

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 11/15/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>36395</p> <p>Based on interview and record review the facility failed to provide range of motion (ROM, activity aimed at improving movement of a specific joint) exercises as ordered by the physician for two of three sampled residents (Resident 2 and Resident 3). For Resident 2 and Resident 3, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure the restorative nursing assistants (RNA, assist recovering residents to regain physical and cognitive capabilities through mobility and exercises) provided ROM exercises to Resident 2 and Resident 3 daily five times a week as ordered by the physician. Resident 2 and Resident 3 did not receive ROM exercises on 11/5/24, 11/7/24 and 11/12/24. 2. Create care plan that would address the restorative needs of Resident 2 and Resident 3. <p>These deficient practices had the potential for Resident 2 and Resident 3 to develop decreased ROM and contractures (a stiffening/shortening at any joint, that reduces the joint's range of motion).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of the Admission Record for Resident 2, the admission record indicated the facility admitted Resident 2 on 7/12/24 with diagnoses including fracture of the right fibula (break in the bone near the ankle joint), lack of coordination and difficulty in walking. <p>During a review of the Physician Order for Resident 2, dated 10/08/24 at 2:14 p.m. and 2:16 p.m., indicated an order for RNA to do passive ROM (PROM, the therapist moves the limb or body part gently stretching and reminding the resident how to move correctly) exercises to Resident 2's right and left lower extremities daily one time a day, five times a week every Monday, Tuesday, Wednesday, Thursday, and Friday.</p> <p>During a review of the Physician Order for Resident 2, dated 10/11/24 at 5:42 p.m. and 6:01 p.m. indicated an order for RNA to perform active range of motion (AROM, moving joints through their full range of motion using own muscle strength without external assistance) exercises to Resident 2's right upper and left upper extremities daily one time a day, five times a week every Monday, Tuesday, Wednesday, Thursday, and Friday.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the Physical Therapy (PT) Discharge Summary for Resident 2 dated 10/11/24, the PT discharge summary indicated PT recommended RNA program for Resident 2.</p> <p>During a review of the Minimum Data Set (MDS, resident assessment tool) for Resident 2 dated 10/24/24, the MDS indicated Resident 2 had moderately impaired cognitive skills. The MDS indicated Resident 2 was dependent (helper does all the effort) with toileting hygiene, needed substantial assistance (helper does more than half the effort) with shower/bathe, lower body dressing, moderate assistance (helper does less than half the effort) with upper body dressing and supervision with oral hygiene and personal hygiene. The MDS indicated Resident 2 was independent with eating.</p> <p>During a review of Resident 2's Restorative Administration Record (RAR, documentation of provision of restorative nursing program) for 11/2024, the RAR indicated the following dates were not signed: 11/5/24, 11/7/24 and 11/12/24.</p> <p>2. During a review of the Admission Record for Resident 3, the admission record indicated the facility admitted Resident 3 on 6/6/24 with diagnoses including Huntington's disease (a condition when the brain cells in certain parts of the brain start to break down) and movement disorder.</p> <p>During a review of the MDS for Resident 3 dated 9/13/24, the MDS indicated Resident 3 had severely impaired cognitive skills. Resident 3 needed supervision with eating, oral hygiene, toileting hygiene, shower/bathe self, upper/lower body dressing, putting on/off footwear and personal hygiene.</p> <p>During a review of the Physician Order for Resident 3 dated 6/11/24 at 1:55 p.m., indicated a physician order for the RNA to do AROM on Resident 3's left and right upper extremity daily five times a week one time a day every Monday, Tuesday, Wednesday, Thursday, and Friday.</p> <p>During a review of the Rehabilitation Screening Form dated 6/11/24 and 9/11/24 indicated PT recommendations that included RNA program for Resident 3.</p> <p>During a review of Resident 3's RAR, indicated the following dates were not signed 11/5/24, 11/7/24 and 11/12/24.</p> <p>During a concurrent interview and record review on 11/15/24 at 11:15 a.m. with RNA 1, Resident 2 and Resident 3's RAR for 11/24 were reviewed. During a concurrent interview RNA 1 stated Resident 2 and Resident 3 had order for ROM exercises daily Monday to Friday for about 10 to 15 minutes. RNA 1 stated the following dates were not signed by the RNA - 11/5/24, 11/7/24 and 11/12/24. RNA 1 stated sometimes Resident 2 and Resident 3 refused the ROM exercises but stated she cannot find documentation that Resident 2 and Resident 3 refused. RNA 1 stated the ROM exercises was to improve the flexibility and muscles of Resident 2 and Resident 3.</p> <p>(continued on next page)</p>		

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<p>F 0688</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 on 11/15/24 at 11:50 a.m., the facility's policy and procedures (P&P) titled Restorative Nursing Program Guidelines was reviewed with the registered nurse supervisor 1 (RNS 1). The P&P indicated the interdisciplinary care plan will reflect the written plan of care for meeting the restorative needs of each resident. RNS 1 reviewed the care plan for Resident 2 and Resident 3 and stated RNS 1 was unable to find care plan addressing the restorative needs of Resident 2 and Resident 3. RNS 1 stated the care plan is for the facility to determine what interventions are being given to Resident 2 and Resident 3. RNS 1 also agreed that the RAR were not signed as done on 11/5/24, 11/7/24 and 11/12/24. RNS 1 stated the RNA exercises is to prevent Resident 2 and Resident 3 from potentially developing contractures.</p> <p>During the exit conference on 11/15/24 at 12:10 p.m., the administrator (ADM) stated once the RNA exercises were done, the RNA must sign the RAR.</p> <p>During a review of the facility's P&P titled Restorative Nursing Program Guidelines reviewed on 10/1/23, indicated the interdisciplinary care plan will reflect the written plan of care for meeting the restorative needs of each resident including problems/needs, measurable goals, and individualized approaches. The care plan for each resident will be reviewed quarterly or as needed by the interdisciplinary team. The same P&P indicated the RNA carries out the restorative program according to the care plan and documents daily.</p>		