

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 09/18/2024
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.

(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 - Few</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** 45455</p> <p>Based on interview and record review, the facility failed to provide social services to one of three sample residents (Resident 1) by failing to follow up on an order for ophthalmology (eye care specialist) evaluation appointment.</p> <p>This deficient practice had the potential for delay in the delivery of care and services.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated, Resident 1 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses that included schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions), acute kidney failure(a rapid loss of the kidneys' ability to remove waste and help balance fluids and electrolytes in the body.), diabetes mellitus(a chronic metabolic disease that occurs when the body is unable to regulate blood glucose levels), and depression (a mental disorder characterized by loss of pleasure or interest in activities for long periods of time),</p> <p>A review of the Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 6/18/2024, indicated Resident 1 ' s cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was intact for daily decision making. Resident 1 requires partial to moderate assistance with eating, oral and personal hygiene, needs substantial/maximal assistance with upper body dressing and is totally dependent for lower body dressing.</p> <p>During an interview on 07/17/2024, at 10:55 am, Resident 1 indicated she had a scheduled eye care specialist appointment in September 2024 (unable to recall exact date), Resident 1 stated she missed the scheduled appointment because the facility failed to schedule her transportation to the appointment.</p> <p>A review of the Ophthalmology order dated 07/29/ 2024, indicated Resident 1 had a scheduled appointment for cataract eval and surgery on 9/13/2024.</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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/17/2024 at 11:15 am, the Social Services Director (SSD) stated Licensed Vocational Nurse 1 (LVN1) scheduled the appointment for Resident 1 for 09/13/2024 at 10:00 am but failed to inform SSD via the facility process of completing a Social Services referral transportation request form that Resident 1 had a scheduled appointment therefore. The SSD did not make transportation arrangements to get Resident 1 to the eye specialist appointment and Resident 1 subsequently missed the ophthalmology appointment.</p> <p>During an interview on 9/17/2024 at 12:18 pm, LVN1 stated she (LVN1) scheduled the appointment on Resident 1 ' s medical record and completed a Social Services referral transportation request form for Resident 1 and placed it in the transportation folder for SSD to arrange transportation. LVN1 stated she did not document the transportation request in her nursing notes.</p> <p>During an interview on 9/17/2024 at 1:40 pm, the Director of Nursing (DON) stated the DON was unaware Resident 1 had missed a scheduled ophthalmology appointment. The DON further stated failure to communicate and follow-up between LVN1 and the SSD created a missed opportunity for transportation arrangement that resulted in Resident 1 missing the eye appointment.</p> <p>A review of the facility's social services undated Job Description, indicated, SSD duties and responsibilities as Directs and coordinates resident ' s appointments including transportation.</p> <p>A review of facility's policy and procedure (P&P) undated indicated, it is the policy of the facility to provide assistance to residents with appointments for outside consultation (e.g. Clinic, visits), whenever possible and necessary. Forms of assistance include but are not limited to arrangement of transportation , policy further states, any appointments for outside consultation or visits to clinics shall be coordinated with Department of Social Services . Social services shall provide assistance with securing transportation for the scheduled appointments.</p>		