

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 11/09/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</p> <p>Based on interview and record review the facility failed to ensure one for three sampled residents (Resident 1), Resident 1's Responsible Party (RP) was made aware of the reason Resident 1 was being discharged from the facility .</p> <p>This failure resulted in Resident 1's Responsible Party (RP) not being notified of the transfer and reasons why the Resident 1 was not to be readmitted to the facility.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record , dated 11/1/24 indicated, Resident 1 was admitted to the facility originally on 7/19/24 and had a readmitted [DATE]. The same record further indicated Resident 1 had diagnosis including paranoid schizophrenia (a mental illness that is characterized by disturbances in thought), cerebral palsy (a group of neurological disorders that affect a person's ability to move, maintain balance, and posture), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), and anxiety disorder (a condition that causes excessive and persistent feelings of fear, worry, dread, and uneasiness).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool), dated 9/23/24, the MDS indicated, Resident 1 had mild memory problems and continuously had behaviors of inattention and disorganized thinking. The same MDS further indicated Resident 1 was independent with self-care, indoor mobility and functional cognition (ability to assist in planning regular tasks such as shopping or remembering to take medications), but required partial/moderate assistance with toileting, showering/bathing dressing, personal hygiene.</p> <p>During a review of Resident 1's census report dated 11/1/24, indicated Resident 1 had been transferred out to hospital and readmitted to facility as follows: 10/9/24 readmission, 10/13/24 discharge to hospital, 10/15/24 readmission, 10/19/24 1:10 am transfer to hospital, 10/19/24 10:05 pm readmission, 10/20/24 discharge to hospital.</p> <p>During a review of Resident 1's Physicians' Orders , dated 10/20/24, the physician's orders indicated, an order for transfer to emergency room via 911 (emergency number) due to suicidal ideation manifested by get in to cross traffic of car also attempting to choking and putting hands around neck . banging head against wall & and poking her wrist with silverware knife and sharp ball pen.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's SBAR (situation, background, assessment, recommendation) Communication Form and progress note date 10/20/24 at 2:55 pm, indicated Resident 1 had suicidal ideation manifested by get into cross traffic of car also attempting to choking and putting hands around neck . banging head against wall & and poking her wrist with silverware knife and sharp ball pen. MD and psychiatrist Physician's Assistant (PA) notified. And order to transfer out via 911 to ER (emergency room) .</p> <p>During a review of Resident 1's Nursing progress note dated 10/20/24 at 2:49 pm, indicated the resident was aggressive trying to go out to smoke by herself . she started yelling and hitting everyone . 911 called police came and detained resident in the lobby . waiting or 51-50 hold approval.</p> <p>No indication Resident 1's responsible party (RP) was notified.</p> <p>During an interview on 11/1/24 at 10:58 am with Activities Assistant (AA), the AA stated at first the resident was not violent but the day that she left on 10/20/24 she ended up getting upset because it was not time to smoke and she was insisting upon smoking. She trying to wheeling herself out on to the street with oncoming traffic. She was trying to push him out of the way and started hitting him in the chest then yelled I am not letting you have kids anymore and kicked him groin. She was then removed from the premises by police in handcuffs and has not seen her since.</p> <p>During a telephone interview on 11/5/24 at 9:25 am with Hospital Social Worker (HSW), the HSW stated the understands it may be difficult for the nursing home to take back the resident and the resident may need a different type of facility.</p> <p>During a telephone interview on 11/5/24 at 4:35 pm with Resident 1's RP, the RP stated she doesn't mind if the resident goes elsewhere but they don't know the vendor and the level of care and it needs to be vetted by a nurse at her office. The RP further stated she would sign off on it (the transfer/discharge to a different facility), but she has to know where the resident will be going beforehand (which was not done).</p> <p>During a review of the facility's policy and procedure (P&P) titled, Transfer or Discharge, Facility-Initiated , revised February 2024, the P&P indicated, facility-initiated and discharges, when necessary, must meet specific criteria and require resident/representative notification and orientation and documentation as specified.</p>		