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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056195 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/14/2024 |
| NAME OF PROVIDER OR SUPPLIER LA Brea Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 505 N. LA Brea Avenue Los Angeles, CA 90036 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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 - Few</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** 43454</p> <p>Based on interview and record review, the facility failed to ensure one of five sampled residents, (Resident 1) 's clinical record was updated per facility ' s policy and procedure by failing to ensure resident's clinical records were updated regarding Physician Orders for Life-Sustaining Treatment (POLST - is a form designed to improve patient care by creating a portable medical order form that records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency).</p> <p>This deficient practice violated resident ' s and/or representatives ' right to be fully informed of the option to formulate advance directive and POLST and had the potential to cause conflict with resident's wishes regarding health care.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including acute kidney failure (a condition in which the kidneys suddenly can't filter waste from the blood) and hypertension (HTN - elevated blood pressure).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated [DATE], indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were mildly impaired. The same MDS also indicated, Resident 1 ' s POLST was in the chart and was not completed.</p> <p>A review of Resident 1 ' s Nurse ' s Note indicated the following:</p> <p>i. Dated [DATE] at 6:51 a.m., found patient (Resident 1) hypoxic (An absence of enough oxygen in the tissues to sustain bodily functions) and unresponsive at 5:15 a.m., with oxygen saturation (o2 sat) 87 percent (% -unit of measurement) . cardiopulmonary resuscitation (CPR - this can help save a life during cardiac arrest, when the heart stops beating or beats too ineffectively to circulate blood to the brain and other vital organs) done.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0578</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 1 ' s POLST with Registered Nurse 1 (RN 1) on [DATE] at 3:10 p.m., RN 1 reviewed Resident 1 ' s POLST with surveyor. RN 1 stated and confirmed, Resident 1 ' s POLST was not complete as it was not signed by the physician. RN 1 stated, the POLST should be signed by the physician as without physician ' s signature, they won ' t know if the POLST form is correct and accurate.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Advanced Directive/POLST, undated, indicated, It is the policy of this facility to assure that all residents have the right to a dignified existence and self-determination. The Social Service Department, in conjunction with nursing, will assure that each resident ' s desires regarding having CPR or no CPR are addressed and documented . The resident ' s physician will also sign the POLST and write an order in the Physician ' s Orders the code status of the resident.</p> |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</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 its policy and procedure (P&P) of incident reporting for unusual occurrence for one of one sampled resident (Resident 1) by failing to report an unusual occurrence to the State Survey Agency and send a written report within 24 hours of Resident 1 ' s death.</p> <p>This deficient practice resulted in a delay of an onsite inspection by the Department of Public Health and had potential to place other residents during an COVID-19 (an infectious disease that can cause respiratory illness in humans) outbreak.</p> <p>Findings:</p> <p>During a review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including acute kidney failure (a condition in which the kidneys suddenly can't filter waste from the blood) and hypertension (HTN - elevated blood pressure).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated [DATE], indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were mildly impaired.</p> <p>During a review of facility ' s COVID-19 Outbreak Notification Letter and Health Officer Order (HOO) sent by the Los Angeles County Department of Public Health (LACDPH), dated [DATE] indicated, A COVID-19 outbreak is a reportable situation that requires investigation and follow-up as specified by the Acute Communicable Disease Control Program.</p> <p>During a review of Resident 1 ' s Situation Background Assessment Recommendation (SBAR - a written or verbal communication tool used to provide essential and concise information, usually during crucial situations), dated [DATE] indicated, (Resident 1) tested COVID-19 positive.</p> <p>A review of Resident 1 ' s Nurse ' s Note indicated the following:</p> <p>i. Dated [DATE] at 7:11 a.m., (Resident 1) monitored throughout the night shift, (at) 2 a.m., Resident (1) appeared comfortable, noted with rise/fall of chest, oxygen saturation (O2 sat) 96 - 97 percent (% - unit of measurement). No shortness of breath (SOB) observed, no distress . At 5:15 a.m., CAN noted patient having difficulties breathing, vital sign (V/S) checked and observed . Called 911 (a phone number used to contact the emergency services), resident (1) was non-responsive but was noted with [NAME]-stroke breath (a breathing disorder that involves a pattern of breathing that alternates between deep breathing and shallow breathing, or apnea) pattern. 911 took over and resident expired at 5:45 a.m.</p> <p>ii. dated [DATE] at 7:47 a.m., indicated, Patient (Resident 1) expired at 5:45 a.m., Nurse Practitioner 1 (NP 1) notified, Los Angeles Police Department (LAPD) came at 7:20 a.m.</p> <p>(continued on next page)</p> | | |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview with Registered Nurse 1 (RN 1) on [DATE] at 3:07 p.m., RN 1 stated, Resident 1 was alert and oriented and did not show any respiratory distress on [DATE]. RN 1 stated, the day before she passed, Resident 1 asked when she can come back to her previous room and she explained their protocol that because she tested positive for COVID-19, they need to temporarily place her to a different room until the isolation period is complete. RN 1 stated, she was surprised the next morning that Resident 1 passed away because she did not show any impending death.</p> <p>During an interview with Licensed Vocational Nurse 1 (LVN 1) on [DATE] at 3:54 p.m., LVN 1 stated, on [DATE] at around 10:30 p.m., Resident 1 did not show any respiratory distress or any signs of impending death. LVN 1 stated, Resident 1 was alert and oriented and vitals signs were within normal limit.</p> <p>During a review of the facility ' s P&P titled, Unusual Occurrence Reporting, revised on ,d+[DATE] indicated, as required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees or visitors. Our facility will report the following events to appropriate agencies: an outbreak of any communicable disease; death of a resident, employee or visitor because of unnatural causes (example: suicide, homicide, accidents, etc.) Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within 24 hours of such incident or as otherwise required by federal and state regulations. A written report detailing the incident and actions taken by the facility after the event shall be sent or delivered to the state agency within 48 hours of reporting the event or as required by federal and state regulations.</p> |

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| <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** 43454</p> <p>Based on interview and record review, the facility failed to implement a comprehensive care plan that met the care/services based on the resident's individual assessed needs for three of five sampled residents (Resident 1, Resident 2, and Resident 4) by failing to ensure that a comprehensive (CP) was implemented for refusals of vaccinations (a medical treatment that helps body's immune system to recognize and fight disease).</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>Findings:</p> <p>1. During a review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including acute kidney failure (a condition in which the kidneys suddenly can't filter waste from the blood) and hypertension (HTN - elevated blood pressure).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/24/2024, indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were mildly impaired.</p> <p>During a review of Resident 1's Vaccine Informed Consent, the record indicated Resident 1 refused (declined) coronavirus (COVID-19 - an infectious disease that can cause respiratory illness in humans) vaccine, pneumonia (PNA-infection that inflames air sacs in one or both lungs and can be life-threatening to anyone but particularly to infants, children, and people over [AGE] years old) vaccine, and influenza (flu shots, are vaccines that protect against infection by influenza viruses) vaccine dated 10/27/2023. Additionally, Resident 1 also refused COVID-19 vaccines on 10/30/2022 and 6/6/2024.</p> <p>During a review of Resident 1 ' s CP as of 8/14/2024 indicated, there was no CP initiated and developed regarding Resident 1 ' s refusal of COVID-19, PNA and influenza vaccines.</p> <p>2. A review of Resident 2 ' s Admission Record indicated Resident 2 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including type two diabetes mellitus (DM-a chronic condition that affects the way the body processes blood sugar [glucose]) and osteomyelitis (inflammation or swelling that occurs in the bone).</p> <p>During a review of Resident 2 ' s MDS dated [DATE], indicated Resident 2's cognitive skill for daily decision-making were intact.</p> <p>During a review of Resident 2's Vaccine Informed Consent, the record indicated Resident 2 refused (declined) COVID-19 vaccine dated 3/5/2024.</p> <p>During a review of Resident 2 ' s CP as of 8/14/2024 indicated, there was no CP initiated and developed regarding Resident 1 ' s refusal of COVID-19 vaccine.</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 - Some</p> | <p>3. During a review of Resident 4 ' s Admission Record indicated Resident 4 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), urinary tract infection (UTI- an infection in any part of the urinary system, including the kidney, bladder or urethra) and unspecified asthma (respiratory condition marked by spasms in the bronchi of the lungs, causing difficulty in breathing).</p> <p>During a review of Resident 4 ' s MDS dated [DATE], indicated Resident 3's cognitive skill for daily decision-making were moderately impaired.</p> <p>During a review of Resident 4's Vaccine Informed Consent, the record indicated Resident 4 refused (declined) COVID-19 vaccine, PNA vaccine and influenza vaccine dated 10/27/2023.</p> <p>During a review of Resident 4 ' s CP as of 8/14/2024 indicated, there was no CP initiated and developed regarding Resident 4 ' s refusal of COVID-19 vaccine, PNA vaccine and influenza vaccines.</p> <p>During a concurrent record review and interview with Registered Nurse 1 (RN 1) on 8/14/2024 at 3:07 p.m., RN 1 reviewed Resident 1, Resident 2, and Resident 4 ' s vaccine records, consents, and CP with the surveyor. RN 1 stated and confirmed, there were no CP initiated and developed regarding Resident 1, Resident 2, and Resident 4 ' s refusals of vaccinations. RN 1 stated, a CP should be developed so that the licensed nurses know that plan of care and signs and symptoms of diseases that residents are more prone to for refusing vaccines.</p> <p>During a review of the facility ' s policy and procedures (P&P) titled, Care Plans, Comprehensive Person-Centered, revised 6/2024 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> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43454</p> <p>Based on observation, interview and record review, the facility failed to:</p> <p>a. Ensure the physician ' s order for transmission-based precaution are implemented for three of five sampled residents (Resident 4, Resident 5, and Resident 6) who tested positive for coronavirus (COVID-19 - an infectious disease that can cause respiratory illness in humans).</p> <p>b. Ensure the Dietary Staff 1 (DS 1) wear fit-tested for National Institute for Occupational Safety and Health (NIOSH - federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness) approved N95 or higher-level respiratory protection (mask that protect used by filtering out contaminants in the air) in the facility.</p> <p>These deficient practices had the potential to transmit infectious diseases and increase the risk of infection to the residents, staff, and visitors.</p> <p>Findings:</p> <p>1a. A review of Resident 4 ' s Admission Record indicated Resident 4 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), urinary tract infection (UTI- an infection in any part of the urinary system, including the kidney, bladder or urethra) and unspecified asthma (respiratory condition marked by spasms in the bronchi of the lungs, causing difficulty in breathing).</p> <p>A review of Resident 4 ' s Minimum Data Set (MDS - a standardized assessment and screening tool), dated 7/14/2024, indicated Resident 3's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were moderately impaired. The MDS indicated Resident 4 required maximal assistance from staffs for activities of daily living (ADL - toileting hygiene, shower/bathe self, lower body dressing and toilet transfer).</p> <p>A review of Resident 4 ' s Physician ' s Order Summary Report (POSR), dated 8/7/2024 indicated, droplet isolation precaution (separation of an infected individual from the healthy until that individual is no longer able to transmit the disease) times (x) 10 days.</p> <p>A review of Resident 4 ' s Situation Background Assessment Recommendation (SBAR - a written or verbal communication tool used to provide essential and concise information, usually during crucial situations), dated 8/7/2024 indicated, Resident (3) tested positive for COVID-19.</p> <p>A review of Resident 4 ' s Care plan for COVID-19, initiated on 8/8/2024, indicated an intervention that included droplet isolation precaution.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>1b. A review of Resident 5 ' s Admission Record indicated Resident 5 was admitted to the facility on [DATE] with diagnoses including Cerebrovascular disease (CVA - also known as stroke-when a blood flow to a part of your brain is stopped either by a blockage or rupture of a blood vessel), epileptic seizures (a disorder in which nerve cell activity in the brain is disturbed causing seizures) related to external causes.</p> <p>A record review of Resident 5 ' s MDS dated [DATE], indicated Resident 5's cognitive for daily decision-making were intact. The MDS indicated Resident 6 required moderate from staffs for ADL - oral hygiene, toileting, and upper and lower body dressing and personal hygiene.</p> <p>A review of Resident 5 ' s POSR, dated 8/7/2024 indicated, droplet isolation precaution x10 days.</p> <p>A review of Resident 5 ' s SBAR, dated 8/7/2024 indicated, Resident (4) tested positive for COVID-19.</p> <p>1c. A review of Resident 6 ' s Admission Record indicated Resident 6 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including DM and pulmonary embolism (a blood clot gets stuck in an artery in the lung, blocking blood flow to part of the lung).</p> <p>A review of Resident 6 ' s MDS dated [DATE], indicated Resident 6's cognitive for daily decision-making were intact.</p> <p>A review of Resident 6 ' s Physician ' s Order Summary, dated 8/7/2024 indicated, droplet isolation precaution x10 days.</p> <p>A review of Resident 6 ' s SBAR dated 8/7/2024 indicated, Resident (6) tested positive of COVID-19.</p> <p>A review of Resident 6 ' s Care plan for COVID-19 was initiated on 8/8/2024.</p> <p>During a concurrent observation and interview with Registered Nurse 1 (RN 1) on 8/14/2024 at 11:16 a.m., observed Resident 4, Resident 5 and Resident 6 ' s room with no signage outside the door what type of transmission-based precaution the residents are on. RN 1 stated, Resident 4, Resident 5 and Resident 6 all tested positive for COVID-19 and should be placed under droplet isolation precaution per physician ' s order. RN 1 stated residents who tested positive for COVID-19 should have signages outside the door that indicates the type of transmission based precaution they have so that the staff and visitors know the precautions needed before entering residents ' room.</p> <p>During a review of the facility ' s policy and procedure (P&P) titled, Coronavirus Disease (Covid-19) - Infection Prevention and Control Measures, revised 1/2023 indicated, signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (example: outside of a resident ' s room, wing, or facility-wide).</p> <p>2. A review of facility ' s COVID-19 Outbreak Notification Letter and Health Officer Order (HOO) sent by the Los Angeles County Department of Public Health (LACDPH), dated 8/5/2024 indicated, A COVID-19 outbreak is a reportable situation that requires investigation and follow-up as specified by the Acute Communicable Disease Control Program.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During an observation of DS 1 on 8/14/2024 at 10:48 a.m., DS 1 was observed wearing a KN95 mask (a type of particulate mask not approved in the United States for healthcare use). DS 1 was observed walking along the hallway of the facility and was delivery cart trays to the residents.</p> <p>During an interview with Dietary Supervisor (DS) on 8/14/2024 at 11:47 a.m., DS stated, all staff in the kitchen must wear an N95 respirator because the facility is in current COVID-19 outbreak.</p> <p>During an interview with DS 1 on 8/14/2024 at 12:30 p.m., DS 1 stated, he was not fit-tested for the KN95 that he was currently wearing and should be wearing the N95 respirator that he was fit tested for. DS 1 was then observed removing the KN95 from his face and took out an N95 respirator from his pocket.</p> <p>During an interview with RN 1 on 8/14/2024 at 12:41 p.m., RN 1 stated, they are currently in outbreak and all staff must wear N95 respirators in which they were fit tested for.</p> <p>During a review of the facility ' s P&P titled, Coronavirus Disease (COVID-19) - Source Control, revised 6/2024 indicated, source control measures are utilized as part of the infection prevention and control measures during the COVID-19 pandemic. Source control options for staff include: a NIOSH-approved particulate respiratory with N95 filters or higher . When SARS-CoV-2 community transmission levels are high, source control is used by all staff and visitors in the facility when they are in areas of the facility where they could encounter residents.</p> | | |