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	05/19/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one (1) of 1 sampled resident (Resident 1) Responsible Party (RP) was notified of a change in treatment plan.This deficient practice has the potential to affect Resident 1's right to be informed about his care.Findings:During a review of Resident 1's admission Record, the admission Record indicated the resident was admitted on [DATE] with the following but not limited to diagnoses of depression (a serious mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities), gout (common, painful form of inflammatory arthritis) and muscle weakness. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 4/3/2026, the MDS indicated the resident was independent in cognitive (the ability to understand and make decisions) skills for daily decision making. The MDS also indicated the 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, and personal hygiene but required supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) with oral hygiene, upper body dressing, lower body dressing, and putting on/ taking off footwear. During a review of Resident 1's Order Summary, dated 5/7/2026, the Order Summary indicated resident will be going for dental extraction on 5/8/2026 at 10:30 AM. During an interview on 5/19/2025 at 8:39 AM, Registered Nurse Supervisor 1 (RNS 1) stated Resident 1 got transferred to the resident's dental appointment for dental extraction on 5/8/2026. RN 1 also stated he did not inform the RP of Resident 1's dental treatment cancellation when resident arrived at the dental appointment on 5/8/2026. RN 1 further stated he (RN 1) should have called RP to inform of the cancelled dental extraction. During an interview on 5/19/2026 at 1 PM, RN 2 stated he got report from RN 1 regarding the cancellation of Resident 1's dental treatment plan on 5/8/2026. RN 2 also stated he did not call RP regarding Resident 1's change in treatment, but RP should have been notified because it is the right of the resident/resident's representative to be informed of any changes with the resident's treatment plan. During an interview on 5/19/2026 at 3:30 PM, the facility's Policy and Procedure (P&P) titled, Resident Rights, revised 2/2021, was reviewed. the P&P indicated the resident has the right to be notified of his or her medical condition and of any changes in his or her condition. The P&P also indicated the resident has the right to be informed of, and participate in, his or her care planning and treatment. The Director of Nursing (DON) stated the resident/ resident representative has the right to know about the change in treatment plan.

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