STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 44253 Based on observation, interview, and record review, the facility failed to honor the rights of one of 32 (Resident 58) sampled residents shower preferences. This deficient practice resulted in Resident 58 feeling dirty and uncomfortable. Findings: A review of Resident 58's Admission Record indicated the facility admitted Resident 58 on 6/7/2020 and readmitted the resident on 4/19/2023 with diagnoses that included acute kidney failure (condition in which one's kidney's suddenly stop working), diabetes (high blood sugar), and heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen). A review of Resident 58's History and physical, dated 4/21/2023 indicated Resident 58 had the capacity to understand and make decisions. A review of Resident 58's quarterly Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 3/18/2024, indicated Resident 58 was cognitively intact (ability to acquire and understand knowledge). The MDS indicated Resident 58 was dependent upon staff for bathing, and shower. The MDS also indicated Resident 58 had not rejected care. During a concurrent interview and observation on 5/20/2024 at 11:05 AM, Resident 58 was observed in bed with the head of bed elevated into a sitting position. Resident 58's hair appeared oily. Resident 58 stated she had not received a shower in two months. Resident 58 stated today (a Monday) the certified nursing assistant (CNA) gave the resident a bed bath after asking and Resident 58 agreed to have a shower. Resident 58 stated she did not know why she hadn't received a shower. Resident 58 stated My hair is not clean, and worse it makes me itch and I have to scratch. (continued on next page)

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

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 05/23/2024
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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/21/2024 at 1:19 PM, Certified Nursing Assistant 2 (CNA 2) at first stated Resident 58 received a bed bath and CNA 2 washed Resident 58's hair the day prior (5/20/2024). Upon further questioning, CNA 2 confirmed by stating she did not wash Resident 58's hair. CNA 2 stated she did not give Resident 58 a shower because there was no one to help transfer the resident with the Hoyer lift (an assistive device that allows patients in hospitals and nursing homes and people receiving home health care to be transferred between a bed and a chair or other similar resting places). CNA 2 stated she did not ask for anyone to assist in transferring Resident 58 with a Hoyer lift. CNA 2 was unaware of how long it had been since Resident 58 last received a shower. CNA 2 stated, I would feel bad if I had not received a shower in two months. During an interview on 5/22/2024 at 1:57 PM, the Director of Nursing (DON) stated residents had to be showered unless the resident had a medical condition that prevented a shower. A review of the facility's policy and procedure titled, Resident Rights, reviewed 9/2023, indicated Employees shall treat all residents with kindness, respect, and dignity. The P&P indicated Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: a. A dignified existence. b. Be treated with respect, kindness, and dignity. c. Be free from abuse, neglect, misappropriation of property, and exploitation. d. Be free from corporal punishment or involuntary seclusion, and physical or chemical restraints not required to treat the resident's symptoms. e. Self-determination;. A review of the facility's P&P titled, Dignity, reviewed 9/2023, indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. The P&P indicated when assisting with care, residents are supported in exercising their rights. For example, residents are: a. Groomed as they wish to be groomed (hair styles, nails, facial hair, etc.). b. Encouraged to attend the activities of their choice, including religious, political, civic, recreational, or social activities. c. Encouraged to dress in clothing that they prefer. d. Allowed to choose when to sleep, eat and conduct activities of daily living; and e. Provided with a dignified dining experience.

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 05/23/2024
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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48429 Based on interview and record review, the facility failed to ensure two out of 12 sampled residents (Resident 1 and 15) had Advance Directives (written statement of a person's wishes regarding medical treatment made to ensure those wishes are carried out should the person be unable to communicate them to a doctor) or Advanced Directives Acknowledgement forms (a signed acknowledgment indicating the resident and/or resident representative were provided with information regarding creating an Advanced Directive) documented in the residents' active medical record. This deficient practice had the potential for Residents 90 and Resident 96 to be denied the right to request or refuse medical care and treatment or have those options honored in the event of an emergency. Findings: A review of Resident 1's Admission Record indicated the facility initially admitted Resident 1 on 11/27/2023 and readmitted on [DATE] with diagnoses that included metabolic encephalopathy (problem in the brain caused by chemical imbalance in the blood), essential hypertension (a type of high blood pressure that has no clear cause) and schizophrenia (a serious mental illness involves the breakdown of thought, emotion, and behavior, with negative actions and feelings). A review of Resident 1's quarterly Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 3/5/2024, indicated Resident 1 had severe cognitive (ability to acquire and understand knowledge) impairment. The MDS indicated Resident 1 required partial/moderate assistance for eating, dressing, showering and oral hygiene. During a concurrent interview and record review on 5/20/2024 at 2:44 PM, with Registered Nurse Supervisor 1 (RN Sup 1), Resident's 1 chart was reviewed. RN Sup 1 confirmed there was no Advance Directive or Advanced Directive Acknowledgement form in Resident 1's chart. RN Sup 1 stated it was important for residents to have an advance directive in case the resident had a critical condition to find out residents' wishes towards the end of life. During concurrent interview and record review on 5/21/2024 at 3:57 PM, with Social Services Director (SSD), the facility's advance directive binder was reviewed. The SSD stated the Advance Directive was to be offered within seven days of admission. The SSD stated the Advance Directive form, or the Advance Directive Declination Form was provided to the residents or responsible party if the resident did not have the capacity to understand to make decisions. The SSD stated the Advance Directive and/or the Advance Directive Acknowledgement Form was to be kept in the active medical chart. The SSD stated the Advance Directive Acknowledgment Form should have been provided to the resident or responsible party. The SSD stated the Advance Directive Form for Resident 1 was not found in the binder or Resident 1's chart. (continued on next page)

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 05/23/2024
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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 15's Admission Record (Face Sheet) indicated the facility originally admitted the resident on 5/2/2017, and readmitted on [DATE], with diagnoses that included parkinsonism (a brain disorder that causes unintended [happening by accident] or uncontrollable movements, such as shaking, stiffness [being firm], and difficulty with balance and coordination) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). A review of Resident 15's MDS dated [DATE], indicated Resident 15's cognitive skills for daily decision making was intact. The MDS indicated Resident 15 was dependent on staff for toileting, hygiene, lower body dressing, and putting on and taking off footwear. The MDS indicated that Resident 15 required staff supervision for eating, oral hygiene, and personal hygiene. A review of Resident 15's History and Physical dated 5/12/2024, indicated Resident 15 had the capacity to make medical decisions. During a concurrent interview and record review on 5/21/2024 at 12 PM, with the MRD, Resident 15's medical chart was reviewed. The MRD stated the Advance Directive Acknowledgment form for Resident 15 was not completed and was blank with no entries. The MRD stated the social service department was responsible for completing the advance directive acknowledgment forms for residents upon admission or readmission to the facility. During a concurrent interview and record review on 5/21/2024 at 12:07 PM, with the SSA, Resident 15's medical chart was reviewed. The SSA stated social service department was responsible for completing advance directive acknowledgment forms for residents upon admission or readmission to the facility. The SSA stated the Advance Directive Acknowledgment form for Resident 15 was not completed. The SSA stated the potential outcome of not having a complete Advanced Directive acknowledgement form was that Resident 15 would not have his choices for medical treatment honored. During an interview on 5/23/2024 at 1:30 PM, the DON stated the Advance Directive Acknowledgment Form was required to be completed upon admission. The DON stated the Advance Directive Acknowledgment form for Residents 15 was not completed. The DON stated the potential outcome was that the resident`s wishes would not be honored. A review of the facility's policy and procedures (P&P) titled, Advance Directives dated 9/2023, indicated Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so. Written information about the right to accept or refuse medical or surgical treatment, and the right to formulate an advance directive is provided in a manner that is easily understood by the resident or the representative. Written information includes a description of the facility's policies to implement advance directives and applicable state law. If the resident is incapacitated and unable to receive information about his or her right to formulate an advance directive, the information may be provided to the residents' legal representative.

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 05/23/2024
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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 44253 Based on interview and record review, the facility failed to provide mandatory information on the Nursing Facility (SNF) must issue this notice to a resident when it believes that Medicare may not cover their care or stay. The SNF must provide the notice to the resident before providing the non-covered care.) appeal process in a timely manner for one of three randomly selected residents (Resident 7). This deficient practice denied Resident 2 the right to accept or decline non covered specific skilled services or file an appeal. This placed Resident 7 at risk for an unexpected financial burden/crisis. Findings: A review of Resident 7's Admission Record indicated the facility readmitted the resident on 4/22/2024 with diagnoses that included dysphagia (difficulty swallowing), hypoxia (low levels of oxygen in the body tissues), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily activities of living), schizophrenia (a serious mental health condition that affects how people think, feel and behave), dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), Post-Traumatic Stress Disorder (PTSD, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event), bipolar (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), and anxiety (a feeling of fear, dread, and uneasiness). A review Resident 7's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 4/29/2024, indicated the resident had severely impaired cognition (ability to think, read, learn, remember, reason, express thoughts, and make decisions). The MDS indicated Resident 7 was dependent on facility staff for help with eating, oral hygiene, toileting hygiene, showering/bathing self, upper body dressing, lower body dressing, putting on and taking off footwear, and personal hygiene. A review of Resident 7's SNFABN Review Form indicated Resident 7's last covered Medicare Part A Skilled Services was 12/13/2024. The SNFABN Review form indicated the facility initiated the discharge form Medicare Part A when benefit days were not exhausted and indicated a SNFABN was not provided. During an interview on 5/23/2024 at 2:20 PM, the Business Office Manager (BOM) stated Resident 7 was on Medicare part A and no longer needed skilled services and remained in the facility. The BOM stated Resident seven had Medicare days remaining. The BOM stated the residents were not provided SNFABN to inform them of services that were no longer covered under Medicare Part. The BOM stated the facility did not provide the SNFABN form to Resident 7. During an interview on 5/23/2024 at 2:40 PM, the Director of Nursing (DON) stated she could not answer which beneficiary forms should be provided to residents or why the forms were given. (continued on next page)

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 05/23/2024
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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedures (P&P) titled, Medicare and Medicaid Benefits reviewed 9/2023, indicated Residents are provided with information, verbally and in writing, about how to apply for and use Medicare and Medicaid benefits. The P&P also indicated Upon admission, and when a resident becomes eligible for Medicare/Medicaid benefits, the benefits coordinator or admissions coordinator informs the resident verbally and in writing of: a. The services and items covered under the facility's Medicare/Medicaid payment rates; and b. The charges for non-covered items or services that are available to the resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident’s representative in writing how long the nursing home will hold the resident’s bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44309 Based on interview, and record review, the facility failed to provide a bed hold notification (written notice of holding or reserving a resident's bed while the resident is absent from the facility for therapeutic leave or hospitalization) at the time of transfer to the hospital for one of two sampled residents (Resident 133). This deficient practice denied Resident 133 and/or the Responsible Party (RP) the right to be informed of their right to have the facility hold and reserve Resident 133's bed while absent from the facility. Findings: A review of Resident 133's Admission Record (Face Sheet) indicated the facility originally admitted the resident on 2/9/2021, and readmitted on [DATE], with diagnoses that included type two (2) diabetes mellitus (a chronic condition that affects the way the body processes blood sugar [glucose]), and heart failure (a condition in which the heart muscle cannot pump enough blood to meet the body's needs for blood and oxygen). A review of Resident 133's Minimum Data Set (MDS- a comprehensive assessment and care screening tool) dated 11/29/2023, indicated Resident 133's cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was intact (decisions consistent/reasonable). The MDS indicated Resident 133 required partial/moderate assistance (helper does less than half the effort) from staff for oral hygiene, toileting hygiene, showering/bathing and upper and lower body dressing. A review of Resident 133`s Physician orders dated 2/11/2024, indicated to transfer Resident 133 to General Acute Care Hospital 1 (GACH 1) for further evaluation and management of gross hematuria (blood in urine that can be seen by naked eye because the urine is pink, red, purplish-red, brownish-red, or tea-colored). During a concurrent interview and record review on 5/22/2024 at 8:23 AM, with the Medical Record Director (MRD), Resident 133`s bed hold notifications were reviewed. The MRD stated Resident 133 and/or the RP were not provided with bed hold notification upon transfer to the hospital on 2/11/2024. The MRD stated the facility was required to provide a bed hold notification upon admission, re-admission, and transfer to the hospital. During an interview on 5/23/2024 at 1:35 PM, with the Director of Nursing (DON), the DON stated the facility was required to provide a bed hold notification to residents or their RPs upon admission and transfer to the hospital. The DON stated Resident 133 and/or the RP were not provided a bed hold notification when the resident was transferred to hospital on 2/11/2024. The DON stated the potential outcome was resident`s unawareness of the bed hold policy. (continued on next page)

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 05/23/2024
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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedure titled, Bed-Holds and Returns, reviewed September 2023, indicated All residents/representatives are provided written information regarding the facility and state bed-hold policies, which address holding or reserving a resident`s bed during periods of absence (hospitalization s or therapeutic leave). Residents, regardless of payer source, are provided written notice about these policies at least twice: notice 1: well in advance of any transfer (e.g., in the admission packet) and notice 2: at the time of transfer (or, if the transfer was emergency, within 24 hours).

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 05/23/2024
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 43851 Based on interview and record review, the facility failed to develop a comprehensive care plan (a document outlining a detailed approach to care customized to an individual resident's need) for Apixaban (Eliquis, an anticoagulant medication [medication that help prevent blood clots]) 5 milligrams (mg) by mouth twice a day for anticoagulant (medication used to treat and prevent blood clots) one of four sampled residents (Resident 7). This deficient practice had the potential for Resident 7 to not be provided personalized care and experience negative effects from the anticoagulant medication such as bruising, internal bleeding, and uncontrolled bleeding. Findings: A review of Resident 7's Admission Record indicated the facility readmitted the resident on 4/22/2024 with diagnoses that included dysphagia (difficulty swallowing), hypoxia (low levels of oxygen in the body tissues), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily activities of living), schizophrenia (a serious mental health condition that affects how people think, feel and behave), dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities), Post-Traumatic Stress Disorder (PTSD, a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event), bipolar (a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration), and anxiety (a feeling of fear, dread, and uneasiness). A review of Resident 7's Physician order dated 4/22/2024, indicated Resident 7 was to receive Apixaban (Eliquis, an anticoagulant medication [medication that help prevent blood clots]) 5 milligrams (mg) by mouth twice a day for anticoagulant. A review Resident 7's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 4/29/2024, indicated Resident 7 had severely impaired cognition (ability to think, read, learn, remember, reason, express thoughts, and make decisions). The MDS indicated Resident 7 was dependent on facility staff for help for eating, oral hygiene, toileting hygiene, showering/bathing self, upper body dressing, lower body dressing, putting on/taking off footwear, and personal hygiene. The MDS indicated Resident 7 was taking anticoagulant medication. A review of Resident 7's Medication Administration Record (MAR) for 4/2024 and 5/2024, indicated Resident 7 was receiving Apixaban twice a day. A review of Resident 7's complete care plans indicated Resident 7 did not have a care plan for Apixaban. (continued on next page)

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 5/23/2024 at 1:40 PM, Resident 7's physician order for Apixaban and care plan was reviewed with the Director of Nursing (DON). The DON confirmed Resident 7 was receiving Apixaban. The DON confirmed Resident 7 did not have a care plan for Apixaban. The DON stated care plans should be created for all diagnoses, medication, and whatever was in the resident's record. The DON stated if there was a physician order, the care plan had to reflect the physician order. The DON stated there was a potential for Resident 7 to have a delay in care and not receive personalized care if the care plan was not developed. The DON stated there was a potential for Resident 7 to experience adverse effects from the Apixaban if there was no care plan developed for the medication. A review of the facility's policy and procedures titled Care Plans, Comprehensive Person-Centered reviewed 9/2023, 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 .The comprehensive, person-centered care plan: includes measurable objectives and timeframes; describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including: (1) services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; (2) any specialized services to be provided as a result of PASARR recommendations; and (3) which professional services are responsible for each element of care; includes the resident's stated goals upon admission and desired outcomes; builds on the resident's strengths; and reflects current recognized standards of practice for problem areas and conditions.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)

F 0657

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.

44253

Based on observation, interview, and record review, the nursing staff failed to revise the tube feeding (also known as enteral nutrition, is a way to provide nutrition, fluids, and medicines through a feeding tube placed into the stomach or small intestine) care plan to meet the individual needs for one of two sampled residents (Resident 76).

This deficient practice had the potential to prevent Resident 76 from receiving care to address specific needs, which could lead to a decline in emotional and physical health.

Findings:

A review of Resident 76's Admission Record indicated the facility originally admitted the resident on 1/27/2021 and readmitted the resident on 1/15/2024 with diagnoses that included dysphagia (difficulty swallowing), stroke affecting the left side and type 2 diabetes mellitus (a disease in which your body does not produce enough insulin needed to control sugar levels in the blood).

A review of Resident 76's tube feeding care plan, initiated 5/23/2023, indicated Resident 76 required tube feeding related to diagnoses of dysphagia and diabetes. The care plan indicated interventions included to provide GT feeding of Glucerna 1.2 at 60 ml per hour x 20 hours. The care plan indicated the intervention was revised on 1/3/2024 but the care plan did not include the resident's current enteral feeding order.

A review of the Order summary report, dated 4/1/2024, indicated on 1/16/2024, the physician ordered the facility to administer to Resident 76, Glucerna (a meal replacement or supplement made specifically for individuals with diabetes) 1.5 at 60 milliliters (ml) per hour (hr), to total 1200 ml every day.

A review of Resident 76's Nutritional Assessment, dated 1/17/2024, indicated the resident had a three-pound (lbs.) weight loss in 7 days. The Nutritional Assessment indicated Resident 76 was receiving Glucerna 1.5 at 60ml/hr for 20 hours for a total of 1200 ml per day. The nutritional assessment indicated the plan was to continue to monitor.

A review of Resident 76's Nutritional Assessment, dated 5/8/2024, indicated Resident 76 gained five pounds (lbs.) in 30 days. The Nutritional Assessment indicated Resident 76 was receiving Glucerna 1.5 at 55ml/ hr for 20 hours for a total of 1100 ml. The nutritional assessment indicated the recommendation was for the current enteral feed order to be stopped and a new order of Glucerna 1.5 at 40cc/hr for 20 hours to give a total of 800 ml per day.

A review of Resident 76's physician's order, dated 5/9/2024, indicated to administer Glucerna 1.5 via gastrostomy tube via feeding pump at 40 milliliters (ml) per hour for 20 hours to yield 800 ml per day or until desired volume was infused. The physician order indicated the feeding as to start at 12 PM and off 8 AM.

(continued on next page)

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 05/23/2024
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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 76's Nutritional Assessment, dated 5/22/2024, indicated the resident's enteral feeding order was Glucerna 1. 5 at 40 ml/hour for 20 hours per day to administer a total of 800 ml per day. During an interview on 5/22/2024 at 1:21 PM, Licensed Vocational Nurse 4 (LVN 4) stated Resident 76 had enteral feeding and ate with assistance. LVN 4 stated Resident 76's prior enteral feeding rate was 60 ml/hr and was lowered to 40 ml/hr. LVN 4 reviewed Resident 76's tube feeding care plan, LVN 4 stated the care plan was not updated with the current enteral feeding. LVN 4 stated the care plan should have been updated because the care plan directed the care for the resident. LVN 4 stated by not updating the care plan Resident 76's nutritional status could be negatively affected. During an interview on 5/23/2024 at 1:42 PM, the Director of Nursing (DON) stated care plans had to be updated with the current physician orders. The DON stated care plans were updated to reflect the resident's current care. A review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, reviewed 9/2023, indicated, The comprehensive care plan will include measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The P&P indicated care plans are revised as information about the residents and the residents' conditions change.

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 05/23/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253 Based on interview and record review, the facility failed to schedule the urology (medical conditions of the urinary tract) and gastroenterology (all the organs in the digestive system, including the GI tract (esophagus, stomach, and intestines) and biliary organs (your liver, bile ducts, pancreas and gallbladder) consults as ordered by the physician on 5/10/2024, for one of four sampled residents (Resident 99) in a timely manner. As a result, as of 5/22/2024 Resident 99's appointments had still not been scheduled. This deficient practice placed the resident at risk for worsening of symptoms, infections, organ failure, and death. Findings: A review of Resident 99's admission record indicated Resident 99 was admitted to the facility on [DATE] with diagnoses that included neuromuscular dysfunction of the bladder and benign prostatic hyperplasia (BPH - condition that occurs when the prostate gland enlarges, potentially slowing or blocking the urine stream) and diverticulitis (small bulging sacs or pouches that form on the inner wall of the intestine) of the large intestine with perforation (a hole that develops through the wall of a body organ) and abscess (a collection of pus that has built up within the tissue of the body). A review of Resident 99's undated History and Physical (H&P), indicated Resident 99 had the capacity to understand and make decisions. A review of Resident 99's quarterly Minimum Data Set (MDS- a standardized assessment and screening tool) dated 3/13/2024 indicated Resident 99 was cognitively (ability to think, read, learn, remember, reason, express thoughts, and make decisions) intact. The MDS indicated Resident 99 was dependent upon staff for toileting hygiene, lower body dressing and personal hygiene. The MDS indicated Resident 99 had an indwelling catheter (a catheter that's inserted into the bladder through the urethra or stomach wall and left in place to drain urine). A review of Resident 99's physician order, dated 4/12/2024, indicated Resident 99 was to receive a urology (medical doctor that specializes in diseases and medical conditions of the urinary tract) consult for his neurogenic bladder (a urinary tract condition that prevents the bladder from emptying properly due to a neurological issue or spinal cord injury). A review of Resident 99's physician order dated 5/10/2024, indicated Resident 99 was to receive a urology and gastroenterology consult. A review of Resident 99's progress note dated 5/11/2024, indicated Resident 99's primary physician was in the facility and gave a new order for a urology and a gastroenterology consult. The progress note indicated (night shift) staff communicated with the morning shift to follow up for appointment on Monday (5/13/2024) due to clinic being closed on Saturday (5/11/2024). A further review of Resident 99's progress notes between 5/11/2024 and 5/22/2024 indicated the urology and gastroenterology consults were not followed up on. (continued on next page)

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 05/23/2024
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 99's progress note dated 5/22/2024, indicated staff contacted the urologist. During an interview on 5/20/2024 at 10:39 AM, Resident 99 stated the resident has been waiting for over a month for a consult appointment. Resident 99 stated he required surgery prior to being discharged from the facility and has been waiting for over a month for a consult appointment. During an interview on 5/21/2024 at 1:12 PM, Licensed Vocational Nurse 1 (LVN 1) stated Resident 99 required certain doctor's appointments prior to leaving the facility. LVN 1 further stated the facility was still working on the resident's doctor's appointments. During an interview on 5/22/2024 at 9:01 AM, LVN 2 stated Resident 99 required a urology and gastroenterology (GI) appointment which had not yet been scheduled. LVN 2 stated she was aware the appointment needed to be made on 5/8/24. LVN 2 stated 13 days was way to long to wait to make an appointment. LVN 2 stated Resident 99 was at risk for suffering a change in condition due to the appointment not being made. During an interview on 5/23/2024 at 1:41 PM, with the Director of Nursing (DON), the DON stated resident appointments were required to be made by facility staff within 24 hours of the written order. The DON stated a delay in scheduling the appointment could adversely (negatively) affect the health of the resident. A review of the facility's policy and procedure (P&P) titled Referrals, Social Services, reviewed 9/2023, indicated Referrals for medical services must be based on physician evaluation of resident need and a related physician order. The P&P also indicated social services will collaborate with the nursing staff or other pertinent disciplines to arrange for services that have been ordered by the physician.

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 05/23/2024
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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 43851 Based on observation, interview and record review, the facility failed to provide skin and pressure ulcer (injuries to the skin and underlying tissue, primarily caused by prolonged pressure on the skin) care consistent with professional standards of practice and per the physician's orders for one of three sampled residents (Resident 131) at risk for developing pressure ulcers by failing to ensure the resident's Low Air Loss Mattress (LALM - a pressure-relieving mattress used to prevent and treat pressure injuries) was set at the appropriate level. This deficient practice placed Resident 131 at risk for developing new pressure injuries and complications resulting from untreated or improperly treated pressure injuries which could result in systemic infections that could lead to death. Findings: A review of Resident 131's Admission Record indicated the facility admitted the resident on 2/29/2024 with diagnoses that included encephalopathy (a change in your brain function due to injury or disease) atrial flutter (a condition in which the heart's upper chambers (atria) beat too quickly), acute kidney failure (a condition in which the kidneys suddenly can't filter waste from the blood), abnormalities (a condition that is not normal) of gait (refers to how a person walks) and mobility (refers to how a person moves), and hypertension (when the pressure in the blood vessels are too high). A review of Resident 131's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 3/6/2024, indicated the resident had severely impaired cognition (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 131 required partial moderate assistance for eating and oral hygiene. The MDS indicated Resident 131 required substantial/maximal assistance for toileting hygiene, upper body/lower body dressing, putting on/taking off footwear, and personal hygiene. The MDS indicated Resident 131 was at risk for developing pressure ulcers. A review of Resident 131's Care Plan dated 3/7/2024, indicated the resident had a potential/actual impairment to skin integrity related to disease process. The care plan indicated a goal for Resident 131 to maintain or develop clean and intact skin by the review date. The care plan indicated interventions that included a LALM for skin maintenance. A review of Resident 131's Physician Order dated 3/28/2024 indicated the resident was to have a LALM for skin maintenance. A review of Resident 131's weight dated 5/12/2024 indicated the resident weighed 191 pounds (lbs.). During a concurrent observation and interview on 5/20/2024 at 11:20 AM, in Resident 131's room, Resident 131 was observed lying in bed on a LALM. Resident 131's LALM was observed on the 400 lbs. setting. Licensed Vocational Nurse (LVN) 8 confirmed Resident 131's LALM settings were set at 400 lbs. The LVN 8 stated the 400 lbs. setting was incorrect. LVN 8 stated the LALM settings were to be based on Resident 131's weight (191 lbs.). (continued on next page)

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 05/23/2024
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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 5/22/2024 at 10:11 AM, in Resident 131's room, the resident's LALM was observed with Treatment Nurse (TN) 2. TN 2 stated Resident 131 was on a LALM to prevent wounds from forming. Resident 131's LALM was observed with settings of 400 lbs. TN 2 stated the settings (400 lbs.) were incorrect. TN 2 stated LALM settings were to be based on Resident 131's weight. TN 2 stated there was a potential for Resident 131 to develop wounds if the LALM was on the wrong settings. During an interview on 5/23/2024 at 1:40 PM, the Director of Nursing (DON) stated LALM settings were based on the resident's weight. The DON stated a LALM was to help prevent pressure ulcers. The DON stated if settings were incorrect there was a potential for the resident to develop pressure ulcers or worsening existing pressure ulcers. A review of the undated LALM manual titled Operation Manual for Protekt Aire 4000DX/4600DX/5000DX/4600DXAB, indicated Weight range/pressure level is set at 80 kilograms (kg)/30 millimeters of mercury (mm Hg) initially. Press the up/down buttons on panel to adjust the weight/pressure level to the patient's specific requirements .Users can adjust air mattress to a desired firmness according to patient's weight or the suggestion from a health care professional. A review of the facility's policy and procedure titled, Support Surface Guidelines, reviewed 9/2023, indicated Redistributing support surfaces are to promote comfort for all bed - or chairbound residents, prevent skin breakdown, promote circulation and provide pressure relief or reduction.

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 05/23/2024
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)
F 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44309 Based on interview and record review the facility failed to ensure one of two sampled residents (Resident 37) received colostomy (an opening in the abdominal wall that's made during surgery, and it is used to move waste out of the body) care in accordance with the resident's comprehensive person-centered care plan (a set of instructions for providing individualized care to a resident for an identified area of concern) by failing to provide colostomy care during every shift and as needed, and monitor skin irritation as per the plan of care. This deficient practice had the potential for Resident 37 to suffer from infection, skin breakdown, and pain. Findings: A review of Resident 37's Admission Record (Face Sheet) indicated the facility originally admitted Resident 37 on 4/17/2017, and readmitted on [DATE], with diagnoses including colostomy, and lack of coordination. A review of Resident 37`s Care Plan dated 8/1/2023, indicated Resident 37 had colostomy bag. The care plan goal for the resident was to be free from infection and skin breakdown in the area through the review date. The care plan interventions were to change the colostomy bag as needed, cleanse the skin with normal saline (salt solution), and to inform the physician for any changes of condition. A review of Resident 37's most recent Minimum Data Set (MDS, a standardized assessment and care-screening tool) dated 2/9/2024, indicated the resident`s cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was intact (decisions consistent/reasonable). The MDS indicated Resident 37 required partial/moderate staff assistance (helper does less than half the effort) with personal hygiene, dressing lower body, showering/bathing, and toileting hygiene. The MDS indicated Resident 37 had ileostomy. A review of Resident 37`s Physician`s Orders dated 3/9/2024, indicated facility staff was to change the colostomy bag every Wednesday and Saturday, and as needed, if leaking or soiled. A review of Resident 37`s Care Plan dated 2/6/2024, indicated Resident 37 had an alteration (a change resulting in something that is different from the original) in gastro-intestinal status (related to stomach and intestines) and had a colostomy. The care plan goal for the resident was to remain free from complications. The care plan interventions were to provide colostomy care during every shift and as needed, monitor skin irritation, and call the physician as needed. A review of Resident 37`s Treatment Administration Record (TAR) for the months of January, February, March, April, and May 2024, indicated there was no documentation regarding providing colostomy care to Resident 37 or for monitoring Resident 37's skin for irritation. (continued on next page)

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)
F 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 5/21/2024 at 2 PM, with Registered Nurse Supervisor 1 (RN1), Resident 37`s care plans for colostomy and TARs were reviewed. RN1 stated Resident 37`s colostomy care plan interventions were to provide colostomy care for Resident 37 during every shift and to monitor the skin for irritation. RN1 confirmed by stating the licensed staff did not document anywhere in Resident 37`s medical records the interventions were done. RN1 stated licensed staff were required to monitor resident`s skin surrounding the stoma (a surgically made hole in the abdomen that allows body waste to be removed from the colostomy site) for redness, swelling and irritation. RN1 stated the potential outcome of not implementing care plan interventions for colostomy care was insufficient care and a potential for skin breakdown and injury for the resident. During an interview on 5/23/2024 at 1:37 PM, with the facility`s Director of Nursing (DON), the DON stated licensed nurses were required to implement all interventions specified in the residents` care plans. The DON stated Resident 37`s colostomy care plan interventions of providing colostomy care and monitoring the skin for irritation were not documented by licensed staff. The DON stated, If it is not documented, it is not done. The DON further stated the potential outcome of not implementing care plan interventions for colostomy is skin breakdown, infection, and harm to the resident. A review of facility`s policy and procedure titled Colostomy and Ileostomy Care, reviewed September 2023, indicated The purpose of this procedure is to provide guidelines that will aid in preventing exposure of the resident`s skin to fecal matter. Review the resident`s care plan to assess for any special needs of the resident. When evaluating the condition of the resident`s skin, note the breaks in the skin, excoriation, and signs of infection (heat, swelling, pain, redness .). The following information should be recorded in the resident`s medical records: the date and time the colostomy care was provided, the name and title of the individual who provided the care, any breaks in resident`s skin, signs of infection.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49571 Based on observation, interview, and record review the facility failed to provide one to one (1:1) feeding assistance as indicated in the care plan one of three residents (Resident 62) when: Restorative Nursing Assistant (RNA) 1 and (RNA) 2 (staff who provides care to help to restore and maintain function) did not provide 1:1 feeding assistance to Resident 62 during lunch on 5/21/24 and 5/22/2024. These deficient practices had the potential for Resident 62 and other 1:1 feeder at the facility to experience poor oral intake and be at risk for weight loss. Findings: During a review of Resident 62's Admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses including cachexia (involuntary weight loss and muscle loss), adult failure to thrive, and dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities). During a review Resident 62's Minimum Data Set (MDS, a comprehensive assessment and care screening tool), dated 4/17/2024, indicated Resident 62 had moderate cognitive impairment. The MDS indicated Resident 62 required supervision or touching assistance while eating. During a review of Resident 62's Nutritional assessment dated [DATE] indicated Resident 62 was on a regular diet and recommendations were to add Boost (nutritional supplement) twice a day at medication pass, 1:1 RNA feeder and multivitamins with minerals. During a review of Resident 62's Physician Order dated 1/30/2024, indicated for 1:1 RNA feeder. During a review of Resident 62's care plan initiated on 1/28/2024 indicated that the resident was at risk for nutritional problem or potential nutritional problems and interventions included 1:1 RNA feeder. During a concurrent observation and interview on 5/20/2024 at 12:59 PM, with Certified Nursing Assistant (CNA) 7, CNA 7 was observed in Resident 62's room assisting another resident. CNA 7 stated Resident 62 only needed set up assistance and some supervision. CNA 7 she knew what the resident needs were from the report given by the licensed nurse. During a concurrent observation and interview on 5/21/2024 at 12:35 PM, with Certified Nursing Assistant (CNA) 8, CNA 8 was observed in the third-floor dining room with Resident 62. CNA 8 was assisting Resident 62 by cutting the resident's food into small pieces, giving the resident utensils, and opening the resident's drink. CNA 8 stated Resident 62 was able to feed herself and just needed assistance with meal set up. CNA 8 stated 1:1 RNA feeder meant the resident needed staff assistance, but the need can be feeding assistance, supervision, or just meal set up. CNA 8 stated when a resident who needed one to one feeding assistance but was not receiving the assistance, could be at risk for weight loss. (continued on next page)

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 05/23/2024
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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/22/24 at 3:24 PM with Registered Dietician (RD), the RD stated Resident 62 needed only supervision, encouragement and set up assistance. The RD stated instead of 1:1 feeder, Resident 62's order should indicate supervision and set up assistance and resident should be reassessed to confirm the resident's need. RD stated that if facility staff failed to properly supervise Resident 62 during the resident's meals then the resident could be at risk for weight loss. During an interview on 05/23/24 01:28 PM with the Director of Nursing (DON), the DON stated 1:1 RNA feeder meant the resident will need to be fed by an RNA. The DON stated the order for 1:1 RNA feeder should have been changed to the resident's specific need such as supervision or meal set up. DON stated there was no policy or procedure indicating what was meant by 1:1 feeder. The DON stated the facility was currently working with the rehabilitation and dietary department to implement a new policy to prevent any type of misinterpretation and confusion.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)

F 0697

Level of Harm - Actual harm

Residents Affected - Few

Provide safe, appropriate pain management for a resident who requires such services.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 49571

Based on observation, interview, and record review, the facility failed to manage pain on the hands, legs, and stomach for one of three sampled residents (Resident 436) by failing to:

1. Address the Resident 436's request for adequate pain management,

2. Evaluate the effectiveness of the resident's pain medication,

3. Notify the resident's physician that pain management intervention was unsuccessful and for consultation.

This failure resulted in Resident 436's to continue experiencing severe, unrelieved and uncontrolled pain from 5/11/2024 to 5/22/2024. Resident was unable to walk due to leg pain, felt her pain was stressful, could not perform usual activities (decline in performing daily activities).

Findings:

During a concurrent observation and interview on 5/20/2024 at 10 AM, Resident 436 was lying in bed, with facial grimacing, and taking long and deep breaths. Resident 436 stated, I need pain medication, it takes hours to get my pain medications, my legs and arms hurt. The resident stated pain medication delays were reported to the head staff but was unable to recall any staff names.

During an interview on 5/21/2024 at 11:29 AM with Resident 436, the resident stated feeling pain on both hands, legs, and abdomen. Resident 436 stated he was unable to walk as usual because of the leg pains and the pain was stressful.

During an interview on 5/21/2024 at 11:35 AM with Licensed Vocational Nurse (LVN) 6, LVN 6 stated, Resident 436 had pain medication (oxycodone-acetaminophen, a controlled pain medication that treats moderate to severe pain) ordered every six hours, but resident asks for medication at least every two to three hours. LVN 6 stated, the resident's pain was not controlled but the resident's uncontrolled pain had not been reported to a physician nor had been discussed with interdisciplinary team (IDT, a team of professionals from different fields).

During an interview on 5/21/2023 at 12:20 PM with Certified Nursing Assistant (CNA) 6, CNA 6 stated, staff assisted Resident 436 with activities of daily living. CNA 6 stated Resident 436 liked to get up, but the resident complains of pain and did not do much activity.

During a concurrent observation and interview on 5/22/2024 at 9:57 AM, with Resident 436, Resident 436 was in bed, grimacing, asking for pain medication. The resident stated, I am in a lot of pain on my hands and legs, my legs are numbed, I cannot walk, my stomach hurts. I am just waiting for my pain medications.

During an interview on 5/22/2024 at 10 AM with LVN 3, LVN 3 stated Resident 436 asked for more pain medication at least once or twice a day. LVN 3 stated the resident could decline psychosocially (mind and behavior) and decline from participating with activities if pain was not managed.

(continued on next page)

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 05/23/2024
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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	During an interview on 5/22/2024 at 10:30 AM with LVN 3, LVN 3 stated Resident 436's physician was called and updated on the resident's pain status. During an interview on 5/23/2024 at 8:30 AM with Resident 436, the resident stated, I am still in pain on my legs, it is affecting my mobility, I like to walk with my walker but unable to do it more than a couple of steps because of the pain. During a concurrent interview and record review on 5/23/2024 at 8:35 AM with LVN 3 at Resident 436's room, Resident 436's Pain Assessment Flowsheet dated from 5/12/2024 to 5/20/20224 and Medication Administration Record (MAR) dated May 1 to May 31, 2024 were reviewed. The MAR indicated when oxycodone-acetaminophen 5-325 milligrams (mg, a unit of measure) one tablet by mouth was administered, the resident's pain was 8 out of 10 (a numeric pain scale with zero meaning no pain and 10 meaning the worst pain imaginable) from 5/11/2024 to 5/15/2024, on 5/17/2024, from 5/19 to 5/22/2024, and 7 out of 10 on 5/16/2024 and 5/18/2024. LVN 3 stated Resident 436 was given pain medication on an average of two or three times a day out of the four times maximum allowed for her pain medication order (oxycodone-acetaminophen). During a concurrent interview and record review on 5/23/2024 at 8:55 AM with LVN 7, Resident 436's Pain Assessment Flow Sheet for the month of May 2024 was reviewed. The record indicated the pre (prior) pain medication administration assessment was a pain rating of 8 out of 10 on the pain scale. LVN 7 stated, the resident was not getting adequate pain medication. LVN 7 stated there was no prior pain management reported to the resident's physician, and no pain consultation was initiated. LVN 7 stated the resident was likely to decline if the pain was not managed. During an interview on 5/23/2024 at 1:15 PM with the Director of Nursing (DON), the DON stated, the licensed staff was expected to notify residents' changes in condition to the charge nurses and physicians. The DON stated Resident 436 was likely to decline physically and psychosocially if pain was not controlled. During a telephone interview on 5/23/2024 at 3 PM with Resident 436's physician (MD, medical doctor)1, MD 1 stated, Resident is drug seeking, has neuropathic pain (a condition that affects the nerves in the body). MD 1 stated the facility staff did not notify him of the resident's pain status until the morning of 5/22/2024. MD 1 stated, the resident can benefit from better pain management. During a review of Resident 436's Admission Record, indicated the resident was admitted to the facility on [DATE] with diagnoses that included but not limited to unspecified cirrhosis (a disease condition that scars and damages liver), anxiety disorder, and abnormalities of gait and mobility. During a review of Resident 436's physician's order dated 5/9/2024, indicated the following orders: 1. Oxycodone-acetaminophen oral tablet 5-325 mg give one tablet by mouth every six hours as needed for severe pain for 3 months using pain rating scale 7-10. 2. Acetaminophen oral tablet (a medication that treats minor pain and lowers fever), give 650 mg every four hours as needed for mild pain, using pain rating scale 1-3. (continued on next page)

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 436's Baseline Care Plans, dated 5/9/2024 indicated, the resident was alert and oriented. During a review of Resident 436's History and Physical (H&P) dated 5/10/2024 indicated the resident had the capacity to make and understand decisions. During a review of Resident 436's Care Plan, dated 5/22/2024 indicated the resident was at risk for acute (sudden) or chronic (persisting for a long time) pain related to disease process with interventions including to monitor, record, report to nurse resident's complaints of pain or requests for pain treatment; and notify the resident's physician if interventions were unsuccessful or if current complaint was a significant change from resident's experience of pain. During a review of the facility's policy and procedure titled Change in a Resident's Condition and Status dated September 2023, indicated, the nurse will notify the resident's attending physician or physician on call except in medical emergencies, notifications will be made within twenty-four (24) hours of change occurring in the resident's medical/mental condition or status. During a review of the facility's policy and procedure titled Pain-Clinical Protocol, dated September 2023, indicated, the staff will evaluate and report the resident/patient's use of standing and PRN (when necessary or as needed) analgesics (a medication to relieve pain) .If the resident's pain is complex or not responding to standard interventions, the attending physician may consider additional consultative support .

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 05/23/2024
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 43851 Based on observation, interview, and record review the facility failed to store and label food in accordance with professional standards and the facility's policy and procedure (P&P) titled Labeling and Dating of Foods reviewed 9/202 by failing to label food with the open date (date indicating packaging opened; used to determine amount of time food can be safely consumed). This deficient practice placed all 127 facility residents at risk for foodborne illnesses. Findings: During a concurrent observation and interview of the facility kitchen on 5/20/2024 at 8:40 AM, the following were observed: 1. A box containing 13 potatoes with no label or date in the dry storage section of the kitchen. 2. One opened and two unopened packages of frozen breaded fish with no label or open date in freezer 1. 3. One opened bottle of creamer with no label or open date in refrigerator The Dietary Supervisor (DS) confirmed the box of potatoes, frozen breaded fish, and creamer were all unlabeled and undated. The DS stated food had to be dated and labeled with a received by, use by, and open date. The DS stated food labeling was done to prevent food borne illness. During an interview on 5/23/2024 at 1:40 PM, the Director of Nurses (DON) stated all food stored in the kitchen had to be labeled and dated. The DON stated food labeling was done to ensure kitchen staff knew which foods were safe for the residents to eat and to prevent food poisoning and food borne illness. A review of the facility's P&P titled Food Receiving and Storage reviewed 9/2023, indicated Food shall be received and stored in a manner that complies with safe food handling practices .Dry foods that are stored in bins are removed from original packaging, labeled, and dated (use by date). Such food is rotated using a First in-first out system .All foods stored in the refrigerator or freezer are covered, labeled, and dated (use by date) .Refrigerated foods are labeled, dated, and monitored so that are used by their use-by date, frozen, or discarded .Beverages are dated when opened and discarded after twenty-four (24) hours. Other opened containers are dated and sealed or covered during storage. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. Building B. Wing	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LA Brea Rehabilitation Center	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of the facility's P&P titled Labeling and Dating of Foods reviewed 9/2023, indicated All food items in the storeroom, refrigerator, and freezer need to be labeled and dated. Food delivered to the facility needs to be marked with a received date. Note that the delivery sticker is dated, and it can serve as the delivery date for the product. Newly opened items will need to be closed and labeled with an open date and used by date that follow the various storage guidelines with this section- specifically the Dry Goods Storage Guidelines (page 6.9), Refrigerated Storage Guidelines (page 6.16), Produce Storage Guidelines (page 6.18), and Freezer Storage Guidelines (page 6.20).

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 05/23/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49571 Based on observation, interview, and record review, the facility failed to follow their infection prevention and control procedure by not displaying the proper isolation-based precaution sign and posting the specific type of isolation outside the door for one of one sampled resident (Resident 106). This failure resulted in posting incorrect isolation precaution instructions, incorrect personal protective equipment (PPE, equipment worn to minimize exposure to hazards that cause serious illnesses) outside the resident's door and had the potential for staff donning incorrect PPE and contracting and spreading infections to other residents. Findings: During a review of Resident 106's Admission Record, dated 5/22/2024 indicated, the resident was admitted to the facility with diagnoses including but not limited to acute kidney failure (when the kidneys suddenly become unable to filter waste products from the blood, anemia (low red blood cells), cardiac arrhythmia (irregular heart rate) and cellulitis (bacterial infection of the skin) of right and left lower limb. During a review of Resident 106's Progress Notes from the medical doctor (MD) 1, dated 5/18/2024, indicated the resident had methicillin-resistant staphylococcus aureus (MRSA, group of bacterial infections that are difficult to treat) likely secondary to chronic wounds. During a review of resident 106's care plan dated 5/18/2024 indicated the resident had MRSA to bilateral lower extremities (legs) wounds with interventions including Contact Isolation: wear gowns and masks when changing contaminated linens, instruct family/visitors/ caregivers to wear disposable gowns and gloves when in the resident's room and during physical contact with resident and to wear mask/face shield during procedures with risk of splashes or droplet contamination of bodily fluids. During an observation on 5/20/2024 at 10:15 AM outside Resident 106's room, a Covid-19 (a highly contagious type of viral disease) infection precaution sign with instructions was posted indicating Please Report to Nursing Station Prior To Entering This Room. The posted isolation precaution sign displayed the type of infection. During an interview on 5/20/2024 at 10:17 AM with Registered Nurse (RN) 1, RN 1 stated, the facility does not have suspected or positive Covid-19 residents, the posted isolation precaution must be an error. During an interview on 5/20/2024 at 10:20 AM with Certified Nursing Assistant (CNA) 9, CNA 9 was unaware whether Resident 106 was Covid-19 positive or not and utilized the available PPE placed outside Resident 106's room. CNA 9 stated the likely outcome of wearing incorrect PPE was contracting infections and spreading to residents and staff. (continued on next page)

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 05/23/2024
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent interview and record review on 5/20/2024 at 11:00 AM with the Infection Prevention nurse (IP), the isolation precaution sign at Resident 106's door was reviewed. The isolation precaution sign indicated isolation for Covid-19 infection-based precaution. The IP stated Resident 106 had MRSA. The IP stated the policy was to post the appropriate infection-based precaution sign and not to disclose residents' type of infection. The IP stated the likely outcome was utilizing incorrect PPE, resulting in contracting infections and spreading to residents and staff. During a review of the facility's policy and procedure titled, Infections- Clinical Protocol, dated September 20223, it indicated, In the interest of public health, posting the resident's isolation status or transmission-based precautions is permissible as long as the type of infection remains confidential.