Physical Examination (H&P) dated 10/9/2024, the H&P indicated Resident 2 did not have the capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS-a federally mandated resident assessment tool), dated 7/1/2024, indicated Resident 2 was cognitively (a mental process of acquiring knowledge and understanding) impaired. The MDS indicated Resident 2 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) for toileting hygiene, shower/bathe self, lower body dressing, sit to lying, and sit to stand. During an observation and interview on 11/13/2024 at 12:05 PM in Resident 2's room with Certified Nursing Assistant 1 (CNA 1), Resident 2 was lying in bed and the resident's call light was on the floor. CNA 1 stated, Resident 2's call light was on the floor and should be placed within the resident's reach. 2. During a review of Resident 3's Admission Records indicated the resident was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiparesis following cerebral infarction affecting right dominant side, and peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow to the legs.). (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056127	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Live Oak Rehab Center	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 3's Care Plan initiated on 3/2/2022 and revised on 3/7/2024, indicated resident had an ADL (activity daily living) self-care performance deficit related to cognitive deficits, poor balance, and poor safety awareness. The care plan indicated staff interventions included call light within reach and attend needs promptly. During a review of Resident 3's H&P dated 10/3/2024, the H&P indicated Resident 3 had the capacity to make decisions for activities of daily living. During a review of Resident 3's MDS, dated [DATE], indicated Resident 3 was cognitively impaired. The MDS indicated Resident 3 was dependent for toileting hygiene, shower/bathe self, lower body dressing, sit to lying, and sit to stand. During an observation and concurrent interview on 11/13/2024 at 12:19 PM in Resident 3's room with CNA 1, observed Resident 3's call light was on the nightstand. CNA 1 stated the call light was on top of the nightstand and not within the resident's reach. CNA 1 stated it was important that residents could reach the call light so they can call for assistance. CNA 1 also stated residents were at risk for injury from fall if residents attempted to get out of bed on their own. During an interview the Director of Nursing (DON) on 11/13/2024 at 1:12 PM, the DON stated, it is important that the resident's call light is within reach of the resident so the resident can call for help and get assistance in a timely manner. A review of the facility's undated policy and procedure titled, Call System, Resident, the purpose of the policy was to ensure residents were provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056127	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Live Oak Rehab Center	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)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 44018 Based on observation, interview, and record review, the facility failed to post the nurse staffing information (refers to the actual hours of work performed per patient day by a direct caregiver) at the start of each shift on 11/13/2024 in accordance with the facility policy. This deficient practice had the potential for the residents and visitors being unaware of the nursing hour and number of nurses working for each shift. Findings: During a concurrent observation and interview on 11/13/2024 at 2:01 PM at the nursing station with the Administrator (ADM). ADM stated the Daily Nursing Staffing form indicating the projected nursing hours and actual nursing hours had not been posted for 11/13/2024 at the beginning of the morning shift (7 AM - 3 PM). The ADM stated it is important of making the residents and families aware of the daily nursing hours. During an interview with Director of Staff Development (DSD) on 11/13/2024 at 2:11 PM, the DSD stated she was supposed to update and post the staffing information every day at 9 AM The DSD stated she forgot to post the staffing information for 11/13/2024 at the start of her shift (morning shift). A review of facility's policy and procedure titled, Posting Direct Care Daily Staffing Numbers, revised on August 2022, indicated the facility would post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to residents.