

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 03/15/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 42223</p> <p>Based on observation, interview, and record review, the facility failed to promote dignity and respect for 5 of 6 residents (Residents 16, 85, 89, 72, and 90) for dignity care area as indicated on the facility's policy when:</p> <ol style="list-style-type: none"> 1. Resident 16 was found with food on her clothes, face, and hands. 2. Resident 85 was not provided privacy when he was sitting in bed wearing an incontinent brief with the privacy curtain opened. 3. Resident 89 was found with food debris on his shirt and dried white colored liquid on his chin after eating breakfast. 4. Resident 72's personal space was not protected when Resident 90 grabs Resident 72's food and/or the resident's foot. 5. Resident 90 was assisted with feeding by the staff standing over the resident (above the resident's eye level) during meal assistance. <p>This deficient practice had the potential to affect Residents 16, 85, 89, 72, and 90's sense of self-worth and self-esteem which could result in problems with emotional and mental well-being.</p> <p>Findings</p> <ol style="list-style-type: none"> 1. A review of Resident 16's Admission Record indicated resident was admitted on [DATE]. Resident 16's diagnoses included aphasia (loss of ability to understand or express speech) and dysphagia (difficulty swallowing). <p>A review of Resident 16 History and Physical, dated 2/16/24, indicated resident does not have the capacity to understand and make decisions.</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: 056127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 16 Minimum Data Set (MDS, a standardized care screening and assessment tool), dated 2/22/24, indicated resident was cognitively intact for daily decision making. MDS also indicated Resident 16 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 eating, oral hygiene, toileting hygiene, upper body dressing and lower body dressing.</p> <p>During the same observation and interview on 3/12/24 at 12:48 PM, Family 1 stated Resident 16 was getting food on her clothes, tray, and hands. Family 1 also stated Resident 16 needed help to eat and need a bib because she looks messy.</p> <p>During a concurrent observation and interview on 3/12/24 at 12:50 PM, Resident 16 was observed without a bib and there were food droppings on the resident's clothes, face, and hands. Certified Nursing Assistant 3 (CNA 3) stated Resident 16 should have a bib and have someone feed her because the food was going on her clothes hands and face. CNA 3 also stated it can affect the resident's dignity and the resident can lose weight.</p> <p>During an interview on 3/15/24 at 9:09 AM, Licensed Vocational Nurse 7 (LVN 7) stated the resident should be wearing a bib and should be supervised because food was getting into the resident's clothes and was not eating much of her food.</p> <p>A review of the facility's policy and procedure titled, Dignity, revised 2/2021, indicated residents are treated with dignity and respect at all times. Policy also indicated when assisting with care, residents are supported in exercising their rights such as provided with a dignified dining experience.</p> <p>A review of the facility's policy and procedure titled, Assistance with Meals, dated 3/2022, indicated residents shall receive assistance with meals in a manner that meets the individual needs of each resident. Policy also indicated facility staff will serve resident trays and will help residents who require assistance with eating.</p> <p>44636</p> <p>2. A review of Resident 85's Admission Record indicated Resident 85 was admitted to the facility on [DATE], with diagnoses of dementia (progressive brain disorder that slowly destroys memory and thinking skills), muscle weakness, and abnormalities of gait (a manner of walking or moving on foot) and mobility.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 85's Minimum Data Set (MDS, a standardized resident assessment care screening tool), dated 3/1/24, indicated Resident 85's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making were severely impaired. The MDS indicated Resident 85 was dependent (helper does all the effort, resident does none of the effort to complete the activity) with shower/bathe self and 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 eating, toileting, upper and lower body dressing, personal hygiene (the ability to maintain personal hygiene including combing hair, shaving, washing/drying face and hands), roll left and right, sit to lying, lying to sitting on side of bed, sit to stand, and chair/bed-to-chair transfer. The MDS indicated Resident 85's ability to walk 10 feet was not attempted due to medical condition or safety concerns. The MDS also indicated Resident 85 was incontinent (inability to control) for urinary (having to do with urine or the organs of the body that produce and get rid of urine) and bowel (the long tube that carries solid waste from the stomach out of the body) continence (the ability to control movements of the urine and bowels).</p> <p>A review of Resident 85's Care Plan, dated 12/7/23, indicated Resident 85 had activities of daily living (ADL)/Self Care Deficit and required assistance with ADL because of cognitive deficits, communication deficits, poor safety awareness, and unsteady gait. Staff interventions included were to assist Resident 85 with grooming, toileting needs and/or provide incontinent care after incontinent episodes, follow ADL standard of care, and maintain resident's privacy.</p> <p>During an observation on 3/14/24 at 8:54 AM, Resident 85 was sitting in at the edge of his bed wearing a blue sweater and an incontinence brief with his lower extremities exposed. Resident 85's blankets were on the floor and the curtain was not drawn.</p> <p>During an observation on 3/14/24 at 9:02 AM, Certified Nursing Assistant 11 (CNA 11) entered Resident 85's room who had the exposed incontinent brief, then left the room.</p> <p>During a concurrent observation in Resident 85's room, CNA 11 confirmed Resident 85 was still sitting at the foot of his bed wearing a brief with his lower extremities exposed and curtains were not drawn. CNA 11 stated she did not like seeing Resident 85 only wearing his briefs and would prefer Resident 85 to have a bottom piece covering his brief. CNA 11 stated Resident 85 should have his dignity protected. CNA 11 stated Resident 85 was dependent on the nurses with dressing and was not able to put on his clothes by himself.</p> <p>During an interview on 3/15/24 at 9:36 am with CNA 12, CNA 12 stated residents should not be left in their briefs to protect their dignity. CNA 12 stated, the resident should either be in a gown or have bottoms covering their brief, when they are not oriented or were dependent. CNA 12 stated the residents have roommates and should not be left wearing only briefs.</p> <p>During an interview on 3/15/24 at 1:20 PM with the Director of Nursing (DON), the DON stated residents should at least have a gown on to cover their briefs. The DON stated the nurses should provide the residents with privacy and dignity by not leaving the residents wearing briefs only.</p> <p>A review of the facility's policy and procedure titled, Dignity, revised 2/2021, indicated staff are to promote, maintain and protect resident privacy, including bodily privacy. The policy indicated demeaning practices and standards of care that compromise dignity and respect.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>45456</p> <p>3. A review of Resident 89's Admission Record indicated the resident was admitted to the facility on [DATE]. Resident 89's diagnoses included blindness (inability to see or a lack of vision) on right and left eye, dysphagia (difficulty swallowing), and diabetes mellitus (DM, a metabolic disease, involving inappropriately elevated blood glucose levels)</p> <p>A review of Resident 89's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 1/24/24, indicated Resident 89 has severe cognitive (mental action or process of acquiring knowledge and understanding) skills impairment for daily decision making. Resident 89 required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunks or limbs, but provides less than half the effort) in eating, oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing, putting on/ taking off footwear, personal hygiene, roll left and right, sit to lying, and lying to sitting on side of the bed, toilet transfers, car transfers and walk 10 feet to 150 feet.</p> <p>A review of Resident 89's Care Plan (CP) indicated difficulty in nutrition due to hypertension (high blood pressure), revised on 2/16/24. The CP intervention included Resident 89 may be provided assistance with eating as needed.</p> <p>A review of Resident 89's Order Summary Report, dated 2/8/24 indicated Restorative Nursing Assistant (RNA) feeding for breakfast and lunch once a day, seven (7) times per week for prompting in self-feeding with use of assistive device due to low vision.</p> <p>During a concurrent observation and interview with Resident 89 on 3/13/24 at 8:26 AM, Resident 89 was laying on his bed with food debris on his clothes and there was a dry white colored liquid all over his chin. Resident 89 stated he has very poor vision on his both eyes.</p> <p>During a concurrent observation in Resident 89's room and interview with Certified Nursing Assistant 14 (CNA14) on 3/13/24 at 8:29 AM, CNA 14 stated, It is not okay to have food debris on Resident 89's shirt. Resident 89 probably did not have a bib on his chest while eating. Resident 89 needed to be cleaned up after eating.</p> <p>During a concurrent observation and interview with Licensed Vocational Nurse (LVN) 1 on 3/13/24 at 8:31AM, LVN 1 stated, It is not okay to have food debris on Resident 89's shirt. Resident 89 needs to be cleaned after eating. It is not okay to see him dirty.</p> <p>During a concurrent observation in Resident 89's room and interview with CNA 12 on 3/13/24 at 8:32 AM, CNA 12 verified observation of Resident 12 having food debris on his shirt and dry white colored liquid on his chin. CNA12 stated, I assisted Resident 89 with eating. He ate by himself, so I just supervised him. It is not okay to have food debris left on his shirt and dry white colored liquid on his chin. We need to clean the resident every time, after we feed him.</p> <p>A review of facility's policy and procedure (P&P) titled, Restorative Nursing Services, revised July 2017, P&P indicated, Restorative goals may include, but are not limited to supporting and assisting the Resident in maintaining his dignity, independence, and self-esteem.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of facility's policy and procedure (P&P) titled, Dignity, revised February 2021, P&P indicated, Residents are treated with dignity and respect at all times.</p> <p>A review of facility's policy and procedure (P&P) titled, Assistance with Meals, revised March 2022, P&P indicated, Residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity.</p> <p>49881</p> <p>4. A review of Resident 72's Admission Record indicated the resident was admitted on [DATE] with the diagnosis that included repeated falls, cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area) without residual deficits (physical leftover issues), failure to thrive (failure to grow or to gain or maintain weight), and multiple rib fractures.</p> <p>A review of Resident 72's Minimum Data Set (MDS, a standardized assessment and care screening tool) indicated the resident is cognitively intact. The MDS further indicated Resident 72 finds it very important to take care of his personal belongings and things. Resident 72 requires partial/moderate assistance (staff does less than half) with oral hygiene, upper and lower body dressing, personal hygiene, and putting on/taking off footwear.</p> <p>During a concurrent observation and interview on 3/12/24 at 8:18 AM, with Resident 72 in room [ROOM NUMBER], Resident 72 was observed in bed eating his breakfast. Resident 90 walked in the room using the merry walker (a type of walker which had a seat attached) and tried to grab Resident 72's food. Resident 72 stated Resident 90 was bothering him and had a frown on his face. Resident 72 stated the staff were aware that Resident 90 grabs his food, and it means nothing to the staff because they cannot do anything about it.</p> <p>During a concurrent observation and interview on 3/12/24 at 8:37 AM, with Residents 72 and 90 in room [ROOM NUMBER], Resident 90 was observed trying to grab Resident 72's right foot. Resident 72 stated Resident 90 always tries to grab his foot and it makes him feel upset. At 8:41 AM, Resident 90 walked closer to Resident 72 and Resident 72 yelled no out no and nurse. Resident 72 closed his right hand and made it into a fist.</p> <p>During an interview on 3/15/23 at 9:35 AM, with the Administrator (ADM), the ADM stated he was not aware Resident 72 was grabbing Resident 90's foot or food. ADM stated it is important to respect the resident's space, so the resident feels self-worth and that is their rights.</p> <p>During a review of the facility's policy and procedure, titled Dignity, revised in 2/2021, the P&P indicated resident's private space and property are respected at all times.</p> <p>5. A review of Resident 90's Admission Record indicated the resident was admitted on [DATE] with diagnosis that included schizoaffective disorder (mental health disorder that is marked by a combination of schizophrenia symptoms, such as hallucinations or delusions, and mood disorder symptoms, such as depression or mania), encephalopathy (impairment of brain function), major depressive disorder (mental health illness causes a persistent feeling of sadness and loss of interest and can interfere with your daily), and dysphagia (difficulty swallowing).</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 90's MDS indicated Resident 90's cognitive skills for daily decision making are severely impaired (resident never/rarely makes decisions). The MDS also indicated the resident requires partial moderate assistance with eating.</p> <p>During an observation on 3/12/24 at 12:23 PM, in the main dining room, Certified Nurse Assistant (CNA) 9 was observed standing in front of Resident 90 while assisting Resident 90 during mealtime.</p> <p>During an interview on 3/12/24 at 12:25 PM, with CNA 9, CNA 9 stated she was standing up in front of Resident 90 because it was comfortable for her back. She also stated she does not know why she has to sit down while assisting the resident during meal.</p> <p>During an interview on 3/14/23 at 12:21 PM, with CNA 10, CNA 10 stated standing over a resident during meal assistance can make the resident feel scared. CNA 10 also stated it is important to sit at the resident's eye level to ensure the resident is safe and enjoying the food.</p> <p>During an interview on 3/14/23 at 12:40 PM, with CNA 8, CNA 8 stated it is important to sit at eye level with resident because it makes the resident feel like they are having a human interaction.</p> <p>During a review of the facility's policy and procedure (P&P) titled Assistance with Meals, revised 3/22, the P&P indicated residents who cannot feed themselves will be fed with attention to safety, comfort, and dignity. The P&P further indicated not standing over resident during meal assistance as an example.</p>

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 03/15/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099</p> <p>Based on interview and record review, the facility failed to follow its Advance Directives (a written instruction, such as a living will or durable power of attorney for health care, recognized under State law relating to the provision of health care when the individual is incapable) policy for three (3) of seven (7) sampled residents (Resident 44, 68, and 251) for Advance Directive care area when:</p> <ol style="list-style-type: none"> 1. Resident 44 did not have documented evidence on being informed of his choice to complete an Advanced Directive. 2. Resident 68's advance directive was not maintained in the residents' chart. 3. Resident 251's advance directive was not maintained in the residents' chart. <p>These deficient practices have the potential not to carry out Residents 44, 68, and 251's wishes regarding health care decisions during an emergency.</p> <p>1. A review of Resident 44's Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included end stage renal disease (ESRD, stage when the kidneys can no longer support the body's needs of removing waste and excess water from the body) and dependence on renal dialysis.</p> <p>A review of Resident 44's History and Physical (H&P), dated 5/26/23, indicated Resident 44 had the capacity to understand and make decisions.</p> <p>A review of Resident 44's Minimum Data Set (MDS, comprehensive standardized assessment and screening tool), dated 12/27/2023, indicated the resident had moderately impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS also indicated Resident 44 was dependent (helper does all the effort) with lower body dressing and putting on/taking off footwear and required substantial assistance (helper does more than half the effort) with toileting hygiene and shower. The MDS further indicated Resident 44 required partial assistance (helper does less than half the effort) with oral and personal hygiene and upper body dressing.</p> <p>During a concurrent interview and record review on 3/13/24 at 11:19 AM, Licensed Vocational Nurse 10 (LVN 10) stated Resident 44 was not provided the information on the choice to complete an advance directive because the resident did not have an advance directives acknowledgement form in the resident's chart.</p> <p>During an interview on 3/14/24 at 11:26 AM, the Director of Nursing (DON) stated an advance directives acknowledgement form should have been completed to indicate whether the resident had an advanced directives or not and to ensure staff would know how to manage the resident during emergencies. The DON also stated the staff should have verified with Resident 44 whether he had executed an advance directive and know what his preferences was.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's Policy and Procedure titled, Advanced Directives, revised September 2022, indicated that the resident has the right to formulate an advance directive, including the right to accept or refuse medical or surgical treatment. The policy also indicated that information about whether the resident has executed an advance directive should be displayed prominently in the medical record in a section of the record that is retrievable by any staff.</p> <p>49900</p> <p>2. A review of Resident 68's Admission Record (AR, a record containing diagnostic and demographic resident information), dated 3/15/24, the record indicated Resident 68 was readmitted to the facility on [DATE], with diagnoses that included dementia (a condition or illness that affected the way the person's brain was working) and Alzheimer's disease (a brain disorder that slowly destroyed memory and thinking skills, and eventually, the ability to carry out the simplest tasks.)</p> <p>A review of Resident 68's Minimum Data Set (MDS, a standardized resident assessment and care screening tool) dated 2/24/24, the MDS indicated Resident 68's has severe cognitive impairment (when a person had trouble remembering, learning new things, concentrating, or making decisions that affected their everyday life).</p> <p>A review of Resident 68's Physician Orders for Life-Sustaining Treatment (POLST, a physician's order that outlined a plan of end-of-life care reflecting both a patient's preferences concerning care at life's end and a physician's judgment based on a medical evaluation) indicated it was prepared on 9/7/2023, the POLST indicated Resident 68 was Do Not Attempt Resuscitation/ DNR (Allow nature death) and nothing was checked off under section D where Advanced Directive information was located.</p> <p>During a concurrent interview and record review, on 3/13/24 at 12:38 PM with the Medical Record Assistance (MRA), the MRA stated Resident 68's medical record did not have a copy of the resident's AD.</p> <p>3. A review of Resident 251's AR, dated 3/15/24, the record indicated Resident 251 was readmitted to the facility on [DATE], with diagnoses that included dementia and schizophrenia.</p> <p>A review of Resident 251's History and Physical (H&P, a comprehensive physician's note assessing a resident's current medical status), dated 9/1/23, indicated Resident 251 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 251's MDS dated [DATE], the MDS indicated Resident 251's BIMS score was zero, which suggested severe cognitive impairment.</p> <p>A review of Resident 251's POLST indicated Resident 251 was DNR and there was advance directive dated 12/21/09 available and reviewed.</p> <p>During a concurrent interview and record review, on 3/13/24 at 12:38 PM with the Medical Record Assistance (MRA), the MRA stated Resident 251's medical record did not have a copy of the resident's AD.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/13/24 at 10:58 AM, with the Licensed Vocational Nurse (LVN), the LVN stated the resident's advance directives should be obtained by the facility upon resident's admission to know the resident's plan to for resuscitation or medication when resident was unable to make decision.</p> <p>During an interview on 3/14/24 at 9:40 AM, with Social Services Director (SSW), the SSW stated the resident should have a physical copy of the resident's advance directives in the resident's medical record. The SSW stated if the resident's advance directives was not in the medical record, the resident's nurse would not know the resident's wishes for his or her medical treatment.</p> <p>During a review of the facility's policy and procedure titled, Advanced Directives, revised in September 2022, the P&P indicated If the resident or the resident representative has executed one or more advanced directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the residents medical record and are readily retrievable by any facility staff.</p>		

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 03/15/2024
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 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** 44636</p> <p>Based on observation, interview, and record review, the facility failed to notify the physician of a significant weight loss for one (1) of two (2) sampled residents (Residents 40) who experienced severe weight loss (weight loss greater than five [5] % in one month) for nutrition care area.</p> <p>This deficient practice placed Resident 40 at risk for further decline in nutritional status and continued weight loss.</p> <p>Findings:</p> <p>A review of Resident 40's Admission Record indicated Resident 40 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses encounter for attention to gastrostomy (a surgical procedure for inserting a tube through the abdomen wall and into the stomach used for feeding or drainage), type 2 diabetes mellitus (a disease that occurs when there is a problem in the way the body regulates and uses sugar as fuel) with diabetic chronic kidney disease (gradual loss of kidney damage where kidneys cannot filter the blood the way they should), and dementia (progressive brain disorder that slowly destroys memory and thinking skills).</p> <p>A review of Resident 40's History and Physical (H&P, the initial clinical evaluation and examination of the resident), dated 11/19/23, indicated Resident 40 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 40's (MDS, a standardized resident assessment care screening tool), dated 3/1/24, indicated Resident 40's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making were severely impaired. The MDS indicated Resident 40 was dependent (helper does all the effort, resident does none of the effort to complete the activity) with toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene, roll left and right, sit to lying, lying to sitting on side of bed, chair/bed-to-chair transfer, and tub/shower transfer. The MDS also indicated Resident 40 had a swallowing disorder and a weight loss of 5 % or more in the last month or loss of ten (10) % or more in the last six months. The nutritional approach indicated Resident 40 had a feeding tube (a way to provide nutrition, hydration, and medication to the stomach or intestines when a person cannot eat or drink safely by mouth) and was on a therapeutic diet (a meal plan that controls the intake of certain foods or nutrients in the treatment or management of certain diseases, illnesses, or medical conditions).</p> <p>A review of Resident 40's Physician Order Summary Report indicated as follows:</p> <p>a. From 2/5/24 to 2/7/24, enteral feed (nutrition is delivered using the gut) Glucerna (a meal replacement or supplement made specifically for individuals with diabetes) 1.2 kilocalorie (kcal, equal to one calorie) at 40 cubic center (cc, measurement of volume) per hour for 20 hours via pump to provide 800 cc/960 kcal per day.</p> <p>b. From 2/7/24 to 2/9/24, enteral feed Glucerna 1.2 kcal at 50 cc per hour for 20 hours via pump to provide 1000 cc/1200 kcal per day.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. From 2/9/24 to 2/22/24, enteral feed Glucerna 1.5 kcal at 55 cc per hour for 20 hours via pump to provide 1650 cc/1100 kcal per day.</p> <p>d. From 2/22/24 to 3/4/24, enteral feed order: Glucerna 1.5 kcal at 600 cc per hour for 20 hours via pump to provide 1800cc/1200 kcal per day.</p> <p>e. From 3/4/24 to 3/13/24, enteral feed order: Nepro (a nutritionally complete liquid formula with a vitamin and mineral profile specifically designed for those with chronic or acute renal failure) at 60 cc per hour for 20 hours via pump to provide 2160 kcals/120 cc per day related to chronic kidney disease (CKD, gradual loss of kidney damage where kidneys cannot filter the blood the way they should).</p> <p>f. Current active order dated 3/13/24, indicated enteral feed order: Nepro at 65 cc per hour x 20 hours via pump to provide 2340 kcals/1300 cc per day related to CKD.</p> <p>A review of Resident 40's Care Plan, dated 12/7/23, indicated Resident 40 was on gastrostomy tube (GT, a flexible tube surgically inserted through the abdomen into the stomach for feeding, fluid, and medication administration) feeding and was at risk for weight fluctuation, weight gain and weight loss. Care plan interventions included to administer enteral feedings as ordered, nutritional assessment and follow up by Registered Dietician as indicated, monitor weights as ordered and notify physician of significant weight loss or undesirable weight gain.</p> <p>A review of Resident 40's weight indicated as follows:</p> <ul style="list-style-type: none"> - On 2/6/24, the resident's weight was 121 pounds (lbs., unit of measurement). - On 2/13/24, the resident's weight was 112 lbs., (-9 lbs., 7.44 % severe weight loss). - On 2/20/24, the resident's weight was 107 lbs., (-14 lbs., 11.57 % severe weight loss). - On 2/20/24, the resident's weight was 107 lbs., (-14 lbs., 11.57 % severe weight loss). - On 2/27/24, the resident's weight was 104 lbs., (-17 lbs., 14.05 % severe weight loss). <p>A review of Resident 40's latest Interdisciplinary Team (IDT, group of healthcare professionals from diverse fields who work in a coordinated manner toward a common goal for the resident) for Weight Management Care Plan, dated 2/19/24, indicated Resident 40's most recent weight was on 2/2/24 at 108 lbs. and the previous weight was 113 lbs. Resident 40's ideal body weight (IBW, measurement used for comparing a person's current [actual] weight against a recommended weight based on height) range was 122 lbs. to 150 lbs. The care plan indicated IDT indicated the problem was a weight loss at 5 lbs. The IDT indicated the physician was aware of the 5 lbs. weight loss. The IDT did not include the most current weight dated 2/13/24 of 112 lbs. with the previous weight on 2/6/24 of 121 lbs. which was a -9 lbs. (7.44%) weight loss.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review of Resident 40's weight on 3/15/24 at 8:53 AM with Licensed Vocational Nurse 10 (LVN 10), LVN 10 stated Resident 40 had a weight loss of 17 lbs. in one month on 3/5/24. LVN 10 stated licensed nurses were aware of the resident's weights, and it was their responsibility to notify the physician of a weight loss or a weight gain of 5 lbs. or more. LVN 10 stated licensed nurses needed to notify the physician the same day of the weight change and do a change of condition (COC/SBAR, tool used by health care professionals when communicating about critical changes in a resident's status).</p> <p>A concurrent record review of Resident 40's medical record indicated the physician was not notified of the 17 lbs. weight loss on 3/5/24. LVN 10 stated it was important to follow up with Resident 40's weight loss with the physician because Resident 40's weight loss could be evidence of another underlying condition. LVN 10 stated license nurses should notify the physician to ensure Resident 40's health was not declining and ensure Resident 40 was getting enough nutrients. A concurrent record review of the Nutrition/Dietary Note, dated 3/7/24, with LVN 10 indicated the physician was notified on 3/7/24 (2 days after the severe weight loss).</p> <p>During an interview on 3/15/24 at 10:21 AM with the Dietary Supervisor (DS), the DS stated the physician needed to be notified when a resident's weight changed by 5 lbs. The DS stated the licensed nurses were responsible for notifying the physician and dietary of the weight loss. The DS stated she does not call the physician to give any updates of weight changes. A concurrent review of the Nutrition/Dietary Note, dated 3/7/24, with the DS, indicated Resident 40 lost 4 lbs. in one month. The DS stated she had used the weight on 2/2/24 of 108 lbs. and should had used the weight on 2/6/24 of 121 lbs. The DS stated Resident 40 had lost 17 lbs. The DS also stated she did not notify the physician or Resident 40's family member of the weight loss on 3/7/24. The DS stated she had documented the physician and family member were notified. The DS stated she had not witnessed a licensed nurse call the physician and stated it was common practice for her to document that the physician and family were notified.</p> <p>During an interview on 3/15/24 at 1:20 PM with the Director of Nursing (DON), the DON stated the licensed nurses should determine when a resident had a significant weight loss. The DON stated a significant weight loss was 5 % in 30 days. The DON stated the licensed nurses should contact the physician to address the problem. A current record review of Resident 40's medical record with the DON did not indicate the physician was notified of Resident 40's 17 lbs. weight loss on 3/5/24. The DON stated the physician was notified on 3/15/24 (10 days after the 17 lbs. weight loss) with the Registered Dietician's recommendation.</p> <p>A review of the facility's policy and procedure titled, Nutrition (Impaired)/Unplanned Weight Loss, revised 9/2017, indicated the staff will report to the physician significant weight gains or losses or any abrupt or persistent change from baseline appetite or food intake.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0580</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 procedure titled, Change in a Resident's Condition or Status, revised 2/2021, indicated the nurse will notify the resident's attending physician or physician on call when there has been a significant change in the resident's physical/emotional/mental condition. A significant change of condition is a major decline or improvement in the resident's status that: will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; and impacts more than one area of the resident's health status' requires interdisciplinary review and/or revision to the care plan. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.</p> <p>A review of the facility's policy and procedure titled, Weight Assessment and Intervention, revised 3/2022, indicated resident weights are monitored for undesirable or unintended weight loss or gain. Any weight change of 5 % or more since the last weight assessment is retaken the next day for confirmation. The threshold for significant unplanned and undesired weight loss will be based on the following criteria [where percentage of body weight loss = usual weight - actual weight)/(usually weight) x 100]:</p> <ul style="list-style-type: none"> a. 1 month - 5% weight loss is significant; greater than 5% is severe. b. 3 months - 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months - 10 % weight loss is significant; greater than 10% is severe. 		

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 03/15/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49900</p> <p>Based on interview and record review, the facility failed to ensure an accurate assessment was conducted regarding the resident's active diagnoses (current diagnosis) for one of three sampled resident (Resident 19) in the resident assessment care area.</p> <p>This deficient practice had the potential to negatively affect Resident 19's plan of care and delivery of necessary care and services.</p> <p>Findings:</p> <p>A review of Resident 19's Admission Record (AR, a record containing diagnostic and demographic resident information), dated 3/15/24, the AR indicated she was readmitted to the facility on [DATE], with diagnoses that included dementia (a condition or illness that affects the way the person's brain is working), major depressive disorder (mood disorder that caused a persistent feeling of sadness and loss of interest), generalized anxiety disorder (you were worrying constantly and can't control the worrying), and paranoid schizophrenia (a disorder that affected a person's ability to think, feel, and behave).</p> <p>A review of Resident 19's Minimum Data Set (MDS, a standardized resident assessment and care screening tool) dated 3/4/24, the MDS indicated Resident 19's has severe cognitive impairment (when a person had trouble remembering, learning new things, concentrating, or making decisions that affected their everyday life.) The MDS also indicated Resident 19 did not have active diagnosis of schizophrenia.</p> <p>During an interview on 3/15/24 at 10:21 AM with Medical Record Assistant (MRA), the MRA stated Resident 19's MDS assessment dated [DATE] indicated no schizophrenia on active diagnosis. The MRA stated an inaccurate assessment meant the staff would not be able to provide appropriate care and medication to resident and would not be able to address the resident's needs based on the resident's diagnosis.</p> <p>During an interview on 3/15/24 at 10:43 AM with Minimum Data Set Nurse (MDSN) 1, the MDSN 1 stated she was the one who completed Resident 19's MDS assessment on 3/4/24. MDSN 1 stated there was no schizophrenia diagnosis on Resident 19's MDS assessment. MDSN 1 was not able to verbalize the impact on quality of care on the resident with inaccurate diagnosis.</p> <p>During an interview on 3/15/24 at 11:34 AM with Registered Nurse 1 (RN 1), RN 1 stated if there was no schizophrenia diagnosis on Resident 19's MDS assessment, there would not be a care plan developed with interventions for schizophrenia because it was not indicated as diagnosis of the resident and the resident would not receive the needed treatments.</p> <p>A review of the facility's policy and procedure, titled Certifying the Accuracy of the Resident Assessment, revised 3/22, indicated all persons who have completed any portion of the MDS resident assessment form must sign the document attesting to the accuracy of such information.</p>		

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 03/15/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>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 to meet the residents' needs for three (3) of 23 sampled residents (Residents 58, 37, and 79).</p> <ol style="list-style-type: none"> 1. Resident 58 did not have a care plan to address resident's behavior of not wanting to share the shared restroom with other residents. This deficient practice can lead to worsening of resident's behavior and can affect another resident and not able to used the shared restroom. 2. Resident 37's comprehensive care plan on the use of antibiotic medication (a drug used to treat infections caused by bacteria and other microorganisms). This deficient practice had the potential for Resident 37 to experience infection, complications from inadequate monitoring. 3. Resident 79 did not implement the resident's care plan for the use of anticoagulant (medications that help prevent blood clots) to monitor/ assess for signs and symptoms of bleeding. This deficient practice had the potential for delay in care when Resident 79's showed signs and symptoms of bleeding. <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 58's Admission Record (Facesheet) indicated resident was originally admitted at the facility on 5/31/22 and was readmitted on [DATE] with the following diagnosis with age related cataract (a cloudy area in the lens of your eye) and repeated falls. <p>A review of Resident 58's Minimum Data Set (MDS; a standardized assessment and care screening tool), dated 12/6/23, indicated resident is moderately cognitively impaired for daily decision making. The MDS also indicated Resident 58 requires 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, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene. The MDS indicated Resident 1 required supervision or touching assistance (helper proves 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 eating.</p> <p>A review of Resident 17's Admission Record indicated resident was originally admitted at the facility on 7/26/13 and was readmitted on [DATE] with the following diagnosis of bipolar disorder (a mental illness that causes unusual shifts in a person's mood, energy, and activity levels and concentration) and cataract.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 17's MDS, dated [DATE], indicated resident is severely cognitively impaired for daily decision making. The MDS also indicated resident required partial/moderate assistance with oral hygiene, toileting hygiene, lower body dressing, putting on/taking off footwear and personal hygiene. 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 shower/bathe self and upper body dressing,</p> <p>During an observation on 3/13/24 at 8:15 AM at Resident 58 room's shared restroom with Resident 17), Resident 58 was noted on the wheelchair in the restroom fixing briefs with door wide open.</p> <p>During an interview on 3/14/24 at 8:30 AM, Certified Nursing Assistant (CNA 1) stated Resident 58 and Resident 17 was using the communal restroom at the same time and were shouting back and forth at each other. CNA 1 also stated Resident 58 is not considerate of her roommates when using the restroom and had the same issue when the resident was in a different room before.</p> <p>During an interview on 3/14/24 at 8:48 AM, Resident 17 stated she has an issue with Resident 58 when using the restroom because Resident 58 would not let her use the restroom.</p> <p>During an interview on 3/14/24 at 9:12 AM, Medical Record stated there is no care plan for resident 58's behavior of not wanting to share the restroom.</p> <p>During an interview on 3/14/24, Social Services stated Resident 58 is not courteous of her roommates when using the restroom. Social services stated when she was in room [ROOM NUMBER] Resident 58's previous room), she would use the restroom with the door open while having a bowel movement and her roommate including the roommate's family would be eating. Social service stated that is why Resident 58 was moved to room [ROOM NUMBER] (with communal restroom with Resident 17).</p> <p>During an interview on 3/14/24 at 10:02 AM, the Director of Nursing (DON) stated the Certified Nursing Assistants needs to report to the licensed nurse and the licensed nurse needs to do a care plan. The DON also stated Resident 58 should have a care plan for the behavior when using the communal restroom and there is no care plan.</p> <p>A review of the facility's policy and procedure titled Comprehensive Person-Centered Care Plan, revised March 2023, indicated the comprehensive, person- centered care plan describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The policy also indicated a comprehensive, person- centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>45456</p> <p>2. A review of Resident 37's Admission Record indicated the resident was admitted to the facility on [DATE]. Resident 37's diagnoses included right below-the-knee amputation (BKA, is surgery to remove your leg below the knee) cellulitis (a bacterial infection that enters your skin and tissue through a wound), end-stage renal disease (ESRD, irreversible decline in a person's own kidney function), and diabetes mellitus (DM, a metabolic disease, involving inappropriately elevated blood glucose levels).</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 37's MDS, dated [DATE], indicated Resident 37 has moderate impaired cognitive (mental action or process of acquiring knowledge and understanding) skills impairment for daily decision making. Resident 37 required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunks or limbs, but provides less than half the effort) in oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene, roll left and right, sit to lying, and lying to sitting on side of the bed, toilet transfers, car transfers and walk 10 feet to 50 feet.</p> <p>A review of Resident 37's Physician's Order dated 3/13/24 indicated, Piperacillin Sodium-Tazobactam (is a combination antibiotic medication used to treat a wide variety of bacterial infections) every 12 hours for cellulitis, Right BKA wounds until 3/17/24.</p> <p>A review of Resident 37's care plan dated 3/13/24 indicated, Resident 37 requires Intravenous therapy (IV therapy is a medical technique that administers fluids, medications, and nutrients directly into a person's vein) of: (SPECIFY) related to (SPECIFY). Potential for infection and or complications related to IV access and medication administration. The care plan did not indicate any goal and interventions for the IV therapy access potential for infection and for the antibiotic use.</p> <p>During a concurrent interview and record review of Resident 37's care plan dated 3/13/24 with the Director of Nursing (DON) on, 3/15/23 at 6:08 PM. The DON stated, there was no care plan for the IV antibiotic therapy for Resident 37. The DON also stated, we should always formulate a care plan every time a resident is on antibiotics to monitor the medication side effects on the resident.</p> <p>A reviewed of facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised on March 2023, P&P indicated A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident and care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers.</p> <p>49881</p> <p>3. A review of Resident 79's Admission Record, the record indicated the resident was admitted at the facility on 6/12/23 with the diagnosis that included peripheral vascular disease (PVD, problem with poor blood flow).</p> <p>During a review of Resident 79's Order Summary Report (a summary of all current physician orders), dated 3/15/24 indicated, Resident 79 was prescribed the following anticoagulation medications:</p> <p>a. On 8/21/23, aspirin (a medication used to prevent blood cells from forming into a clot) 81 mg by mouth one time a day for cerebrovascular accident (an interruption in the flow of blood to cells in the brain) prevention was ordered.</p> <p>b. On 8/21/23, Plavix (a medication used to prevent blood cells from forming into a clot) 75 mg by mouth one time a day for PVD was ordered.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a of review of Resident 79's comprehensive care plan (a plan that outlines resident-specific interventions used to guide a resident's care for a given area of concern), last reviewed on 2/12/24, the care plan indicated Resident 79 was at risk for bleeding and bruising due to anticoagulation therapy. The care plan's goal was, no unrecognized signs or symptoms (s/s) of bleeding or gastrointestinal distress until next assessment and the care plan interventions included, monitor/assess for signs and symptoms of bleeding.</p> <p>During an interview on 3/15/24 at 10:38 AM, with Minimum Data Set Nurse (MDSN) 1, MDSN 1 stated Resident 79 did not have documented evidence of the care plan to monitor/ assess signs and symptoms of bleeding was implemented. MDSN 1 stated it is important for the care plan interventions to be implemented to ensure if the medication is effective or not and to avoid possible side effects of the use of aspirin and Plavix.</p> <p>During a review of the facility's policy and procedure, titled Care Plans, Comprehensive Person-Centered, revised in 3/23, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p>		

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 03/15/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on observation, interview, and record review, the facility failed to ensure two (2) of 23 residents (Residents 4 and 37) received treatment and services to maintain or improve level of assistance needed with Activities of Daily Living (ADL), as indicated on the facility's policy:</p> <ol style="list-style-type: none"> 1. Resident 4 was not provided assistance with eating. 2. Resident 37 was not provided with a communication board. <p>This deficient practice had the potential for Residents 4 and 37's functional abilities to decline.</p> <p>Findings:</p> <p>1. A review of Resident 4 Admission Record indicated resident was originally admitted on [DATE] and was readmitted on [DATE]. Resident 4 's diagnoses included dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and anorexia (an eating disorder characterized by restriction of food intake leading to low body weight).</p> <p>A review of Resident 4's Care Plan, revised 7/8/23, focus on nutritional status indicated an intervention to provide assistance with eating as needed. The Care plan also indicated an intervention for staff to observe for chewing or swallowing difficulties.</p> <p>A review of Resident 4 History and Physical (H&P), dated 7/17/24, indicated resident does not have the capacity to understand and make decisions.</p> <p>A review of Resident 4 Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 2/5/24, indicated resident was severely impaired with cognitive skills for daily decision making. MDS also indicated Resident 4 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 eating. MDS indicated resident was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.) with oral hygiene, toileting hygiene, shower/bath self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>During a concurrent observation in Resident 4's room and interview on 3/12/24 at 12:39 PM, Activities Director observed resident laying down and eating with food tray on the side of the bed without supervision or assistance. Activities Director stated it was not okay for resident to be laying down while eating. Activities Director added, the resident should be sitting upright because the resident can choke and aspirate.</p> <p>During a concurrent observation and interview with Certified Nursing Assistant 2 (CNA 2) in the presence of Activities Director on 3/12/2024 at 12:48 PM at Resident 4's bedside, CNA 2stated it was not ok for the resident to lay down and eat because she can choke.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facilities policy and procedure titled, Assistance with Meals, revised 3/2022, indicated residents shall receive assistance with meals in a manner that meets the individual needs of each resident. Policy also indicated facility staff will serve resident trays and will help residents who require assistance with eating. Policy stated the nursing staff will prepare residents for eating.</p> <p>A review of the facilities policy and procedure titled Safety and Supervision of Residents, revised 7/2017, indicated the facility strives to make the environment as free from accidents hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities. Policy also indicated resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment.</p> <p>45456</p> <p>2. A review of Resident 37's Admission Record indicated the resident was admitted to the facility on [DATE]. Resident 37's diagnoses included End-stage renal disease (ESRD, irreversible decline in a person's own kidney function), peripheral vascular disease (is the reduced circulation of blood to a body part other than the brain or heart caused by a narrowed or blocked blood vessel) and diabetes mellitus (DM, a metabolic disease, involving inappropriately elevated blood glucose levels)</p> <p>A review of Resident 37's MDS, dated [DATE], indicated Resident 37 has moderate impaired cognitive (mental action or process of acquiring knowledge and understanding) skills impairment for daily decision making. Resident 37 required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunks or limbs, but provides less than half the effort) in oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene, roll left and right, sit to lying, and lying to sitting on side of the bed, toilet transfers, car transfers and walk 10 feet to 50 feet.</p> <p>A review of Resident 37's Care Plan (CP) indicated, staff will provide/utilize communication boards in Resident 37's preferred language.</p> <p>During an observation and interview with Resident 37 on, 3/13/24 at 10:25 AM, there was no communication board on Resident 37's bedside.</p> <p>Resident 37 stated even though the staff speaks the same foreign language as him, the staff still could not understand what he is saying. Resident 37 also stated, the facility staff always brings him cold soup.</p> <p>Resident 37 stated they did not provide the resident communication board even before.</p> <p>During an observation in Resident 37's room on, 3/14/24 at 4:04 PM,</p> <p>Resident 37 has no communication board noted around the resident's area.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview with Certified Nursing Assistant (CNA) 8 on, 3/15/24 at 9:12 AM, CNA 8 grabbed a communication book/ binder (same purpose as the communication board) in the room placed near the Resident 37's closet. was named for Resident 37's roommate and was not written in the language of Resident 37's primary/ preferred language spoken. The CNA 8 stated, I just communicate with Resident 37 through gestures. The communication binder will help the resident with language barrier communicate with the staff. Resident 37 gets frustrated because of the language barrier.</p> <p>During a concurrent observation in Resident 37's room and interview with Social Services Director (SSD) on, 3/15/24 at 12:11 PM, SSD stated, We do not have the communication binder for Resident 37 in the room. We only have the other communication binder for the other resident (Resident 37's roommate). SSD also stated, the communication binder should be provided for the residents because it is used to clarify questions. To confirm and clarify what Resident 37 was asking for and to avoid confusion.</p> <p>A review of facility's policy and procedure (P&P) titled, Accommodation of Needs, revised March 2021, P&P indicated, interacting with the residents in ways that accommodate the physical or sensory limitations of the residents, promote communication, and maintain dignity.</p>

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 03/15/2024
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on interview and record review, the facility failed to provide audiology (audiology is the branch of science and medicine concerned with the sense of hearing. Audiologists are health care professionals who diagnose, manage, and treat hearing, balance, or ear problems) and Ear, Nose, Throat (ENT) for hearing loss in accordance with physician's order for one of four sampled residents (Resident 20) for the communication and sensory care area.</p> <p>This deficient practice had the potential for Resident 20 to have increased hearing loss.</p> <p>Findings:</p> <p>A review of Resident 20 Admission Record indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnosis for blindness and dysphagia (difficulty swallowing).</p> <p>A review of Resident 20's History and Physical (H&P), dated 2/27/24, indicated the resident has the capacity to understand and make decisions.</p> <p>A review of Resident 20's Minimum Data Set (MDS, a standardized care screening and assessment tool), dated 12/16/23, indicated the resident is moderately cognitively intact for daily decision making. The MDS also 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 eating, oral hygiene, upper body dressing and personal hygiene. The MDS 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.</p> <p>A review of Resident 20's ENT, dated 10/26/22, indicated stuffy ears, ear discomfort, recent changes in hearing, vertigo or ringing of the ears. Physical exam indicated 75% right ear and 100% left ear wax build up.</p> <p>A review of the facility's email thread dated 4/19/23 at 9:59 PM, ENT Senior Care Group indicated the facility is due for a 6 month follow up.</p> <p>A review of Resident 20's physician orders, dated 1/24/24, indicated the following:</p> <ol style="list-style-type: none"> audiology consults as needed for hearing problems. ENT consult and follow up treatment as needed. <p>During an interview on 3/13/24 at 11:50 AM, Resident 20 stated she cannot hear well, and she does not use hearing aids.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/14/24 at 4:35 PM, the Director of Nursing (DON) stated the resident should get a referral to see ENT to observe for increased hearing loss. The DON also stated resident already has hearing loss and did not have a care plan to address resident's hearing loss.</p> <p>During an interview on 3/15/24 at 5:40 PM, Social Services Director (SSD) stated the last time Resident 20 was seen by ENT was in 2022 and the resident should have an annual checkup and be seen in 2023.</p> <p>A review of the facility's undated policy and procedure titled Caring for Hearing-Impaired Residents, indicated residents shall be observed for increased hearing loss. Policy also indicated addressing hearing problems on resident's Care Plan.</p> <p>A review of the facility's Social Service Job Description, dated 1/27/22, indicated Social Service is to facilitate any identified problems, for example, dental, visual, communication, etc. Assists with supplying a communication board or whatever tools necessary to ensure communication to make resident needs known.</p>		

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 03/15/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on observation, interview, and record review, the facility failed to implement treatment for the prevention of pressure ulcer (painful wound caused as a result of pressure or friction) by failing to ensure that the low air loss mattress (LAL, operates using a blower based pump that is designed to circulate a constant flow of air through the mattress, commonly used to heal pressure ulcers) was on the correct settings for one (1) of two (2) sampled residents (Residents 48) for pressure injury care area, in accordance with the facility's policy and procedure.</p> <p>This deficient practice had the potential to place Resident 48 to be at risk for progression of pressure ulcer.</p> <p>Findings:</p> <p>A review of Resident 48's Admission Record indicated the resident was admitted to the facility on [DATE]. Resident 48's diagnoses included Unstageable pressure injury (obscured full-thickness skin and tissue loss) of the sacral region (triangular-shaped bone at the base of the spine just superior to the coccyx[tailbone]), right humerus (bone in your upper arm) fracture (broken bone) and hypertension (high blood pressure)</p> <p>A review of Resident 48's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 2/19/24, indicated Resident 48 had intact cognitive skills for daily decision making. The MDS indicated Resident 48 required substantial/maximal assistance (helper does more than half the effort, helper lifts, holds, or supports trunks or limbs, but provides more than half the effort) in toileting hygiene, upper and lower body dressing, putting on/taking off footwear. Resident 48 required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunks or limbs, but provides less than half the effort) in oral hygiene, personal hygiene, roll left and right, sit to stand, toilet transfer, chair /bed-to-chair transfer and walk 10 feet (ft. unit of measure).</p> <p>A review of Resident 48's MDS, dated [DATE], The Resident 48's MDS Skin Conditions indicated Resident 48 has a stage 1 pressure ulcer (areas of skin damage caused by lack of blood flow. Stage 1 is characterized by superficial reddening of the skin [or red, blue, or purple hues in darkly pigmented skin] that when pressed does not turn white [non-blanchable erythema]) or greater, scar over bony prominence, or a non-removable dressing/device. Resident 48 is at risk of developing pressure ulcers. Resident 48 has one unhealed pressure ulcer at stage 1 or higher. Resident 48 has one unstageable slough (when the stage is not clear. In these cases, the base of the wound is covered by a layer of dead tissue that may be yellow, grey, green, brown, or black. The doctor cannot see the base of the wound to determine the stage) and eschar (known but no stageable due to coverage if wound bed by slough/ and or eschar/ that was present during the admission/reentry.</p> <p>A review of Resident 48's Physician's Order, dated 3/13/24, indicated,</p> <p>1. low air loss mattress for wound care and management every shift.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Coccyx Stage 3: Cleanse with Normal saline, Pat dry, and apply Santyl (prescription medicine that removes dead tissue from wounds so they can start to heal) and collagen (stimulate the growth of new tissue in the wound bed by promoting deposition and organization of new collagen fibers) and cover with dry dressing.</p> <p>A review of Resident 48's Wound Risk assessment dated [DATE], indicated if the score is 8 or greater, the resident should be considered as high risk for skin breakdown. Any resident with current pressure ulcer/wound should automatically be considered as high Risk. Resident 48's score was 9. Resident 48 should be considered as High Risk for skin breakdown.</p> <p>During multiple observation in Resident 48's room, on 3/12/24 at 8 AM, Resident 48 was observed in bed with the LAL set at maximum 240 millimeter of mercury (mmHg, unit of pressure).</p> <p>During a concurrent observation in Resident 48's room and interview with the Licensed Vocational Nurse 1 (LVN 1) on 3/12/24 at 4:16 PM, Resident 48's LAL was set on 240 mmHg. LVN 1 stated, Resident 48's weight on 3/5/24 was 187 pounds (lbs., unit of measure). The LAL setting was incorrect because the LAL was not set based on the resident's weight. LVN 1 stated the LAL mattress should have been set at 160 or 200 mmHg.</p> <p>During a concurrent interview and record review with the Registered Nurse 1 (RN 1) on 3/12/24 at 4:16 PM, Resident 48's treatment order indicated low air loss mattress for wound care and management every shift. RN 1 stated, If the LAL setting was higher than the Resident's weight, it will be too firm for the resident and it will defeat the purpose of the LAL.</p> <p>A review of the facility's policy and procedure (P&P) titled, Support Surface Guidelines, dated 9/2013, P&P indicated Redistributing support surfaces are to promote comfort for all bed- or chairbound residents, prevent skin breakdown, promote circulation, and provide pressure relief or reduction. Support surfaces are modifiable. Individual Resident needs differ.</p> <p>A review of the facility's policy and procedure (P&P) titled, Prevention of Pressure Injuries, dated 3/2023, P&P indicated select appropriate support surfaces based the Resident's risk factors, in accordance with current clinical practice.</p>		

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 03/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate treatment and services to increase, prevent, or maintain range of motion (ROM, full movement potential of a joint) by not providing restorative nursing services (a program available in nursing homes that helps residents maintain any progress made during therapy treatments, enabling them to achieve their highest practicable level of functioning) for three (3) of four (4) sampled residents (Residents 64, 63, and 15) for position or ROM care area, as ordered by the physician.</p> <p>This deficient practice placed Residents 64, 63, and 15 at risk for decline in physical functions and developing contractures (condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) in other extremities (a limb of the body, such as the arm or leg) for not receiving the needed exercises.</p> <p>Findings:</p> <p>1. A review of Resident 64's Admission Record indicated Resident 64 was admitted to the facility on [DATE], with diagnoses of encounter for attention to gastrostomy (a surgical procedure for inserting a tube through the abdomen wall and into the stomach used for feeding or drainage), hemiplegia (a condition caused by brain damage or spinal cord injury that leads to paralysis [loss of motor function in one or more muscles] on one side of the body), and hemiparesis (weakness on one side of the body) following cerebral infarction (also known as a stroke, damage to tissue in the brain due to loss of oxygen to the area) affecting the left non-dominant (part of the body that is not used as much) side, muscle weakness, and contracture of the left knee.</p> <p>A review of Resident 64's Joint Mobility Screening (JMS), dated 7/9/23, indicated the approximate passive ROM for Resident 64's left wrist, left hand/fingers, right elbow, and right shoulder were severe (greater than 50 % loss). The JMS included Resident 64 had a diagnosis/condition that puts her at risk for contracture development and recommended skilled therapy evaluation and RNA/functional maintenance program.</p> <p>A review of Resident 64's History and Physical (H&P, the initial clinical evaluation and examination of the resident), dated 7/22/23, indicated Resident 64 did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 64's Minimum Data Set (MDS, a standardized resident assessment care screening tool), dated 1/12/24, indicated Resident 64's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making were severely impaired. The MDS indicated Resident 64's had a functional limitation in range of motion impairment on one side of the upper extremity (shoulder, elbow, write, hand) and impairment on one side of the lower extremity (hip, knee, ankle, foot). The MDS indicated Resident 64 was dependent (helper does all the effort, resident does none of the effort to complete the activity) with eating, oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene (the ability to maintain personal hygiene including combing hair, shaving, washing/drying face and hands), sit to lying, lying to sitting on side of bed, chair/bed-to-chair transfer, and tub/shower transfer. The MDS also indicated Resident 64 was on the restorative nursing program requiring seven (7) days a week for passive range of motion (the range that can be achieved by external means such as another person or a device) and splint or brace assistance.</p> <p>A review of Resident 64's Physician Order Summary Report indicated as follows:</p> <p>a. Order start dated 8/30/23 for Restorative Nursing Assistant (RNA) order for bilateral (both the right and left sides of the body) upper extremities (BUE, both arms from shoulder to the hands) passive range of motion (PROM) and apply left resting hand splint and left elbow splint for four (4) to six (6) hours every day 7 times per week or as tolerated.</p> <p>b. Order start date of 8/28/23 for RNA for PROM all joints of bilateral lower extremities (BLE, both legs from the hip to the toes) and donning (to put on a garment or piece of equipment) of left knee splint for 4 to 6 hours every day 7 times per week as tolerated.</p> <p>A review of Resident 64's Care Plan, dated 8/28/23, indicated Resident 64 had limitations in range of motion and contracture of BLE and BUE. Nursing interventions included were to provide restorative nursing treatment as ordered; RNA for BUE PROM and to apply left resting hand splint and left elbow splint for 4 to 6 hours every day 7 times per week or as tolerated; and RNA for PROM all joints of BLE and donning of left knee splint for 4 to 6 hours every day 7 times per week as tolerated. Resident 64's Care Plan, dated 7/21/24, indicated Resident 64 had left side weakness and contractures on the left knee and left wrist.</p> <p>A review of Resident 64's Documentation Survey Report for the month of February 2024 indicated RNA services for RNA for BUE PROM and to apply left resting hand splint and left elbow splint for 4 to 6 hours every day 7 times per week or as tolerated and RNA for PROM all joints of BLE and donning of left knee splint for 4 to 6 hours every day 7 times per week as tolerated, were not completed on the following days (12 missed RNA services):</p> <p>- 2/3/24, 2/10/24, 2/11/24, 2/16/24, 2/17/24, 2/18/24, 2/21/24, 2/22/24, 2/25/24, 2/28/24, and 2/29/24.</p> <p>A review of Resident 64's Documentation Survey Report for the month of March 2024, indicated RNA services for BUE PROM and to apply left resting hand splint and left elbow splint for 4 to 6 hours every day 7 times per week or as tolerated and RNA for PROM all joints of BLE and donning of left knee splint for 4 to 6 hours every day 7 times per week as tolerated, were not completed on the following days (8 missed RNA services):</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 3/1/24, 3/2/24, 3/4/24, 3/5/24, 3/6/24, 3/7/24, 3/8/24, and 3/12/24.</p> <p>During observations of Resident 64 on 3/12/24, Resident 64 was observed lying in bed with no splint on the left hand, left elbow, or left knee during the following times: 9:59 AM, 12:48 PM, 3:25 PM, and 3:48 PM.</p> <p>During an interview on 3/14/24 at 9:50 AM with RNA 1, RNA 1 stated she would work as a Certified Nursing Assistant (CNA) when the facility did not have enough CNAs to take care of the residents. RNA 1 stated about one to two times per week, she worked as a CNA instead of an RNA, since the facility did not have enough CNAs to work. RNA 1 stated Resident 64 required RNA services and used a splint. RNA 1 stated Resident 64 was contracted on her right side. RNA 1 stated half of one arm and leg were contracted. RNA 1 stated Resident 64 received ROM and needed application of the splint for resting hand, elbow splint and knee splint applied for 4 to 6 hours. RNA 1 stated Resident 64's order was RNA services for 7 days a week.</p> <p>During concurrent review of Resident 64's RNA services for the month of February and March 2024 on 3/14/24 at 10:18 AM with RNA 1, RNA 1 stated RNA services for Resident 64 were not done 7 times a week for the BUE and BLE. RNA 1 stated Resident 64 should had received the RNA services 7 times a week. RNA 1 stated the RNAs (general) were working as CNAs and did not provide the restorative nursing services, therefore did not document that the services were completed. RNA 1 stated Resident 64 needed to receive the RNA services to prevent getting contractions. RNA 1 stated Resident 64 especially needed RNA services to apply the splints since she had contractions. RNA 1 stated the need to prevent more contractions by performing and ROM and wearing the splints every day to prevent further decline. RNA 1 stated residents would decline when they were not provided with the RNA services.</p> <p>During an interview on 3/15/24 at 1:20 PM with the Director of Nursing (DON), the DON stated the RNA services should be done per the physician's order. The DON stated the importance for residents to receive RNA services were to minimize a decline of range of motion, ambulation, promote the highest level of functioning, and prevent contractures. The DON stated it was especially important to be doing RNA services with residents who had contractures to prevent any further decline.</p> <p>A review of the facility's Policy and Procedure titled, Resident Mobility and Range of Motion, revised 7/2017, indicated residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM.</p> <p>A review of the facility's Policy and Procedure titled, Restorative Nursing Services, revised 7/2017, indicated residents will receive restorative nursing care as needed to help promote optimal safety and independence. Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e.g., physical, occupational or speech therapies).</p> <p>45456</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. A review of Resident 63's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses which included hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (refers to damage to tissues in the brain due to a loss of oxygen to the area) affecting left non-dominant side, dysarthria (a condition in which the resident have difficulty saying words because of problems with the muscles that help resident talk) and history of falling.</p> <p>A review of Resident 63's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 1/12/24, indicated Resident 63 has severely impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 63 required substantial/maximal assistance (helper does more than half the effort, helper lifts, holds, or supports trunks or limbs, but provides more than half the effort) in lower body dressing, putting on/taking off footwear, personal hygiene, and chair /bed-to-chair transfer. Resident 48 required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunks or limbs, but provides less than half the effort) in oral hygiene, upper body dressing, roll left and right, sit to lying, and lying to sitting on side of the bed.</p> <p>A review of Resident 63's Care plan indicated Resident 63 has limitation(s) in: Range of motion/Contractures, Gait related to CVA cerebral vascular accident (CVA or stroke, is an interruption in the flow of blood to cells in the brain) revised on 7/27/23, interventions indicated,</p> <p>Minimize complications related to decreased mobility or contractures through appropriate interventions.</p> <p>Restorative Nursing Referral by Rehab. Restorative Nursing Treatment as ordered.</p> <p>RNA for Bilateral Upper Extremities (BUE) AAROM and to apply L resting hand and L elbow splint up to 2-4hrs every day (QD) 7 times per week or as tolerated.</p> <p>RNA program for AAROM exercises on BLE QD 3x per week</p> <p>A review of Resident 63's Physician's Order Summary dated 1/24/23 indicated, RNA for BUE AAROM and to apply Left resting hand and Left elbow splint up to 2-4hrs every day (QD) 7 times per week or as tolerated.</p> <p>A review of Resident 63's Joint Mobility Screen- Quarterly dated 11/8/23 indicated,</p> <p>Continue with RNA Program as ordered: RNA for AAROM exercises on BLE x QD 3x/week.</p> <p>BUE AAROM and to apply left resting hand and left elbow splint up to 2-4 hours QD 7x/week or as tolerated.</p> <p>A review of Resident 63's Documentation Survey Report for the month of February - March 2024 indicated RNA program for AAROM exercises on BLE everyday 3 times per week or as tolerated. These are the following weeks that Resident 63's missing the RNA services:</p> <p>1/28/24 - 2/3/24 - missing 2 RNA services.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2/4/24 - 2/10/24 - missing 1 RNA service.</p> <p>2/11/24 - 2/17/24 - missing 1 RNA service.</p> <p>2/18/24 - 2/24/24 - missing 2 RNA services.</p> <p>2/25/24 - 3/2/24- missing 1 RNA service.</p> <p>3/3/24 - 3/9/24 - missing 1 RNA service.</p> <p>During an observation in Resident 63's room on 3/12/24 at 8:20 AM, Resident 63 was laying down on his bed. Resident 63's left arm was contracted across his chest. There was no resting hand and elbow splint observed.</p> <p>During an observation in Resident 63's room on 3/12/24 at 4:36 PM, Resident 63's left upper extremity was resting across his chest with no resting hand and elbow splint observed.</p> <p>During a concurrent observation and interview with Certified Nursing Assistant 5 (CNA 5) on, 3/14/24 04:09 PM, Resident 63 was lying on his bed with no resting hand and elbow splint noted. CNA 5 stated, there was a splint before. I saw it once and it was shaped like a carrot, but I have not seen it for a while. I do not remember when the last time that I saw it.</p> <p>During a concurrent observation and interview with Restorative Nursing Assistant 1 (RNA 1) on, 3/15/24 at 9:03AM, Resident 63 was not wearing his left elbow splint. RNA 1 showed Resident 63's splint inside the drawer of his bedside table. RNA 1stated, Resident 63 usually wears splint on his left arm. He usually wears the splint when he is up on his wheelchair. We are the one who puts the splint it on his left arm. But I was not able to put it on yesterday. It is important to use the L resting hand and elbow splint so Resident 63 will not get contracted.</p> <p>During a concurrent observation and interview with Certified Nursing Assistant 8 (CNA 8) on, 3/15/24 at 9:16 AM, Resident 63 was not wearing his left elbow splint. CNA 8 stated, Resident 63 has splint for his elbow. The RNA puts it on the resident when he is up on the wheelchair. I have seen it on him last week but not this week. It is important to wear those splints helps to manage the pain with his contractures.</p> <p>3. A review of Resident 15's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses which included hemiplegia and hemiparesis cerebral infarction affecting right dominant side, dysarthria, and contracture (a condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) of left ankle.</p> <p>A review of Resident 15's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 1/12/24, indicated Resident 15 has severely impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 15 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) in eating, oral hygiene, upper and lower body dressing, putting on/taking off footwear, personal hygiene, and chair /bed-to-chair transfer, roll left and right, sit to lying, and lying to sitting on side of the bed.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 15's Care plan revised on 8/17/23, indicated Resident 15 had decreased PROM of BUE and BLE. Interventions indicated,</p> <p>a. RNA for BLE PROM exercises and don/doff of B PRAFO x 4 hours or as tolerated RNA QD 7x/week</p> <p>b. RNA program for BUE PROM and apply Bilateral elbow and Bilateral hand splint for 2-4 hours QD 7x /week or as tolerated.</p> <p>A review of Resident 15's Physician's Order Summary dated 1/16/23 indicated,</p> <p>a. RNA for Passive ROM of all joints of BLE and donning of B AFO for up to 4 hours, QD 7x/week or as tolerated RNA QD</p> <p>b. RNA for BUE PROM and to apply B elbow and B resting hand splint for 2-4 hours QD 7x /week or as tolerated.</p> <p>A review of Resident 15's Joint Mobility Screen- Quarterly dated 12/13/23 indicated:</p> <p>a. RNA for Passive ROM of all joints of BLE and donning of B AFO for up to 4 hours, QD 7x/week or as tolerated RNA QD</p> <p>b. RNA for BUE PROM and to apply B elbow and B resting hand splint for 2-4 hours QD 7x /week or as tolerated.</p> <p>A review of Resident 15's Documentation Survey Report for the month of February- March 2024 indicated for the following, RNA for Passive ROM of all joints of BLE and donning of B AFO for up to 4 hours, QD 7x/week or as tolerated RNA QD and RNA for BUE PROM and to apply B elbow and B resting hand splint for 2-4 hours QD 7x /week or as tolerated. These are the following dates that Resident 15 were missing the RNA services:</p> <p>a. February 2024 - 2/2/24 to 2/3/24, 2/10/24 to 2/12/24, 2/16/24, 2/18/24 to 2/24/24, and 2/26/24 to 2/27/24.</p> <p>b. March 2024 - 3/1/24 to 3/2/24, 3/4/24 to 3/6/24, and 3/11/24 to 3/12/24.</p> <p>During an observation in Resident 15's room on, 3/12/24 at 8:04 AM, Resident 15 was awake, laying on his bed. Resident 15's bilateral upper extremities were observed contracted and no bilateral elbow and bilateral hand splint applied on the resident's upper extremities.</p> <p>During an observation in Resident 15's room on, 3/13/24 at 9:23 AM, Resident 15 was observed sleeping and not bilateral elbow and bilateral hand splint applied.</p> <p>During an observation in Resident 15's room on, 3/15/24 at 8:29 AM, Resident 15 was awake and moaning, with left arm was placed across his chest. There was no bilateral elbow and bilateral hand splint observed that were applied on the resident's upper extremities.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview with RNA 2 on, 3/15/24 at 8:46 AM, Resident 15 was sleeping. There was no bilateral elbow and bilateral hand splint. RNA 2 stated, Resident 15 has BUE/BLE splint for contractures. RNA 2 showed Resident 15's splints were inside the Resident's closet under all his clothes. RNA 2 stated, It is important to put on Resident 15's splint because if we do not put it on him, he will be more contracted.</p> <p>A review of the facility's Policy and Procedure titled, Resident Mobility and Range of Motion, revised 7/2017, indicated residents with limited range of motion will receive treatment and services to increase and/or prevent a further decrease in ROM.</p> <p>A review of the facility's Policy and Procedure titled, Restorative Nursing Services, revised 7/2017, indicated residents will receive restorative nursing care as needed to help promote optimal safety and independence. Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e.g., physical, occupational or speech therapies).</p>		

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 03/15/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099</p> <p>Based on observation, interview, and record review, the facility failed to ensure the residents' head of bed (HOB) was elevated above 30 to 45 degrees when receiving enteral feedings through a gastrostomy tube (GT, a tube inserted through the belly that brings nutrition directly to the stomach) for two of five sampled residents (Resident 62 and 68) for the tube feeding care area.</p> <p>This deficient practice had the potential for Resident 62 and 68 to aspirate (when something enters the airway or lungs by accident) which can lead to lung problems such as pneumonia (a lung infection).</p> <p>Findings:</p> <p>1. A review of Resident 62's Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that included dysphagia, oropharyngeal phase (difficulty transferring food from the mouth into the pharynx and esophagus to initiate an involuntary swallowing process) and gastro-esophageal reflux disease (a common condition in which the stomach contents move up into the esophagus).</p> <p>A review of the Resident 62's physicians order dated 8/13/23 indicated aspiration precaution and elevating Resident 62's head of bed at 30 - 45 degrees during GT feeding.</p> <p>A review of Resident 62's History and Physical (H&P), dated 8/14/23, indicated Resident 62 does not have the capacity to understand and make decisions.</p> <p>A review of Resident 62's Minimum Data Set (MDS, standardized assessment and care screening tool), dated 11/24/23, indicated Resident 62 had severe impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 62 was dependent (helper does all the effort) with eating, oral, toileting, and personal hygiene, shower, upper and lower body dressing, and putting on/taking off footwear.</p> <p>During an observation on 3/12/24 at 9:05 AM, Resident 62 was seen receiving GT feeding of Nepro (milk formula used for GT feeding) at 45 cc/hour with the head of bed at almost flat in bed at approximately 20 degrees head elevation.</p> <p>During a concurrent observation and interview on 3/12/24 at 12:50 PM, the Licensed Vocational Nurse 1 (LVN 1) stated Resident 62's head of bed was at approximately at 20 degrees elevation while receiving GT feeding.</p> <p>During the same observation and interview on 3/12/24 at 12:50 PM, the Infection Prevention Nurse (IPN) came in to check the GT with LVN 1 but did not ensure the head of bed was readjusted to at least 30 - 45 degrees. The IPN stated Resident 62's head of bed was about 20 degrees elevation. The IPN stated Resident 62's head of bed should be elevated to at least 40 degrees so the resident would not choke or aspirate if the GT feeding backed up.</p> <p>(continued on next page)</p>

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 03/15/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/14/24 at 3:06 PM, LVN 8 stated Resident 62's head of bed elevation should be at 45 degrees to prevent aspiration when the GT feeding is on.</p> <p>49900</p> <p>2. A review of Resident 68's Admission Record (AR, a record containing diagnostic and demographic resident information), indicated Resident 68 was readmitted to the facility on [DATE], with diagnoses that included attention to gastrostomy, Chronic Obstructive Pulmonary Disease (COPD, a common lung disease causing restricted airflow and breathing problems), acute respiratory failure with hypoxia (a condition where you didn't have enough oxygen in the tissues in your body), dementia (a condition or illness that affected the way the person's brain was working), and Alzheimer's disease (a brain disorder that slowly destroyed memory and thinking skills, and eventually, the ability to carry out the simplest tasks.)</p> <p>A review of Resident 68's physician's order dated 8/2/2023, indicated Aspiration Precaution: elevate HOB at 30-45 degrees at all times during GT feeding.</p> <p>During an observation on 3/12/24 at 12:43 PM, Resident 68 was observed in the room, lying in bed with the HOB elevated below 30 to 45 degrees. Resident 68 was connected to a running GT feeding.</p> <p>During a concurrent observation and interview, on 3/12/24 at 12:46 PM, with Registered Nurse 1 (RN1), RN1 stated Resident 68's HOB was low (below 30 to 45 degrees) and should be higher when GT feeding was running. RN1 stated the HOB should be at least 30-45degree during GT feeding to prevent aspiration.</p> <p>During an interview on 3/14/24 at 11:16 AM with the Director of Nursing (DON), the DON stated when the resident's HOB is below 30 to 45 degrees during GT feeding, the resident is at risk for aspiration. The DON stated the license nurses were responsible for checking the resident to ensure the HOB was elevated to 30 to 45 degrees when the resident was on tube feeding.</p> <p>A review of the facility's policy and procedure, revised on 3/2023, titled Enteral Feedings- Safety Precautions indicated elevate the head of the bed (HOB) at least 30 degree-45 degree during tube feeding.</p>		

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 03/15/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636</p> <p>Based on observation, interview, and record review, the facility failed to provide necessary respiratory care services for two (2) of 2 sampled residents (Residents 36 and 40) for respiratory care area by failing to:</p> <p>1.a. Ensure Resident 36's oxygen humidifier (a device used to make supplemental oxygen moist) was changed per physician's order. This deficient practice had the potential for Resident 36 to develop a respiratory infection.</p> <p>1.b. Place a visible oxygen signage by Resident 36's door/wall prior to entering the room. This deficient practice had the potential for harm to Resident 36 and other residents, in an event of fire.</p> <p>2.a. Ensure Resident 40's humidifier and oxygen tubing were changed every seven (7) days per policy. This deficient practice had the potential for Resident 40 to develop a respiratory infection.</p> <p>2.b. Place a visible oxygen signage by Resident 36's door/wall prior to entering the room. This deficient practice had the potential for harm to Resident 36 and other residents, in an event of fire.</p> <p>Findings:</p> <p>1. A review of Resident 36's Admission Record indicated Resident 36 was admitted to the facility on [DATE], with diagnoses of encephalopathy (brain disease, damage, or malfunction that results in an altered mental state), dementia (progressive brain disorder that slowly destroys memory and thinking skills), psychotic (mental health disorder which a resident loses touch with reality) disorder with hallucinations (an experience which a person sees, hears, feels, or smells something that does not exist), and cerebral ischemia (a condition in which a blockage in an artery restricts the delivery of oxygen-rich blood to the brain resulting in damage to brain tissue).</p> <p>A review of Resident 36's Minimum Data Set (MDS, a standardized resident assessment care screening tool), dated 3/1/24, indicated Resident 36's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making were severely impaired. The MDS indicated Resident 36 was dependent (helper does all the effort, resident does none of the effort to complete the activity) with toileting hygiene, shower/bathe self, sit to stand, chair/bed-to-chair transfer, and toilet transfer. The MDS indicated Resident 36 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 eating, upper and lower body dressing, personal hygiene (the ability to maintain personal hygiene including combing hair, shaving, washing/drying face and hands), and lying to sitting on side of bed. The MDS also indicated Resident 36 was on continuous oxygen therapy.</p> <p>A review of Resident 36's Physician Order Summary Report, dated 1/22/24, indicated to:</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Administer oxygen at 2 Liters per minute (LPM, volume of oxygen supplied over a period of time) via nasal cannula (NC, device used to deliver supplemental oxygen placed directly on a resident's nostrils). May titrate (adjust the flow rate of oxygen to achieve a specific target saturation range) up to five (5) LPM for oxygen saturation (SpO2, measures how much oxygen is carried by the hemoglobin [Hgb- a protein in red blood cells that carries oxygen to the body's organs and tissues and transports carbon dioxide from your organs and tissues back to the lungs] in the blood or how well a resident is breathing) less than 94% every shift.</p> <p>b. Change the oxygen humidifier (a device used to moisten the air being delivered through an oxygen mask or nasal canula) every night shift, every Sunday, and as needed when consumed.</p> <p>A review of Resident 36's Care Plan, dated 2/9/24, indicated Resident 36 received oxygen therapy due to severe ischemic (an inadequate blood supply to an organ or part of the body) disease, cerebral atrophy (a condition in which the brain or regions of the brain decrease or shrink in size). Care plan interventions included were to change the oxygen tubing weekly or as needed, observe for safety when using oxygen (note that oxygen is flammable, no smoking, or anything that creates spark/fire is not allowed within the vicinity), and provide oxygen as ordered.</p> <p>A review of Resident 36's Medication Administration Record (MAR, a medical record used by healthcare providers to document the administration of a medication or treatment) for the month of March 2024, indicated Resident 36's oxygen humidifier was changed on 3/3/24 and 3/10/24.</p> <p>During an observation on 3/12/24 at 8:14 AM, Resident 36 was sitting up in bed receiving 2 LPM of oxygen via nasal cannula using the humidifier dated 3/4/24.</p> <p>During an observation on 3/12/24 at 9:51 AM, Resident 36 was sleeping in bed receiving 2 LPM of oxygen via nasal cannula and the humidifier attached to the oxygen concentrator (a machine that takes air from surroundings and extracts oxygen and filters it into purified oxygen) was dated 3/4/24.</p> <p>During a concurrent observation, record review of Resident 36's MAR, and interview on 3/13/24 at 4:47 PM with Licensed Vocational Nurse 11 (LVN 11), LVN 11 stated Resident 36 was receiving 2 LPM of oxygen. LVN 11 stated the humidifier was dated 3/4/24 and the bottle was completely used. LVN 11 stated Resident 36's MAR indicated the humidifier was changed on 3/4/24 and 3/10/24. LVN 11 stated the humidifier was not changed on 3/10/24 since the humidifier, dated 3/4/24, was still being used. LVN 11 stated the humidifier and oxygen tubing should be labeled with the date when changed. LVN 11 stated the date as labeled on the humidifier and oxygen tubing would inform the licensed nurse when it needed to be changed.</p> <p>2. A review of Resident 40's Admission Record indicated Resident 40 was initially admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses encounter for attention to gastrostomy (a surgical procedure for inserting a tube through the abdomen wall and into the stomach used for feeding or drainage), type 2 diabetes mellitus (a disease that occurs when there is a problem in the way the body regulates and uses sugar as fuel) with diabetic chronic kidney disease (gradual loss of kidney damage where kidneys cannot filter the blood the way they should), and dementia.</p> <p>A review of Resident 40's History and Physical (H&P, the initial clinical evaluation and examination of the resident), dated 11/19/23, indicated Resident 40 did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 40's MDS, dated [DATE], indicated Resident 40's cognitive skills for daily decision making were severely impaired. The MDS indicated Resident 40 was dependent (helper does all the effort, resident does none of the effort to complete the activity) with toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene, roll left and right, sit to lying, lying to sitting on side of bed, chair/bed-to-chair transfer, and tub/shower transfer. The MSD also indicated Resident 40 was on oxygen therapy.</p> <p>A review of Resident 40's Physician Order Summary Report, dated 3/2/24, indicated to administer oxygen at 2 LPM via nasal cannula. May titrate up to 5 LPM for oxygen saturation less than 90 % as needed.</p> <p>A review of Resident 40's Care Plan, dated 2/12/24, indicated Resident 40 received oxygen therapy. Care plan interventions included were to change the oxygen tubing weekly or as needed, observe for safety when using oxygen (note that oxygen is flammable, no smoking, or anything that creates spark/fire is not allowed within the vicinity), and provide oxygen as ordered.</p> <p>A review of Resident 40's MAR for the month of March 2024, indicated Resident 40's oxygen was administered on 3/1/24, 3/2/24, and 3/7/24.</p> <p>A review of Resident 40's Oxygen Saturation (measures of how much oxygen is traveling through the body in the red blood cells) Summary for the month of March 2024, indicated Resident 40 received oxygen via nasal cannula on the following days: 3/1/24, 3/4/24, 3/7/24, 3/8/24, 3/9/24, 3/11/24, and 3/12/24.</p> <p>During an observation on 3/12/24 at 9:20 AM, Resident 40 was sleeping in bed with nasal cannula at 2 LPM. The humidifier and oxygen tubing were not labeled.</p> <p>During an observation on 3/13/24 at 8:18 AM, Resident 40 was lying on his back in bed and was not receiving oxygen. The oxygen was next to the bedside. The oxygen tubing and humidifier were not dated.</p> <p>During a follow up interview on 3/13/24 at 5:07 PM with LVN 11, LVN 11 stated Resident 40's humidifier and oxygen tubing were not dated. LVN 11 stated only the bag used to place the oxygen tubing was dated. LVN 11 stated both the humidifier and oxygen tubing needed to be dated with the open date to ensure they were being changed.</p> <p>During an interview on 3/15/204 at 1:20 PM with the Director of Nursing (DON), the DON stated nurses were supposed to label the humidifier, oxygen tubing, and bag used for storing tubing when not being used by the resident with a date when it was changed. The DON stated the humidifiers and oxygen tubing needed to be changed every week on Sundays or changed as needed to prevent infection.</p> <p>During a concurrent observation and interview on 3/15/24 at 4:07 PM with LVN 9, LVN 9 stated when residents have an oxygen tank in the room, there should be a visible signage indicating oxygen in use prior to entering the resident's room. LVN 9 stated Resident 36 received continuous oxygen but there was no oxygen signage. LVN 9 stated Resident 40 also had oxygen, but there was no visible signage outside the door or inside the room.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled, Oxygen Administration, revised 1/2010, indicated the following equipment and supplies will be necessary when oxygen is administered:</p> <ol style="list-style-type: none"> 1. Nasal cannula, nasal catheter, as (as ordered); 2. Humidifier bottle; 3. No Smoking/Oxygen in Use signs <p>A review of the facility's policy and procedure titled, Departmental (Respiratory Therapy) - Prevention of Infection, revised 4/2023, indicated to mark the humidifier bottle with date and initial upon opening and discard after twenty-four (24) hours. Change the oxygen cannula and tubing every seven (7) days, or as needed. Keep the oxygen cannula and tubing used as needed (PRN, pro re nata which is Latin for as needed).</p>		

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 03/15/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident who received dialysis (process of removing waste products and excess fluid from the body) received care and treatment in accordance with the resident's care plan for three (3) of five (5) sampled residents (Resident 5, 14, and 20) for dialysis care area by failing to ensure:</p> <ol style="list-style-type: none"> 1. A dialysis emergency kit was placed at the bedside for Resident 5 and an alert sign postage to indicate precautions on the resident's dialysis site access. 2. A dialysis emergency kit was placed at the bedside for Resident 14 and an alert sign postage to indicate precautions on the resident's dialysis site access. 3. A dialysis emergency kit was placed at the bedside for Resident 20. <p>These deficient practices had the potential for Residents 5, 14, and 20 to be at risk for complications such as bleeding and potential for delay in provision of dialysis care and treatment in case of emergencies.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 20 Admission Record indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnosis for blindness and dysphagia (difficulty swallowing). <p>A review of Resident 20 History and Physical (H&P), dated 2/27/24, indicated the resident has the capacity to understand and make decisions.</p> <p>A review of Resident 20 Minimum Data Set (MDS, a standardized care screening and assessment tool), dated 12/16/23, indicated resident is moderately cognitively intact for daily decision making. MDS also 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 eating, oral hygiene, upper body dressing and personal hygiene. MDS 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.</p> <p>During a concurrent observation and interview on 3/13/24 at 12:05 PM, Licensed Vocational Nurse (LVN) 7 stated there is no emergency kit provided for Resident 20, but there should be one provided because in case of emergencies the resident can bleed and we need</p> <p>45099</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. A review of Resident 14's Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that included end stage renal disease (ESRD, stage when the kidneys can no longer support the body's needs of removing waste and excess water from the body), and dependence on renal dialysis.</p> <p>A review of Resident 14's History and Physical (H&P), dated 11/29/23, indicated Resident 14 does not have the capacity to understand and make decisions.</p> <p>A review of Resident 14's Minimum Data Set (MDS, standardized assessment and care screening tool), dated 3/17/23, indicated Resident 14 had severe impairment in cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 14 was dependent (helper does all the effort) with toileting hygiene and shower and required substantial assistance (helper does more than half the effort) with lower body dressing and putting on/taking off footwear. The MDS further indicated that Resident 14 required partial assistance (helper does less than half the effort) with oral and upper body dressing.</p> <p>A review of Resident 14's Care Plan, revised on 4/2/23, indicated staff interventions included were to ensure no intramuscular (IM, within the muscles), blood pressure, intravenous (IV, into the veins) and blood draw on the access site, and an alert sign posted. The care plan also included an intervention for Resident 14 to have an emergency kit at bedside to include gauze dressing, wrap bandage, and tape for the management of emergency bleeding on the venous access site.</p> <p>During an observation on 3/12/24 at 8:32 AM, Resident 14 was observed with an Arterio-Venous shunt (AV shunt, surgically created passageway that allows blood to flow from an artery to a vein without going through a capillary network for a dialysis access) on the left upper arm with a small piece of gauze taped and secured. There was no dialysis emergency kit and no alert sign posted to indicate no IM/BP/IV and no blood draw on the access site at Resident 14's bedside.</p> <p>During a concurrent observation and interview on 3/13/24 at 9:44 AM, the Licensed Vocational Nurse 10 (LVN 10) confirmed there was no dialysis emergency kit and alert posted sign at Resident 14's bedside. LVN 10 stated they should have a dialysis emergency kit at bedside. LVN 10 also stated the emergency kit which included the hemostat (an instrument for preventing the flow of blood from an open blood vessel by compression of the vessel), rolled gauze, tape, regular gauze and scissors were important in the care of Resident 14 in case the resident bleed from the AV shunt. LVN 10 further stated an alert sign should be posted at Resident 14's bedside to ensure the staff would not take blood pressure in the same arm as the AV shunt causing it to bleed.</p> <p>During an interview on 3/13/24 at 9:53 AM, LVN 6 stated they need to have the dialysis emergency kit placed at Resident 14's bedside in case of bleeding from the dialysis access site. LVN 6 also stated an alert sign must be posted to indicate not to take blood pressure on the dialysis access side to prevent bleeding.</p> <p>During a concurrent interview and record review on 3/14/24 at 3:57 PM, LVN 8 stated that dialysis emergency kit should be included in the policy for dialysis care and maintenance.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/15/24 at 9:37 AM, the Director of Nursing (DON) stated it is standard policy to have an emergency kit at the bedside when the resident has AV shunts. The DON also stated a dialysis emergency kit should be kept at the bedside in case of emergencies such as bleeding. The DON further stated they follow the standard of practice in the care of dialysis residents which included ensuring an emergency kit is at the bedside.</p> <p>A review of the facility's policy and procedure titled, Care of a Resident with End-Stage Renal Disease, revised September 2010, indicated that residents with end-stage renal disease will be cared for according to currently recognized standards of care. The policy also indicated that the staff caring for the residents with ESRD, including residents receiving dialysis care outside the facility, shall be trained in the care and special needs of these residents.</p> <p>A review of the facility's policy and procedure titled, Hemodialysis Access Care, revised September 2010, indicated care of arteriovenous fistula (AVF, a connection that is made by joining the artery and a vein for dialysis access) and arteriovenous graft (AVG, the artery and vein is connected using an artificial graft created from a looped plastic tube for dialysis access) to prevent infection and/or clotting included not to use the access site arm to take blood samples, administer IV fluids or give injections. The policy also indicated not to use the access arm to take blood pressure.</p> <p>45456</p> <p>3. A review of Resident 5's Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis that included ESRD, and dependence on renal dialysis.</p> <p>A review of Resident 5's H&P, dated 3/7/24, indicated Resident 14 has the capacity to understand and make decisions.</p> <p>A review of Resident 5's MDS, dated [DATE], indicated Resident 5 had severe impairment in cognitive skills for daily decision making. The MDS also indicated Resident 5 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) in eating, toilet hygiene, oral hygiene, lower body dressing, putting on/taking off footwear, chair /bed-to-chair transfer, roll left and right, sit to lying, and lying to sitting on side of the bed.</p> <p>A review of Resident 5's Care Plan, revised on 2/22/24, indicated staff interventions included were to ensure no intramuscular (IM, within the muscles), blood pressure, intravenous (IV, into the veins) and blood draw on the access site, and an alert sign posted. The care plan also included an intervention for Resident 5 to have an emergency kit (dialysis emergency kit) at bedside to include gauze dressing, wrap bandage, and tape for the management of emergency bleeding on the venous access site.</p> <p>During an observation on 3/12/24 at 8:10 AM, Resident 5 was observed with an AV shunt on the left upper arm with a small piece of gauze taped and secured. There was no dialysis emergency kit and no alert sign posted to indicate no IM/BP/IV and no blood draw on the access site at Resident 5's bedside.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 3/13/24 at 10:33 AM, Resident 5 was laying on her bed. There was no dialysis emergency kit and no alert sign posted to indicate no IM/BP/IV and no blood draw on the access site at Resident 5's bedside.</p> <p>During an interview with the Licensed Vocational Nurse 8 (LVN 8) on, 3/14/24 at 3:46 AM, LVN 8 stated, we need the signage for the access site for the dialysis residents. LVN 8 also stated, it was important so the staff would know where the dialysis access site and for the staff to know not to perform blood draw and monitoring if the access is functioning or not.</p> <p>During a concurrent interview and record review with LVN 8 on, 3/14/24 at 3:57 PM, LVN 8 stated dialysis emergency kit should be included in the policy for dialysis care and maintenance.</p> <p>During an observation on 3/14/24 at 4:16 PM, Resident 5 was laying on her bed. There was no dialysis emergency kit and no alert sign posted to indicate no IM/BP/IV and no blood draw on the access site at Resident 5's bedside.</p> <p>During an observation on 3/15/24 at 9:02AM, Resident 5 was laying on her bed. There was no dialysis emergency kit and no alert sign posted to indicate no IM/BP/IV and no blood draw on the access site at Resident 5's bedside.</p> <p>During an interview with Certified Nursing Assistant 8 (CNA 8) on 3/15/24 at 9:14 AM, CNA 8 stated, there was no alert access site posted for Resident 5. The access site postage should help the staff be more careful with taking care of the resident on dialysis.</p> <p>During an interview on 3/15/24 at 9:37 AM, the Director of Nursing (DON) stated it is standard policy to have an emergency kit at the bedside when the resident has AV shunts. The DON also stated a dialysis emergency kit should be kept at the bedside in case of emergencies such as bleeding from the dialysis site. The DON further stated they follow the standard of practice in the care of dialysis residents which included ensuring an emergency kit is at the bedside.</p> <p>A review of the facility's policy and procedure titled, Care of a Resident with End-Stage Renal Disease, revised September 2010, indicated, residents with end-stage renal disease will be cared for according to currently recognized standards of care. The policy also indicated the staff caring for the residents with ESRD, including residents receiving dialysis care outside the facility, shall be trained in the care and special needs of these residents.</p> <p>A review of the facility's policy and procedure titled, Hemodialysis Access Care, revised September 2010, indicated care of arteriovenous fistula (AVF, a connection that is made by joining the artery and a vein for dialysis access) and arteriovenous graft (AVG, the artery and vein is connected using an artificial graft created from a looped plastic tube for dialysis access) to prevent infection and/or clotting included not to use the access site arm to take blood samples, administer IV fluids or give injections. The policy also indicated not to use the access arm to take blood pressure.</p>		

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 03/15/2024
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on observation, interview and record review, the facility failed to provide social services by not assisting and arranging care and services for two of two sampled residents (Resident 70 and Resident 79).</p> <ol style="list-style-type: none"> 1. Social Services did not follow up on Resident 70's misplaced hearing aids. 2. The facility did not follow their policy to call law enforcement when Resident 70 hearing aids were missing. 3. Social Services did not follow up on Resident 79 dental services for new dentures. <p>These deficient practices had the potential for residents to have a delay in care and services.</p> <p>Findings:</p> <p>1. A review of Resident 70's Admission Record indicated resident was admitted to the facility on [DATE] with diagnoses of dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and glaucoma (a group of eye diseases that can cause vision loss).</p> <p>A review of Resident 70's History and Physical (H&P), dated 2/6/23, indicated resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 70's Minimum Data Set (MDS, a standardized care screening and assessment tool), dated 1/29/24, indicated the resident had moderately impaired (decisions poor; cues/ supervision required) cognition for daily decision making. The MDS also indicated Resident 70 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 oral hygiene, toilet hygiene, upper body dressing, lower body dressing, and putting on/taking off footwear. The MDS indicated Resident 70 was dependent (helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity) with shower/bathe self and personal hygiene.</p> <p>A review of Resident 70's Concern Record, dated 2/27/24, indicated Resident 70 verbalized not having hearing aids. The Record indicated Social Services would submit a request for the renewal of hearing aids and the facility to reimburse if not found.</p> <p>During an interview on 3/12/24 at 10:55 AM, Resident 70 stated her hearing aids are missing.</p> <p>During an interview on 3/14/24 at 10:30 AM, Certified Nursing Assistant (CNA) 1 confirmed the hearing aids were not in resident's room.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/14/24 at 10:36 AM, Licensed Vocational Nurse (LVN) 7 confirmed the hearing aids were not in resident's room.</p> <p>During an interview on 3/14/24 at 11:06 AM, Social Services Director (SSD) stated the hearing aids were missing since 2/27/24 and were nowhere to be found.</p> <p>During an interview on 3/14/24 at 11:40 AM, in the presence of the SSD, the Administrator (ADM) stated Resident 70's missing hearing aids were not reported to law enforcement. The ADM stated since Resident 70's hearing aids were over a hundred dollars, the lost hearing aids should have been reported per policy.</p> <p>A review of the facility's Social Service Job Description, dated 1/27/22, indicated Social Service was to facilitate any identified problems, for example, dental, visual, communication, etc. The Description indicated social service was to assist with supplying a communication board or whatever tools necessary to ensure communication to make resident needs known.</p> <p>A review of the facility's undated policy and procedure titled Caring for Hearing-Impaired Residents, indicated staff members were to provide additional means of communication to hearing-impaired residents, which may include hearing aide.</p> <p>A review of the facility's undated policy and procedure titled Theft and Loss Policy and Procedures, indicated reports to the local law enforcement agency within 36 hours when the administrator of the facility had reason to believe patient property with a then current value of one hundred dollars had been stolen.</p> <p>2. A review of Resident 79's Admission Record indicated the resident was originally admitted on [DATE] and readmitted on [DATE] with diagnoses of dysphagia (difficulty swallowing) and schizophrenia (false beliefs, seeing or hearing things that do not exist, unusual physical behavior, and disorganized thinking and speech).</p> <p>A review of Resident 79's H&P, dated 8/22/23, indicated resident had the capacity to understand and make decisions.</p> <p>A review of Resident 79's MDS, dated [DATE], indicated resident 79 had intact cognition (sufficient judgment, planning, organization, self-control, and the persistence needed to manage the normal demands of the participant's environment) for daily decision making. The MDS indicated resident 79 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 toilet hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear. Resident 79 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 and personal hygiene.</p> <p>A review of Resident 79's physician orders, dated 8/21/23, indicated an order for dental consult and treatment as needed for dental problems.</p> <p>A review of Resident 79's dental care record titled Lumina Healthcare, dated 7/6/23, indicated resident required new dentures.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/14/24 at 2:12 PM, the Director of Nursing (DON) stated Resident 79 was not provided dental care in the facility since Resident 79's responsible party (RP) took Resident 79 to her dental appointment.</p> <p>During an interview on 3/14/24 at 2:51 PM, Resident 79's RP stated she did not take the resident out of the facility for dental appointments.</p> <p>During an interview on 3/14/24 at 3:03 PM, Social Services Assistant (SSA) stated residents should be provided dental service follow up in the facility every 3 to 6 months.</p> <p>During a concurrent interview and record review with Social Service Director (SSD) on 3/14/24 at 3:10 PM, Resident 79's Dental Notes was reviewed. SSD stated Resident 79's last dental appointment was on 7/6/23 and indicated Resident 79 required new dentures, since the current dentures were loose/damaged.</p> <p>During an interview on 3/14/24 at 3:24 PM, SSA stated Resident 79's dental care for new dentures were not followed up. SSA stated Resident 79 did not have a dental care service follow up since 7/6/23, and stated Resident 79 should have had a follow up dental care service every three to six months.</p> <p>A review of the facility's policy and procedure titled Dental Services, revised 12/2016, indicated routine and emergency dental services are available to meet the resident's oral health services in accordance with the resident's assessment and plan of care. The Policy also indicated failure of a dentist to provide follow-up services will result in the facility's right to use its consultant dentist to provide the resident's dental needs. The Policy indicated if dentures were damaged or lost, residents would be referred for dental services within 3 days. If the referral was not made within 3 days, documentation will be provided regarding what was being done to ensure that the resident was able to eat and drink adequately while awaiting the dental services, and the reason for the delay.</p> <p>A review of the facility's policy and procedure titled Dental Examination/ Assessment, revised 12/2013, indicated resident shall be offered dental services as needed. The Policy indicated upon conducting a dental examination, a resident needing dental services will be promptly referred to a dentist.</p>		

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 03/15/2024
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49881</p> <p>Based on interview and record review, the facility failed to act upon the consultant pharmacist's recommendation to include manufacturers recommendation for the use of Carvedilol (medication to treat high blood pressure) for 1 of 5 sampled residents (Resident 20).</p> <p>This deficient practice had the potential for Resident 20 to have fast absorption of Carvedilol, if not taken with food, and may suffer from the medication side effects such as feeling of dizziness or fainting when standing up.</p> <p>Findings:</p> <p>During a review of Resident 20's Admission Record, the record indicated Resident 20 was recently readmitted on [DATE] with diagnosis that included hypertension (a condition in which the force of the blood against the artery walls is too high) and end stage renal disease (a condition in which the kidneys lose the ability to remove waste and balance fluids).</p> <p>During a review of Order Summary Report, dated 3/15/24, the report indicated on 2/8/2024, Resident 20 was prescribed Carvedilol 3.125 mg by mouth 2 times a day.</p> <p>During a review of Resident 20's Medication Regimen Review (MMR, report of pharmacist review of resident's medications) dated 1/19/24, the MMR indicated the consultant pharmacist's recommendation, Noted the resident has an order for Coreg (Carvedilol). The manufacturer recommends it be given with food. Please add to the order: 'with food'.</p> <p>During an interview on 3/15/2024 at 10:07 AM, with Licensed Vocational Nurse (LVN) 6, LVN 6 stated Resident 20's order for Coreg did not include with food.</p> <p>During an interview on 3/15/24 at 10:22 AM, with the Director of Nursing (DON), the DON stated Resident 20's order for Coreg did not include to take medicine with food. The DON stated the MRR recommendation should be followed to ensure the resident was receiving the medication correctly, and it is important to ensure the patient is not getting unnecessary medications.</p>

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 03/15/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45099</p> <p>Based on observation, interview and record review, the facility failed to ensure two (2) of 5 sampled residents (Residents 44 and 19), for unnecessary medication care area, were free from the use of unnecessary psychotropic drug (any medication capable of affecting the mind, emotions, and behavior) when:</p> <ol style="list-style-type: none"> 1. Resident 44 did not receive a Gradual Dose (GDR, is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued). for the use of Mirtazapine (a medication used to treat depression [a mood disorder that causes a persistent feeling of sadness and loss of interest]). 2. There was no rationale documented by the physician for Resident 19's extended use (more than 14 days) of as needed (PRN) Temazepam (medication to treat sleep problem). <p>This deficient practice had the potential to place Residents 44 and 19 at risk for significant adverse consequence (unwanted, uncomfortable, or dangerous effects that a drug may have) from the use of unnecessary psychotropic drug, which could result to impairment or decline in the residents' mental, physical condition, functional, and psychosocial status.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of Resident 44's Admission Record indicated the resident was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included major depressive disorder. <p>A review of Resident 44's Minimum Data Set (MDS, a comprehensive standardized assessment and screening tool), dated 12/27/23, indicated the resident had moderately impaired cognitive skills (ability to understand and make decision) for daily decision making. The MDS also indicated Resident 44 was dependent (helper does all the effort) with lower body dressing and putting on/taking off footwear and required substantial assistance (helper does more than half the effort) with toileting hygiene and shower. The MDS further indicated that Resident 44 required partial assistance (helper does less than half the effort) with oral and personal hygiene and upper body dressing.</p> <p>A review of Resident 44's History and Physical (H&P), dated 5/26/23, indicated Resident 44 has the capacity to understand and make decisions.</p> <p>A review of Resident 44's Physician Order Sheet, dated 6/27/23, indicated Mirtazapine 15 milligram (mg, unit dose) tablet (tab) oral at bedtime (HS) for depression manifested by constantly worrying about medical condition causing stress or sadness.</p> <p>A review of a facility form titled, Note to the Attending Physician/ Prescriber, from Consultant Pharmacist 1 (Ph 1), dated 12/19/23, indicated Resident 44 was currently receiving Mirtazapine 15 mg at HS for depression since 5/2023 that was due for assessment of gradual GDR.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 44's Monthly Behavior Monitoring Flowsheet for 12/2023, and from 1/2024 to 3/2024, indicated 0 hashmarks documented for episodes of depression manifested by constantly worrying about medical condition causing stress or sadness.</p> <p>During a concurrent interview and record review on 3/15/24 at 10:27 AM, the Licensed Vocational Nurse 8 (LVN 8) verified and confirmed Resident 44 did not have any behavior as indicated on the hashmarks for depression in 12/ 2023, and from 1/2024 to 3/2024. LVN 8 stated, The physician could have adjusted the Mirtazapine and even to the point of discontinuation. LVN 8 also stated a GDR was important because of the potential side effects to consider if Resident 44 continued to receive same dose of Mirtazapine over time.</p> <p>During a concurrent interview and record review on 3/15/24 at 11:14 AM, LVN 8 confirmed there was no GDR done for Resident 44's use of Mirtazapine. LVN 8 verified physician was not aware of the pharmacy recommendation for GDR and confirmed that the Monthly Behavior Monitoring was not filled out or completed.</p> <p>During a concurrent interview and record review on 3/15/24 at 12:53 PM, the Director of Nursing (DON) stated she was not able to find any documentation that confirmed a copy of the GDR recommendation was provided to the physician. The DON stated the GDR recommendation for Resident 44's Mirtazapine should have been faxed to the physician. The DON further stated a GDR is necessary to make sure Resident 44 was not given unnecessary medications.</p> <p>A review of a facility form titled, Psychotropic Medication Use, dated June 2021, indicated that within the first year in which a resident is admitted , or on a psychotropic medication or after a prescribing practitioner has initiated a psychotropic medication, the facility must attempt a GDR in 2 separate quarters (with at least one month between attempts), unless clinically contraindicated.</p> <p>A review of a facility document titled, Tapering Psychotropic Medications and Gradual Dose Reduction, indicated that residents who use psychotropic medications shall receive GDR and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>49900</p> <p>2. During a review of Resident 19's Admission Record (a record containing diagnostic and demographic resident information), dated 3/15/24, the record indicated she was readmitted to the facility on [DATE], with diagnoses that included but not limited to, dementia (a condition or illness that affects the way the person's brain is working), major depressive disorder (mood disorder that caused a persistent feeling of sadness and loss of interest), generalized anxiety disorder (you were worrying constantly and can't control the worrying), and paranoid schizophrenia (a disorder that affected a person's ability to think, feel, and behave.)</p> <p>During a review of Resident 19's (MDS, a standardized resident assessment and care screening tool), dated 4/24/23, the MDS indicated the resident did not present trouble falling or staying asleep.</p> <p>A review of Resident 19's Minimum Data Set, dated dated [DATE], the MDS indicated Resident 19's has severe cognitive impairment (when a person had trouble remembering, learning new things, concentrating, or making decisions that affected their everyday life).</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the physician's order, dated 2/23/24, the order indicated Resident 19 was prescribed Temazepam oral capsule 15 milligrams (mg - a unit of measure for mass) by mouth every 24 hours as needed for insomnia (a sleep disorder) at bedtime for inability to sleep/sleeplessness. Further review of the temazepam PRN order, it did not indicate a stop-date or duration of use of the medication.</p> <p>During an interview with Licensed Vocational Nurse 7 (LVN 7), LVN 7 stated PRN psychotropics medication (medications that affects the mind, emotions, and behavior of an individual, ie. Temazepam) should be ordered for 14 Days only. LVN 7 stated, if the PRN psychotropic medication was ordered longer than 14 days, the residents may receive unnecessary medication that may cause behavior changes to the resident. LVN 7 also stated Resident 19's Temazepam PRN order did not have a stop date and was prescribed to the resident more than 14 days.</p> <p>During an interview with RN 2 on 3/15/24 at 7:32 PM, RN 2 stated psychotropics PRN medications should have a stop date and should be ordered for 14 days only. RN 2 stated when a PRN psychotropic medication had no stop date, the RN should call the physician for order clarification. RN 2 stated prolonged used of psychotropic medications (more than 14 days) may affect the residents' behavior and mental health status.</p> <p>Reviewed facility policy Psychotropic Medication Use, dated June 2021, indicated PRN orders for psychotropic drugs are limited to 14 days. A psychotropic dug, ., which includes but is not limited to antipsychotics, anxiolytics, hypnotics and antidepressants.</p>		

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 03/15/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44636</p> <p>Based on observation, interview, and record review, the facility failed to label foods in the kitchen with item 'use by' date (the last date recommended for the use of the product) and failed to discard expired food as indicated in the facility's policy and procedure.</p> <p>These deficient practices had the potential to result in pathogen (germ) exposure to residents and placed residents at risk for developing foodborne illness (food poisoning) with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever and can lead to other serious medical complications and hospitalization .</p> <p>Findings:</p> <p>During a concurrent observation and interview on [DATE] at 8:04 AM with the Dietary Trayline (DT), the kitchen was observed with food items not labeled to indicate the food items use by date. The DT stated all food items were supposed to be labeled with used by date and discarded when expired. The DT stated the following items were found in the kitchen's refrigerators:</p> <ul style="list-style-type: none"> a. A clear container filled with cut up watermelon labeled fruit with used by date of [DATE]. b. A clear container filled with Jello with used by date of [DATE]. c. A clear container filled with egg salad with used by date of [DATE]. d. A bottle of Lemon Juice with open date of [DATE] with no used by date. e. A clear container filled with apple sauce with open date of [DATE] with no used by date. <p>During the same interview on [DATE] at 8:04 AM with the DT, the DT stated expired food items must be thrown away. The DT stated the apple sauce should be labelled with the used by date. The DT stated the apple sauce was expired since [DATE]. The DT stated when a food item was opened, she needed to label it with an open date to know how long the product was good for. The DT also stated once a food item was opened, she needed to put an expiration date to know when the food items expired.</p> <p>During a concurrent observation and interview in the kitchen on [DATE] at 8:13 AM with the DT, the dry storage room was observed. Two 1 Liter (L - unit of fluid volume) cartons of Cranberry Juice were observed indicating a use by date of [DATE]. The DT stated the two Cranberry Juice cartons were expired and should be thrown away.</p> <p>During an interview on [DATE] at 8:58 AM with the Dietary Supervisor (DS), the DS stated food items should be thrown out by the 'use by' date since the used by date was indicative of the food items expiration date.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled, Refrigerator/Freezer Storage, not dated, indicated all items should be properly dated and labelled with the delivery date and open date. Leftovers will be covered, dated, labeled, and discarded within 72 hours. No food item that is expired or beyond the best buy date are in stock.</p> <p>A review of the facility's policy and procedure titled, Storage of Canned and Dry Goods, not dated, indicated no food item that is expired or beyond the best buy date are in stock.</p>

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 03/15/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on observation, interview, and record review, the facility failed to ensure standard infection prevention control practices (a set of practices that prevent or stop the spread of infections and or diseases in the healthcare setting) were followed for (1) of thirteen (13) sampled resident (Resident 3) for the infection control care area in accordance with the facility's policy and procedure when:</p> <p>a) There was no proper sign for Contact Isolation (used for patients with diseases caused by microorganisms [bacteria and viruses] that are spread through direct and indirect contact) posted on Resident 3's door.</p> <p>b) Certified Nurse Assistant 2 (CNA 2) did step out of the isolation room multiple times and touched the clean linen cart then came back inside the Resident 3's room wearing the same gown.</p> <p>c) Licensed Vocational Nurse 1 (LVN1) used her own equipment for vital signs instead of the designated equipment inside Resident 3's room.</p> <p>These deficient practices have a potential to contaminate clean items and can place the residents at risk for infection.</p> <p>Findings:</p> <p>A review of Resident 3's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses which multidrug resistant organism (MDRO, is a germ that is resistant to many antibiotics), carbapenem-resistant Enterobacterales (Enterobacterales that test resistant to at least one of the carbapenem antibiotics [ertapenem, meropenem, doripenem, or imipenem] or produce a carbapenemase [an enzyme that can make them resistant to carbapenem antibiotics]), vancomycin-resistant enterococci (VRE, bacteria that was resistant to some powerful antibiotics), extended-spectrum beta-lactamase (ESBL, are enzymes that break down commonly used antibiotics, making them ineffective) to gastrostomy tube (GT, is a tube inserted through the belly that brings nutrition directly to the stomach)</p> <p>A review of Resident 3's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 12/12/23, indicated Resident 3 has severely impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 3 required substantial/maximal assistance (helper does more than half the effort, helper lifts, holds, or supports trunks or limbs, but provides more than half the effort) in oral hygiene, upper body dressing, and personal hygiene. Resident 3 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) in eating, toilet hygiene, oral hygiene, lower body dressing, putting on/taking off footwear, chair /bed-to-chair transfer, roll left and right, sit to lying, and lying to sitting on side of the bed.</p> <p>A review of Resident 3's Physician's Order Summary dated 2/19/24 indicated, Contact Isolation Precautions for CRE, VRE, ESBL to GT site.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 3's Care plan titled Risk for Infection, revised on 2/26/24, interventions indicated provide standard precaution (are an infection control intervention designed to reduce transmission of infection) all the time.</p> <p>During a concurrent observation and interview with the Director of Staff Development (DSD) on, 3/13/24 at 11:25AM, DSD stated, Resident 3 was on contact isolation precaution for CRE.</p> <p>During a concurrent observation and interview with the Director of Nursing (DON) on, 3/13/24 11:26 AM, the DON stated, Resident 3 is on isolation for CRE of urine and the Isolation Sign posted outside the resident's room did not indicate what kind of isolation resident has.</p> <p>During a concurrent observation outside Resident 3's room and interview with the Infection Preventionist Nurse (IPN) on, 3/13/24 at 11:30 AM, IPN stated, the isolation sign posted outside Resident 3's room did not indicate resident is on contact isolation precautions. The IPN also stated, it is the only one I use for contact isolation. I have not changed it.</p> <p>During an observation inside Resident 3's room on, 3/13/24 at 11:34 AM, enhanced standard precaution (are an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDROs]in nursing homes. It involves gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition [e.g., residents with wounds or indwelling medical devices]) posted at the head of Resident 3's bed.</p> <p>During a concurrent observation outside Resident 3's room and interview with the Certified Nursing Assistant 3 (CNA 3) on, 3/13/24 at 11:40 AM, CNA 3 stated the sign posted outside Resident 3's room was not clear and did not indicate what isolation the resident has.</p> <p>During a concurrent observation inside Resident 3's room with CNA 2 on, 3/13/24 at 11:41 AM, CNA 2 removed Resident 3's dirty bed linen. CNA 2 stepped out of Resident 3's room while wearing soiled gown and put away the dirty linen in the dirty linen cart located y the hallway. CNA 2 then came back inside Resident 3's room wearing the same soiled gown, removed the gloves and put on a new set of gloves.</p> <p>During a concurrent observation inside Resident 3's room with CNA 2 on, 3/13/24 11:50 AM, CNA 2 removed her dirty gloves and stepped out of Resident 3's room while wearing the same soiled gown to get a new set of linen in her clean linen cart that was parked by the hallway. CNA 2 came back inside the isolation room wearing the same soiled gown.</p> <p>During a concurrent observation inside Resident 3's room and interview with the CNA 2 on, 3/13/24 at 11:58AM, CNA 2 stated the signage on the head of Resident 3's bed indicated enhanced isolation precaution. CNA 2 stated, the sign only shows gown and gloves which is half of the Personal Protective Equipment (PPE, is specialized clothing or equipment worn by an employee for protection against infectious materials, such as gowns, gloves, masks, and goggles) we need to wear for contact isolation (required PPE: gown, gloves and mask).</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation in Resident 3's room and interview with the Licensed Vocational Nurse 8 (LVN 8) on, 3/15/24 at 9:24 AM, LVN 8 stated, LVN's were the ones taking vital signs (measure the basic functions of your body. They include your body temperature, blood pressure, pulse [heart rate] and respiratory [breathing] rate) for Resident 3, but LVN 1 took the resident's vital signs with her own equipment. Resident 3 should have her own vital signs equipment (blood pressure cuff, thermometers, and stethoscopes) because she is on contact isolation, but there was no vital signs equipment in the room. I did not see a designated equipment for taking Resident 3's vital signs before. It is important to use her own equipment because Resident 3 has a lot of infection, and it is important to prevent spread of infection.</p> <p>During a concurrent observation and interview with LVN 1 on, 3/15/24 at 9:28 AM, LVN 1 stated, I used our own vital signs equipment to take Resident 3's vital signs. Resident 3 has her own vital signs equipment located on the wall inside Resident 3's room, but I still used our own because I did not know that you have to use her designated vital signs equipment inside the resident's room. It is important to use Resident 3's designated equipment because she is on isolation and to prevent spread of infection.</p> <p>During an interview with the DON on, 3/15/23 at 6:06PM, the DON stated, We did not have the appropriate sign posted for the Contact Isolation Room (for Resident 3's room). We need to have a clearer sign posted outside the room (not inside the resident's room) so it can be recognized right away that the room was on contact isolation precaution.</p> <p>A review of the facility's Policy and Procedure titled, Multidrug- Resistant Organism, revised April 2023, P&P indicated, appropriate precautions are taken when caring for individuals known for individuals known for multidrug-resistant organism. The P&P also indicated implement contact precaution routinely for all residents infected with MDRO because of environmental surfaces and medical equipment, especially those in close proximity to the resident, may be contaminated, don gown and gloves before or upon entry to the resident's room or cubicle. In addition, the P&P indicated implement resident-dedicated or single-use disposable non-critical equipment (e.g., blood pressure cuff, stethoscope,) instruments and devices.</p>

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 03/15/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42223</p> <p>Based on interview and record review, the facility failed to ensure the antibiotic stewardship program protocols for prescribing the appropriate antibiotics (medication used to treat or prevent some types of bacterial infection) was provided for eight of ten sampled residents (Resident 73, 64, 29, 87, 37, 3, 11, and 65) prior to the administration of their antibiotic therapy.</p> <p>1. The facility did not complete the Surveillance Data Collection form for (Resident 73, 64, 29, 87, 37, 3) who were receiving antibiotics in March 2024.</p> <p>2. The facility did not follow the surveillance data collection form prior to prescribing antibiotics for Resident 11 and 65 residents in February 2024.</p> <p>This deficient practice had the potential for the residents to be prescribed inappropriate antibiotics and increased the risk for developing antibiotic-resistant organisms (bacteria that are not controlled or killed by antibiotics).</p> <p>Findings:</p> <p>A review of Resident 73's Admission Record indicated resident was admitted on [DATE] with the following diagnosis of glaucoma (a group of eye conditions that can cause blindness), hemiplegia (paralysis of one side of the body) and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs and facial muscles).</p> <p>A review of Resident 73's History and Physical (H&P), dated 10/26/23, indicated resident had the capacity to understand and make decisions.</p> <p>A review of Resident 73's Minimum Data Set (MDS; a standardized care screening and assessment tool), dated 1/1/24, indicated resident 73's cognition was intact for daily decision making. The MDS also indicated resident 73 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 toileting hygiene, shower/bathe self, lower body dressing, and putting on/taking off footwear. Resident 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, and personal hygiene.</p> <p>A review of Resident 73's physician orders, dated 3/5/24, indicated Moxifloxacin (antibiotic used to treat infections) HCL Ophthalmic Solution. Instill 1 drop in right eye three times a day for eye infection.</p> <p>A review of Resident 64's Admission Record indicated resident was admitted on [DATE] with the following diagnosis of cataract (clouding of the normally clear lens of the eye) and dementia (a group of thinking and social symptoms that interferes with daily functioning).</p> <p>A review of Resident 64's H&P, dated 7/22/23, indicated resident did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 64's MDS, dated [DATE], indicated resident was severely impaired (never/rarely make decisions) with cognitive skills for daily decision making. MDS also indicated 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 helpers is required for the resident to complete the activity) with eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>A review of Resident 64's physician orders, dated 3/6/24, indicated Erythromycin Ophthalmic Ointment 5 milligrams (mg; unit of measure). Instill 1 centimeter in both eyes two times a day for blepharoconjunctivitis (an ophthalmic disease that combines the features of blepharitis [inflammation of eyelid margin from infection] and conjunctivitis [the mucous membrane that covers the front of the eye and lines the inside of the eyelids becomes inflamed by infection]) for 14 days apply over eyelids and into outer eyes for 14 days.</p> <p>A review of Resident 29's Admission Record indicated resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnosis cataract and macular degeneration (an eye disease that causes vision loss).</p> <p>A review of Resident 29's H&P, dated 5/25/23, indicated the resident did not have the capacity to understand and make decisions.</p> <p>A review of Resident 29's MDS, dated [DATE], indicated resident was severely cognitively impaired for daily decision making. The MDS also indicated resident was dependent with eating, oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>A review of Resident 29's physician orders, dated 3/13/24, indicated Ofloxacin (antimicrobial drug that treats various bacterial infections) Ophthalmic Solution 0.3%. Instill 1 drop in both eyes four times a day for bacterial conjunctivitis for 4 days.</p> <p>A review of Resident 29's physician orders, dated 3/14/24, indicated Ceftriaxone (antibiotic to treat infections) Sodium Infection Solutions Reconstituted 1 gram (gm; unit of measure) intravenously (IV, into the veins) one time a day for UTI for 7 days.</p> <p>A review of Resident 87's Admission Record indicated resident was originally admitted on [DATE] and was readmitted on [DATE] with the following diagnosis of glaucoma (group of eye conditions that can cause blindness) and blindness.</p> <p>A review of Resident 87's H&P, dated 2/2/24, indicated resident had the capacity to understand and make decisions.</p> <p>A review of Resident 87's MDS, dated [DATE], indicated resident was cognitively intact for daily decision making. The MDS also indicated resident required partial/moderate assistance with oral hygiene, toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear and personal hygiene. Resident required supervision or touching assistance with eating and upper body dressing.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 87's physician orders, dated 3/14/24, indicated doxycycline (antibiotic use to treat infections) hyclate oral capsule 100 mg. Give 1 capsule by mouth in the evening for bullous pemphigoid (a rare skin condition that mainly affects older people) for 3 months.</p> <p>A review of Resident 37's Admission Record indicated resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnosis peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) and anemia (not having enough healthy red blood cells to carry oxygen to the body tissues).</p> <p>A review of Resident 37's H&P, dated 3/12/24, indicated resident had the capacity to understand and make decisions.</p> <p>A review of Resident 37's MDS, dated [DATE], indicated resident was cognitively moderately intact for daily decision making. The MDS also indicated resident required partial/moderate assistance with oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing and personal hygiene. 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 putting on and taking off footwear.</p> <p>A review of Resident 37's physician orders, dated 3/13/24, indicated piperacillin sod-tazobactam (antibiotic) intravenous solution reconstituted 3-0.375 GM. Use 1 application intravenously every 12 hours for cellulitis, right BKA wound until 3/17/2024 20:59 give at rate of 25ml/hr. Related to renal dosing.</p> <p>A review of Resident 3 Admission Record indicated resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnosis of resistance (germs develop the ability to defeat the drugs designed to kill them) to multiple antibiotics and resistance to vancomycin (antibiotic used to treat infection).</p> <p>A review of Resident 3's History and Physical (H&P), dated 2/20/24, indicated resident had the capacity to understand and make decisions.</p> <p>A review of Resident 3's MDS, dated [DATE], indicated resident was severely cognitively impaired for daily decision making. The MDS also indicated resident is dependent with eating, toilet hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear. The MDS also indicated resident required substantial/maximal assistance with oral hygiene, upper body dressing, and personal hygiene.</p> <p>A review of Resident 3's physician orders, dated 3/5/24, indicated Neomycin-Polymyxin-HC Ophthalmic (antibiotic used to treat eye infection) Suspension. Instill 1 application in both eyes three times a day for discharge, redness of the eyes for 10 days until finished.</p> <p>A review of Resident 11's Admission Record, indicated resident was admitted to the facility on [DATE] with the following diagnosis of dementia and anemia.</p> <p>A review of Resident 11's H&P, dated 1/12/24, indicated resident did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 11's MDS, dated [DATE], indicated resident was severely cognitively impaired (never/rarely made decisions) for daily decision making. The MDS also indicated resident required partial/moderate assistance with eating and is dependent with oral hygiene, toileting hygiene, shower/bathe self, upper body dressing, lower body dressing, putting on/taking off footwear and personal hygiene.</p> <p>A review of Resident 11's Surveillance Data Collection Form, dated 2/22/24, indicated Resident 11 only met criteria 2. The Form also indicated that both criteria 1 (at least one of the following signs or symptoms sub-criteria; for example Suprapubic pain [pain in the lower abdomen near the hips) and Gross Hematuria [blood in the urine which can be seen as pink, purplish-red, brownish red or tea-colored urine]) and criteria 2 (one of the following microbiologic sub-criteria such as a number of microorganisms in the urine collected) must be present. There were no other indications on the form indicating the reason for Resident 11 to receive antibiotic since only meeting one criteria.</p> <p>A review of Resident 65's Admission Record indicated resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with the following diagnosis of dementia and diabetes (body does not make enough insulin or cannot use it well as it should).</p> <p>A review of Resident 65's H&P, dated 2/18/23, indicated resident had the capacity to understand and make decisions.</p> <p>A review of Resident 65's MDS, dated [DATE], indicated resident was cognitively intact for daily decision making. The MDS also indicated resident required partial/moderate assistance with oral hygiene, upper body dressing and personal hygiene. Resident 65 required substantial/maximal assistance with toileting hygiene, shower/bathe self, lower body dressing and putting on/taking off footwear.</p> <p>A review of Resident 65's Surveillance Data Collection Form, dated 2/6/24, indicated resident 65 only met criteria 1. There were no other indications on the form indicating the reason for Resident 65 to receive antibiotic since only meeting one criteria.</p> <p>During a concurrent interview and record review on 3/15/24 at 10:20 AM with Infection Preventionist (IP) Nurse, the facility's surveillance binder was reviewed. IP Nurse stated that the facility did not have any surveillance for the residents who were currently on antibiotic therapy for March 2024.</p> <p>During a concurrent interview and record review on 3/15/24 at 12:55 PM with IP Nurse, stated the surveillance data collection form was reviewed. The IP Nurse stated, both criteria's must be met for antibiotic therapy to be initiated. The IP Nurse also stated there was no documentation that indicated the doctor was notified, after Residents 65 and 11 only met criteria 1 on the surveillance data form.</p> <p>A review of the facility's Infection Control Preventionist Job description, dated 11/28/16, indicated to maintain infection log and surveillance report for each resident that had infection. Description also indicated to perform surveillance of residents reported to have infections by collecting and analyzing and interpreting data documented.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled Infection Prevention and Control Program (IPCP), dated 4/2023, indicated the element of the infection prevention and control program consist of but not limited to surveillance. Policy also indicated surveillance data and reporting information is used to inform the committee of potential issues and trends. Policy indicated process surveillance and outcome surveillance are used as measures of the IPCP effectiveness. Surveillance tools are used for recognizing the occurrence of infections, recording the number and frequency, detecting outbreaks and epidemics, monitoring resident infection, monitoring adherence to IPCP, and detecting unusual pathogens with infection control implications.</p> <p>A review of the facility's policy and procedure titled Surveillance for infections, revised 4/2023, indicated the infection preventionist will conduct ongoing surveillance for infections. Policy also indicated the infection preventionist is responsible for gathering and interpreting surveillance data.</p>		

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 03/15/2024
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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>45456</p> <p>Based on interview, and record review the facility failed to designate a full-time (work 40 or more hours in a week) Infection Preventionist Nurse (IPN) per facility policy.</p> <p>This deficient practice had the potential for infection control practices to be unaccounted for including identifying, controlling, and containing the spread of infections within the facility.</p> <p>Findings:</p> <p>During an interview with the Director of Nursing (DON) on, 3/15/24 at 12:51 PM, the DON stated the Director of Staff Development (DSD) is the one covering the duties of the IP Nurse when the previous IPN left January of 2024 and when the new IPN started 2 weeks ago.</p> <p>During an interview with DSD on, 3/15/24 at 12:52 PM, DSD stated, the previous IP Nurse worked until middle of January 2024 (unable to recall exact date). The DSD stated I was the one covering last middle of January 2024 when the IP nurse left. I only do National Healthcare Safety Network (NHSN, is a national healthcare-associated infection [HA] reporting system developed and maintained by the CDC [Centers for Disease Control and Prevention]) reporting.</p> <p>During an interview with DSD on, 3/15/24 at 12:56 PM, DSD stated,</p> <p>I was not able to touch the antibiotic stewardship (the effort to measure and improve how antibiotics are prescribed by clinicians and used by residents) and antibiotic surveillance (efforts to monitor changes in populations of microbes to help understand evolving patterns of resistance to anti-infectives [medicines that work to prevent or treat infection]), immunization, and vaccination.</p> <p>During an interview with the DON on, 3/15/24 at 1:01 PM, The DON was asked why antibiotic stewardship was not completed and why the facility did not have a full time IP Nurse. The DON stated, I do not know, I am only working in the facility for 6 weeks.</p> <p>A review of the facility's policy and procedure (P&P) titled, Infection Preventionist, revised on April 2023, P&P indicated the infection preventionist is responsible for coordinating the implementation and updating of the infection prevention control program. Additional hours are scheduled as indicated by the needs identified in the facility assessment and the resources required for the infection prevention and control program.</p>		

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 03/15/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45456</p> <p>Based on observation, interview and record review, the facility failed to ensure call light (used in healthcare facilities as an alerting device for nurses or other nursing personnel to assist a resident when in need) was within reach for one (1) of 23 sampled residents (Resident 63) as indicated in the facility's policy and procedure and care plan.</p> <p>This deficient practice had the potential not to meet Resident 63's needs and preference.</p> <p>Findings:</p> <p>A review of Resident 63's Admission Record indicated the resident was admitted to the facility on [DATE] with diagnoses which included hemiplegia (paralysis of one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (refers to damage to tissues in the brain due to a loss of oxygen to the area) affecting left non-dominant side, dysarthria (a condition in which the resident have difficulty saying words because of problems with the muscles that help resident talk) and history of falling.</p> <p>A review of Resident 63's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 1/12/24, indicated Resident 63 has severely impaired cognitive skills (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 63 required substantial/maximal assistance (helper does more than half the effort, helper lifts, holds, or supports trunks or limbs, but provides more than half the effort) in lower body dressing, putting on/taking off footwear, personal hygiene, and chair /bed-to-chair transfer. Resident 63 required partial/moderate assistance (helper does less than half the effort, helper lifts, holds, or supports trunks or limbs, but provides less than half the effort) in oral hygiene, upper body dressing, roll left and right, sit to lying, and lying to sitting on side of the bed.</p> <p>A review of Resident 63's Care plan titled, Self-Care Deficit, revised on 2/29/24, indicated Resident 63 has self-care deficits. The Care plan intervention indicated Resident 63 will have the call light within reach and attend needs promptly.</p> <p>During an observation in Resident 63's room on 3/12/24 at 8:20 AM, Resident 63 was laying down on his bed. Resident 63's call light was hanging on the left side of the bed and touching the floor.</p> <p>During a concurrent observation in Resident 63's room on 3/12/24 at 8:21 AM, Certified Nursing Assistant 2 (CNA 2) picked up the call light on the floor and placed it next to Resident 63's left arm. CNA 2 stated, It was important to place the call light within resident's reach because the call light is used by the residents to call for help when they need it.</p> <p>During a concurrent observation in Resident 63's room and interview with CNA 6 on 3/12/24 at 8:27 AM, CNA 6 verified that the call light was next to Resident 63's left arm. CNA 6 stated, Maybe the call light should be on Resident 63's right side. The right arm was good and left arm was bad. maybe it will be easy for resident to use the call light on the right side.</p> <p>(continued on next page)</p>		

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 03/15/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility's undated policy and procedure (P&P) titled, Resident Call System, dated March 2023, indicated, residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized workstation.</p>

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 03/15/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>42223</p> <p>Based on observation, interview, and record review, the facility failed to wipe down the handle of two (2) of 2 laundry washers (Washer 1 and Washer 2) with an Environmental Protection Agency (EPA, federal government agency created to protect human health and environment by providing environmental laws, and provides technical support to minimize threats) approved disinfectant solution (approved by EPA that is safe to use and at the same time effective in disinfecting the surface/ killing the bacteria to avoid spread of infection and illness) as indicated on the facility policy.</p> <p>This deficient practice had the potential for spread of infection to the residents in the facility.</p> <p>Findings:</p> <p>During an observation on 3/15/24 at 9:20 AM, Laundry Staff (LS) was observed loading soiled clothes in Washer 1 with bare hands. LS did not disinfect the machine/Washer 1's handle and door after loading the soiled clothes. LS proceeded to open Washer 2 (after cleaning cycle) and unloaded the clean clothes with her bare hands. LS was not observed disinfecting the machine/Washer 2's handle.</p> <p>During an interview on 3/15/24 at 9:35 AM, LS stated she did not disinfect Washer 1 handle after loading the soiled clothes. LS stated she did not disinfect Washer 2's handle prior to or after unloading the clean clothes and linens. LS stated she did not know that she needed to disinfect the handles of the washers, but stated she can contaminate the clothes as she unloads the clean laundry.</p> <p>During an interview on 3/15/24 at 9:41 AM, Infection Preventionist (IP) Nurse stated the laundry washer handle in the laundry room should have been disinfected prior to taking out the clean clothes to prevent the spread of infection.</p> <p>A review of the facility's undated Policy and Procedure titled, Maintenance of the Laundry Room and Laundry Equipment, indicated to wipe down all machines after use with a disinfection solution.</p> <p>A review of the facility's Policy and Procedure titled, Soiled Laundry and Bedding, revised 4/2023, indicated staff handle soiled textiles/linens with minimum agitation to avoid the contamination of air, surfaces, and persons.</p>		