

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 12/26/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</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 provide necessary respiratory care services for one of two sampled residents (Resident 2) by failing to ensure the nasal cannula (NC -a connector attached to oxygen) tubing and humidifier (a device used to make supplemental oxygen moist) for oxygen (O2) therapy was changed per facility ' s policy.</p> <p>This deficient practice had the potential to cause complications associated with oxygen therapy.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 10 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnosis including pneumonia (lung infection that inflames air sacs with fluid or pus), chronic obstructive pulmonary disease (COPD - a group of lung diseases that block airflow and make it difficult to breathe), and acute on chronic respiratory failure (condition in which your blood does not get enough oxygen or has too much carbon dioxide).</p> <p>A review of the Minimum Data Set (MDS - a resident assessment tool) dated 10/8/2024, indicated Resident 2 ' s cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 2 required maximal assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>A review of Resident 2 ' s Order Summary Report as of 6/8/2024, the Order summary indicated, O2 at 2 liters per minute (lpm - unit of measurement) via NC continuously to maintain O2 saturation (sat) between 88 - 92 percent (% - unit of measurement).</p> <p>During an observation with Resident 2 on 12/24/2024 at 1:21 p.m., Resident 2 was receiving O2 supplement via NC, connected to an oxygen concentrator machine and humidifier at bedside. Observed Resident 2 ' s NC tubing and humidifier bottle labeled with date 12/11/2024. The humidifier bottles was empty and no liquid observed.</p> <p>During a concurrent observation and interview with Licensed Vocational Nurse (LVN 1) on 12/24/2024 at 1:24 p.m., LVN 2 observed Resident 2 ' s NC and humidifier bottle and stated and confirmed, Resident 2 ' s humidifier bottle was dated 12/11/2024 which was about two weeks ago. LVN 1 stated, the NC tubing and humidifier bottle needs to be changed. LVN 1 further stated, this puts resident at risk of infection.</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 0695</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 12/26/2024 at 1:39 p.m., RN 1 stated, the NC tubing and humidifier is to be replaced once a week and as needed if soiled and empty. DON stated, if not changed per policy, this puts residents at risk of infection and respiratory issue.</p> <p>A review of the facility ' s policy and procedure (P&P) titled, Department (Respiratory Therapy) Prevention of Infection, revised 2/2024, the P&P indicated, Check water level of any pre-filled reservoir every 48 hours. Change pre-filled humidifier when the water level becomes low. Change the oxygen cannula and tubing every seven days, or as needed.</p>		