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	04/02/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to develop an individualized resident-centered care plan (a care plan that prioritizes the unique health needs and desired outcomes of the resident) with measurable objectives, timeframe, and interventions when Resident 1 was observed scooting herself off the wheelchair. This deficient practice has the potential to delay in the necessary care and services for Resident 1's which can potentially result in injury and harm.Findings:During a review of Resident 1's admission Record, the admission Record indicated the resident was originally admitted on [DATE] and was readmitted to the facility on [DATE] with the following but not limited to diagnoses of muscle weakness, dementia (a progressive state of decline in mental abilities) and a history of repeated falls. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/6/2026, the MDS also indicated the resident is moderately impaired in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated, the resident is dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helper is required for the resident to complete the activity) with oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. During a concurrent observation and interview on 4/2/2026 at 9:50 AM, Resident 1 was observed scooting herself off the wheelchair in the patio area. Assistant Director of Staff Development (ADSD) stated Resident 1 tends to scoot herself off the wheelchair. During an interview on 4/2/2026 at 11AM, ADSD stated she noticed Resident 1 having the behavior of scooting of the wheelchair since 10/2025. During an interview on 4/2/2026 at 11:40AM, Licensed Vocational Nurse 1 (LVN 1) stated Resident 1 has the tendency to slide off her wheelchair or her bed and resident has been like that for quite some time (unable to recall since when). During an interview on 4/2/2026 at 11:55AM, Registered Nurse Supervisor (RNS) stated Resident 1 has frequent movements and tends to scoot herself off the wheelchair. RNS also stated Resident 1 has been having that type of behavior since admission of the resident at the facility. During an interview on 4/2/2026 at 2 PM, Resident 1's care plans, dated 4/25/2025 to 4/1/2026, were reviewed. The DON stated Resident 1 does not have a care plan regarding scooting herself off the wheelchair and the resident should have a care plan regarding scooting herself off the wheelchair. The DON also stated it is important to have the care plan to address Resident 1's behavior of scooting off the wheelchair to ensure resident's safety/ avoid falling off from the wheelchair and avoid injuries. During a review of the facility's Policy and Procedure (P&P) titled Comprehensive Person Centered Care Plans, revised 3/2023, the P&P indicated interventions address the underlying sources of the problem areas, not just symptoms or triggers and assessment of residents are ongoing and care plans are revised as information about the residents and the residents condition change. The P&P also indicated the care plan includes measurable objectives and timeframes and describes the services that are to be furnished to attain and maintain the resident's highest practicable physical, mental, and psychosocial well-being.

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