

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Alvarado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1154 S.Alvarado St Los Angeles, CA 90006	
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 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give the resident's representative the ability to exercise the resident's rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview, and record review, the facility failed to ensure one of five sampled residents (Resident 1) diagnosed with unspecified dementia (loss of cognitive functioning-thinking, remembering, and reasoning) and major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy) severe with psychotic symptoms (a collection of symptoms, including delusions [false beliefs, for example, that people on television are sending them special messages or that others are trying to hurt them] and hallucinations [seeing or hearing things that others do not, such as hearing voices telling them to do something or criticizing them] which happen when a person experiences a disconnection from reality) with a court delegated durable power of attorney (POA - authorizes someone else to handle certain matters, such as finances or health care, on someone 's behalf. If a power of attorney is durable, it remains in effect if the person become incapacitated for any reason, including illness and accidents) in regard to Resident 1 ' s financials ' decision maker was informed of Resident 1 ' s financial activity while in the facility.</p> <p>This deficient practice violated Resident 1 ' s Responsible Party 1 (RP 1) who was her Durable Power of Attorney (POA [Agent]) to be informed of Resident 1 ' s financial decision and placed the resident at risk for making informed decisions she was not able to recognize based on her medical condition.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated that Resident 1 was admitted to the facility on [DATE] with diagnosis including unspecified major depressive disorder severe with psychotic, and chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool) dated 6/1/2024, indicated Resident 1 has modified independence cognition (mental action or process of acquiring knowledge and understanding for daily decision-making and was independent from staff for ADLs - toileting hygiene, shower/bathe self, personal hygiene, mobility such as sit to lying, sit to stand, toilet transfer, and walking 150 feet. The MDS also indicated, Resident 1 was taking antipsychotic medications (a medication which are available on prescription to treat a certain type of mental health problems).</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1 ' s Behavioral Health Care Hospital 1 (BHC 1) ' s History and Physical, dated 3/5/2024 indicated, She (Resident 1) was brought in BHC 1 on a psychiatric hold (allows that person to be kept safe until they're seen and evaluated by a mental health professional, even and especially when they don't understand that they're in a crisis or need help) for danger to self . Resident 1 was brought in very tired, aggressive, and also attempted to harm herself, to walk out of a moving car. Today on face-to-face evaluation, the patient reports she has been having multiple episodes of confusion, not knowing where she is at, disorganized, easily agitated, and she has been homeless, coming off of methamphetamine (a powerful, highly addictive stimulant that affects the central nervous system that is mainly used as a recreational drug), out of state.</p> <p>A review of Resident 1 ' s Durable Power of Attorney, dated 3/5/2024 indicated, Resident 1 appoint RP 1 as my attorney-in-fact (Agent) to exercise the powers and discretions described below. If the Agent is unable to serve for any reason, I (Resident 1) appoint Responsible Party 2 (RP 2), as my alternate or successor Agent, as the ease may be to serve with the same powers and discretions . My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent ' s powers shall include, but not limited to, the power to: open, maintain or close bank accounts .: conduct any business with any banking or financial institution with respect to any of my accounts, including but not limited to , making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any suck accounts . the document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property . the powers you give your agent will continue to exist for your entire lifetime . the powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.</p> <p>A review of Resident 1 ' s Appointment receipt, dated 5/3/2024 indicated, Resident 1 has an appointment at Bank 1, with notes indicating, Concierge (CR) 1 will assist with transportation.</p> <p>A review of Resident 1 ' s NR 1 notes dated 5/28/2024 indicated, Patient (Resident 1) has been followed in neurology clinic and has a diagnosis of moderate cognitive impairment/dementia; due to her memory issues, it is best for her to be in a memory which should be a locked facility. Patient (Resident 1) has had multiple episodes of getting lost and has put herself in danger. Her power of attorney should be in charge of her health as she (Resident 1) is not able to take care of herself.</p> <p>During an interview with RP 1 on 6/26/2024 at 9:58 a.m., RP 1 stated, he was appointed as the Durable POA for Resident 1 and the facility never informed him of Resident 1 ' s financial activity, such as making large amount of withdrawal from her (Resident 1) ' s bank. RP 1 stated, Resident 1 withdrew thousands of dollars which they don ' t know how she (Resident 1) spent it. RP 1 stated, Resident 1 does not have the capacity to make her own decisions and has a history of harming herself. RP 1 stated, Resident 1 was transferred out to a locked facility as ordered by her Neurologist 1 (NR 1). RP 1 further stated, because Resident 1 withdrew large amount of money, she ended up missing and losing her money in which they were afraid she spent on illegal drugs.</p> <p>During an interview with CR 1 on 6/26/2024 at 1:44 p.m., CR 1 stated, she assisted Resident 1 to go to the bank on 5/3/2024 where she (Resident 1) withdrew money of more than \$200. CR 1 stated, the Director of Nursing (DON) informed her of Resident 1 ' s appointment and she just followed Resident 1 ' s request.</p> <p>(continued on next page)</p>		

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<p>F 0551</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with Social Services Director (SSD), on 6/26/2024 at 3 p.m., SSD stated, she is aware of Resident 1 ' s durable POA. SSD stated, Resident 1 is alert and oriented and able to make her own decisions, therefore, she was allowed to make decisions on her own when it comes to her financial ability. When asked if SSD read the Durable POA dated 3/5/2024, SSD stated, the durable POA does not matter because Resident 1 can make her own decision. SSD further stated, they did not notify Resident 1 ' s agent regarding her appointment to her bank.</p> <p>During an interview with DON on 6/26/2024 at 4:25 p.m., DON stated, Resident 1 informed her that she has an appointment to go to the bank in which she made CR 1 aware so she can assist Resident 1. The DON stated, since Resident 1 has the capacity to make her own decisions, she was told that the Durable POA does not take effect. When asked regarding Resident 1 ' s diagnosis of dementia and history of being admitted to BHC 1, DON stated, Resident 1 has a history of dementia which was prior to being admitted to their facility. The DON further stated, they did not notify Resident 1 ' s Agent before and after she withdrew money from Bank 1.</p> <p>During an interview with Administrator (ADM), on 6/26/2024 at 4:35 p.m., ADM stated, Resident 1 has the capacity to make her own decisions and she (Resident 1) can make her own decisions. ADM stated, Resident 1 does have a history of being admitted to BHC 1 and with a history of dementia. ADM further stated, she does not believe that they need to notify Resident 1 ' s Agent when it comes to her decision on her financial.</p> <p>A review of the facility's policy and procedures (P&P) titled, Informed Consent, implemented on 10/1/2023, indicated, Informed consent is defined as the voluntary agreement of a resident (or a representative of an incapacitated resident) to accept a treatment or procedure . Resident Without Decision Making Capacity With a Surrogate Decision-Maker: A. The surrogate decision-maker can be any of the following:</p> <ul style="list-style-type: none"> i. The agent designated by the person in an Advance Directive or Durable Power of Attorney for Healthcare, if one exists; ii. The person designated by the resident orally and documented in the medical record. <p>A review of the facility ' s P&P titled, Decision Making Capacity, implemented on 10/1/2023 indicated, In the case of a resident adjudged incompetent under the state law, the rights of the resident devolved to and are exercised by the resident representative appointed by the state to act on the resident ' s behalf.</p> <ul style="list-style-type: none"> i. The court appointed resident representative will exercise the resident ' s right to the extent judged necessary by the court. <p>Recognized surrogate decision-makers will be provided relevant information to make informed decisions regarding treatment for the resident.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview and record review, the facility failed to provide a safe, comfortable, and homelike environment by failing to ensure residents ' rooms were kept with comfortable sound levels maintained for two of six sampled residents (Resident 5 and Resident 6).</p> <p>This deficient practice placed Resident 5 and 6 an increased level of discomfort and inability to sleep during the night that had the potential to negatively impact the resident ' s quality of life.</p> <p>Cross Reference F656.</p> <p>Findings:</p> <p>1. A review of Resident 5's Admission Record indicated that Resident 5 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including type 2 diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]) and depression (a mood disorder that causes persistent feeling of sadness and loss of interest).</p> <p>A review of Resident 5's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool) dated 6/6/2024, MDS indicated Resident 5 has intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and required maximal assistance from staff for activities of daily living (ADL-rolling left to right, sit to lying, toilet transfer). The MDS also indicated, Resident 5 was total dependent from staff with toileting hygiene, shower/bathe self and personal hygiene.</p> <p>2. A review of Resident 6's Admission Record indicated that Resident 6 was admitted to the facility on [DATE] with diagnosis including DM-a chronic condition that affects the way the body processes blood sugar [glucose]), congestive heart failure (CHF- a progressive condition that affects the pumping power of the heart muscle) and insomnia (inability to sleep).</p> <p>A review of Resident 6's MDS dated [DATE], indicated Resident 6 has intact cognition for daily decision-making and was total dependent from staff for ADLs - toileting hygiene, shower/bathe self, lower body dressing and personal hygiene. The MDS also indicated, Resident 6 has symptoms of feeling down, depressed or hopeless and trouble falling or staying asleep.</p> <p>3. A review of Resident 1's Admission Record indicated that Resident 1 was admitted to the facility on [DATE] with diagnosis including chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), unspecified dementia (loss of cognitive functioning-thinking, remembering, and reasoning), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy) severe with psychotic symptoms (a collection of symptoms, including delusions [false beliefs, for example, that people on television are sending them special messages or that others are trying to hurt them] and hallucinations [seeing or hearing things that others do not, such as hearing voices telling them to do something or criticizing them] which happen when a person experiences a disconnection from reality).</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's MDS dated [DATE], indicated Resident 1 has modified independence cognition for daily decision-making and was independent from staff for ADLs - toileting hygiene, shower/bathe self, personal hygiene, mobility such as sit to lying, sit to stand, toilet transfer, and walking 150 feet. The MDS also indicated, Resident 1 was taking antipsychotic medications (a medication which are available on prescription to treat a certain type of mental health problems).</p> <p>During an interview with Resident 6 on 6/26/2024 at 10:49 a.m., Resident 6 stated, her previous roommate (Resident 1) would be awake in the middle of the night. Resident 6 stated, Resident 1 would watch TV or listen to music loudly after 9 p.m., which caused her to stay awake and unable to sleep at night. Resident 6 further stated, Resident 1 would open the sliding door in their room to the patio and she would smell smoke in her room. Resident 1 stated, she told the staff and she talked to the Social Services Director about Resident 1 and they are aware of the situation.</p> <p>During an interview with Resident 5 on 6/26/2024 at 10:58 a.m., Resident 5 stated, Resident 1, her previous roommate plays music and watches TV loudly until late at night, she (Resident 1) also is awake until 11 p.m., 1 a.m. and sometimes at 3 a.m. and would have other people come in their room through their patio sliding door. Resident 5 further stated, she talked to the SSD multiple times about the incident as her office was just right in front of her room. Observed SSD 's office in front of Resident 5 and 6 's room.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN1) on 6/26/2024 at 12:56 p.m., LVN1 stated, Resident 1 uses the sliding door to the smoking patio even at night and goes to the patio herself. LVN1 stated, Resident 5 and 6 complained about Resident 1 because she would play music and watches TV late at night. LVN 1 stated, he knows that SSD talks to Resident 5 and 6 about their concerns.</p> <p>During an interview with Certified Nursing Assistant 2 (CNA2) on 6/26/2024 at 12:56 p.m., CNA2 stated, Resident 1 was indeed, goes to the smoking patio through their sliding door inside their room. CNA2 stated, Resident 5 and 6 would complain to him regarding Resident 1 as she would be up all night and would play music. CNA2 further stated, Resident 5 and 6 also complained of the smell of smoke in their room.</p> <p>During an interview Registered Nurse 2 (RN 2) on 6/26/2024 at 3:27 p.m., RN 2 stated and confirmed, Resident 1 would play music and watches TV loudly late at night. RN 2 stated, she spoke with Resident 1 regarding her music and TV playing at night because it causes other residents to be unable to sleep. RN 2 stated, Resident 5 and 6 complained about Resident 1 in multiple occasions and she mentioned it to SSD.</p> <p>During an interview with SSD on 6/26/2024 at 6:00 p.m., SSD stated, she was aware of Resident 1 's being loud at night and Resident 5 and 6 complained about Resident 1 because they were roommate. When asked if there were any care plan developed regarding Resident 5 and 6 's complained about Resident 1, SSD was unable to answer.</p> <p>A review of Resident 5 and Resident 's care plan (CP), as of 6/26/2024 indicated, there was no CP developed regarding Resident 5 and 6 inabilities to sleep due to Resident 1 's noise and there was no CP developed regarding Resident 1 's noise.</p> <p>(continued on next page)</p>		

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<p>F 0584</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 procedures (P&P) titled, Resident Rooms and Environment, date implemented on 10/1/2023, the P&P indicated that facility provides residents with a safe, clean, comfortable and homelike environment and facility staff will provide residents with a pleasant environment and person-centered care plan that emphasizes the resident ' s comfort, independence and personal needs and preferences; paying close attention to the comfortable noise levels.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 43454</p> <p>Based on interview and record review, the facility failed to implement a comprehensive care plan (CP) that met the care/services based on the resident's individual assessed needs for three of seven sampled residents (Resident 1, Resident 5, and Resident 6) regarding Resident 5 and 6 ' s inability to sleep and complained due to Resident 1 ' s noise at nighttime.</p> <p>This deficient practice had the potential to result negative impact on residents ' health and safety, as well as the quality of care and services received.</p> <p>Cross Reference F584.</p> <p>Findings:</p> <p>1. A review of Resident 5's Admission Record indicated that Resident 5 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including type 2 diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]) and depression (a mood disorder that causes persistent feeling of sadness and loss of interest).</p> <p>A review of Resident 5's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool) dated 6/6/2024, MDS indicated Resident 5 has intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and required maximal assistance from staff for activities of daily living (ADL-rolling left to right, sit to lying, toilet transfer). The MDS also indicated, Resident 5 was total dependent from staff with toileting hygiene, shower/bathe self and personal hygiene.</p> <p>A review of Resident 5 ' s CP as of 6/26/2024 indicated, there was no CP developed regarding Resident 5 ' s inability to sleep due to Resident 1 ' s noise and complained about Resident 1 (roommate).</p> <p>2. A review of Resident 6's Admission Record indicated that Resident 6 was admitted to the facility on [DATE] with diagnosis including DM-a chronic condition that affects the way the body processes blood sugar [glucose]), congestive heart failure (CHF- a progressive condition that affects the pumping power of the heart muscle) and insomnia (inability to sleep).</p> <p>A review of Resident 6's MDS dated [DATE], indicated Resident 6 has intact cognition for daily decision-making and was total dependent from staff for ADLs - toileting hygiene, shower/bathe self, lower body dressing and personal hygiene. The MDS also indicated, Resident 6 has symptoms of feeling down, depressed or hopeless and trouble falling or staying asleep.</p> <p>A review of Resident 6 ' s CP as of 6/26/2024 indicated, there was no CP developed regarding Resident 6 ' s inability to sleep due to Resident 1 ' s noise and complained about Resident 1 (roommate).</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. A review of Resident 1's Admission Record indicated that Resident 1 was admitted to the facility on [DATE] with diagnosis including chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), unspecified dementia (loss of cognitive functioning-thinking, remembering, and reasoning), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy) severe with psychotic symptoms (a collection of symptoms, including delusions [false beliefs, for example, that people on television are sending them special messages or that others are trying to hurt them] and hallucinations [seeing or hearing things that others do not, such as hearing voices telling them to do something or criticizing them] which happen when a person experiences a disconnection from reality).</p> <p>A review of Resident 1's MDS dated [DATE], indicated Resident 1 has modified independence cognition for daily decision-making and was independent from staff for ADLs - toileting hygiene, shower/bathe self, personal hygiene, mobility such as sit to lying, sit to stand, toilet transfer, and walking 150 feet. The MDS also indicated, Resident 1 was taking antipsychotic medications (a medication which are available on prescription to treat a certain type of mental health problems).</p> <p>A review of Resident 1 CP, as of 6/26/2024 indicated, there was no CP developed regarding Resident 1 ' s behavior and noise especially at night.</p> <p>During an interview with Resident 6 on 6/26/2024 at 10:49 a.m., Resident 6 stated, her previous roommate (Resident 1) would be awake in the middle of the night. Resident 6 stated, Resident 1 would watch TV or listen to music loudly after 9 p.m., which caused her to stay awake and unable to sleep at night. Resident 6 further stated, Resident 1 would open the sliding door in their room to the patio and she would smell smoke in her room. Resident 1 stated, she told the staff and she talked to the Social Services Director about Resident 1 and they are aware of the situation.</p> <p>During an interview with Resident 5 on 6/26/2024 at 10:58 a.m., Resident 5 stated, Resident 1, her previous roommate plays music and watches TV loudly until late at night, she (Resident 1) also is awake until 11 p.m., 1 a.m. and sometimes at 3 a.m. and would have other people come in their room through their patio sliding door. Resident 5 further stated, she talked to the SSD multiple times about the incident as her office was just right in front of her room. Observed SSD ' s office in front of Resident 5 and 6 ' s room.</p> <p>During an interview with Licensed Vocational Nurse (LVN) 1, on 6/26/2024 at 12:56 p.m., LVN1 stated, Resident 1 uses the sliding door to the smoking patio even at night and goes to the patio herself. LVN1 stated, Resident 5 and 6 complained about Resident 1 because she would play music and watches TV late at night. LVN 1 stated, he knows that SSD talks to Resident 5 and 6 about their concerns.</p> <p>During an interview with Certified Nursing Assistant (CNA) 2, on 6/26/2024 at 12:56 p.m., CNA2 stated, Resident 1 was indeed, goes to the smoking patio through their sliding door inside their room. CNA2 stated, Resident 5 and 6 would complain to him regarding Resident 1 as she would be up all night and would play music. CNA2 further stated, Resident 5 and 6 also complained of the smell of smoke in their room.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview Registered Nurse (RN) 2, on 6/26/2024 at 3:27 p.m., RN 2 stated and confirmed, Resident 1 would play music and watches TV loudly late at night. RN 2 stated, she spoke with Resident 1 regarding her music and TV playing at night because it causes other residents to be unable to sleep. RN 2 stated, Resident 5 and 6 complained about Resident 1 in multiple occasions and she mentioned it to SSD.</p> <p>During an interview with SSD, on 6/26/2024 at 6:00 p.m., SSD stated, she was aware of Resident 1 ' s being loud at night and Resident 5 and 6 complained about Resident 1 because they were roommate. When asked if there were any care plan developed regarding Resident 5 and 6 ' s complained about Resident 1, SSD was unable to answer.</p> <p>During an interview with Director of Nursing (DON), on 6/26/2024 at 4:25 p.m., DON stated, there should be a CP developed regarding Resident 5 and 6 complained about the noise caused by Resident 1. DON further stated, there should also be a CP develop regarding Resident 1 ' s behavior.</p> <p>A review of facility ' s policy and procedures (P&P), titled, Care Planning, date implemented on 10/1/2023 indicated, purpose is to ensure that a comprehensive person-centered care plan is developed for each resident based on their individual assessed needs. The care plan serves as a course of action where the resident (resident ' s family and/or guardian or other legally authorized representative), resident ' s Attending Physician, and the IDT work to help the resident move toward resident-specific goals that address the resident ' s medical, nursing, mental and psychosocial needs.</p> <p>A review of facility ' s P&P, titled, Resident Rooms and Environment, date implemented on 10/1/2023, the P&P indicated that facility provides residents with a safe, clean, comfortable and homelike environment and facility staff will provide residents with a pleasant environment and person-centered care plan that emphasizes the resident ' s comfort, independence and personal needs and preferences; paying close attention to the comfortable noise levels.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Alvarado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1154 S.Alvarado St Los Angeles, CA 90006	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on interview, and record review, the facility failed to ensure one of three sampled residents (Resident 1) who was a smoker was assessed for their ability to smoke safely prior to being allowed to smoke independently while in the facility.</p> <p>This deficient practice had the potential for fire related accidents in the facility among residents, staff and visitors.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated that Resident 1 was admitted to the facility on [DATE] with diagnosis including nicotine dependence, cigarettes (involves physical and psychological factors that make it difficult to stop using tobacco, even if the person wants to quit), chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), unspecified dementia (loss of cognitive functioning-thinking, remembering, and reasoning), major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy) severe with psychotic symptoms (a collection of symptoms, including delusions [false beliefs, for example, that people on television are sending them special messages or that others are trying to hurt them] and hallucinations [seeing or hearing things that others do not, such as hearing voices telling them to do something or criticizing them] which happen when a person experiences a disconnection from reality).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool) dated 6/1/2024, indicated Resident 1 has modified independence cognition (mental action or process of acquiring knowledge and understanding for daily decision-making and was independent from staff for ADLs - toileting hygiene, shower/bathe self, personal hygiene, mobility such as sit to lying, sit to stand, toilet transfer, and walking 150 feet. The MDS also indicated, Resident 1 was taking antipsychotic medications (a medication which are available on prescription to treat a certain type of mental health problems).</p> <p>A review of Resident 1 ' s Care Plan (CP) as on 6/26/2024 indicated, there was no specific CP developed regarding maintaining a safe environment with the focus of Resident 1 ' s smoking.</p> <p>A review of Resident 1 ' s Safe Smoking Assessment/Admission assessment dated [DATE] indicated, the smoking assessment completed by Registered Nurse (RN) 1 indicated, Resident 1 does not smoke.</p> <p>A review of the List of Smokers (list of residents) in the facility, dated 4/12/2024 indicated, Resident 1 was a smoker.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056157	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Alvarado Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1154 S.Alvarado St Los Angeles, CA 90006	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with RN 1 on 6/26/2024 at 2:20 p.m., RN 1 stated, Resident 1 was a smoker and was independent with smoking. RN 1 stated, upon admission, Resident 1 ' s family member informed him that Resident 1 should not smoke in the facility because of her diagnosis of COPD and it was ordered by her (Resident 1 ' s) physician. RN 1 reviewed Resident 1 ' s admission assessment with surveyor and confirmed, he completed the smoking assessment during admission in which he answered that Resident 1 does not smoke. RN 1 further stated, he did not do a thorough and accurate assessment which puts Resident 1 at risk of smoking accident such as burning and respiratory issues due to her diagnosis.</p> <p>A review of the facility ' s policy and procedures (P&P) titled, Smoking, date implemented 10/1/2023, the P&P indicated, Smoking is not allowed anywhere inside the Facility . Resident who want to smoke will be assessed for their ability to smoke safely prior to being allowed to smoke independently in these areas . Smokers shall be identified at the time of admission. A licensed nurse will complete Safe Smoking Assessment for resident who wish to smoke: all smokers shall be assessed related to smoking safety at the time of admission and then at least quarterly, the licensed nurse will provide the Safe Smoking Assessment for review by IDT, the IDT shall create a smoking Care Plan for the resident.</p>		