

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2024
NAME OF PROVIDER OR SUPPLIER Bell Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 4900 E. Florence Ave Bell, CA 90201	

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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on interview and record review, the facility failed to ensure two out of four sampled residents (Resident 1 and Resident 3) were provided assistance with Activities of Daily Living (ADL- such as using the restroom, oral hygiene, walking), by leaving Residents 1 and 3 wet with urine for an extended period of time.</p> <p>This failure placed Resident 1 and 3's needs unmet and the potential for skin breakdown and infections.</p> <p>Findings:</p> <p>a). A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including progressive supranuclear ophthalmoplegia (a condition that affects the ability to control eye movements at will in all directions), history of falling, and other abnormalities of gait (a particular way of walking) and mobility (ability to move purposefully).</p> <p>A review of Resident 1's care plan titled, Needs assistance with Activity of Daily Living, dated 11/1/2023, indicated to provide assistance as needed.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 1/29/2024 indicated, Resident 1 had intact cognition. The MDS indicated Resident 1 required maximum assistance with toileting (the ability to maintain hygiene before and after voiding or having a bowel movement) and moderate assistance with personal hygiene. The MDS indicated Resident 1 required maximum assist with toilet transfer.</p> <p>b). A review of Resident 3's admission record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including, lack of coordination and aphasia (a disorder that affects how you communicate) following cerebral infarction (stroke).</p> <p>A review of Resident 3's care plan titled ,Needs assistance with ADL, dated 4/16/2024, indicated an intervention to provide incontinence care as needed.</p> <p>A review of Resident 3's MDS dated [DATE], indicated Resident 3 was dependent to staff with toileting, showers and tub/ shower transfer.</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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/6/2024 at 12:57 p.m. with Resident 1, Resident 1 stated staff had been unable to take her to the restroom and waited for two hours before staff could assist her. Resident 1 stated that it happened throughout the day and more so at night. Resident 1 stated that they needed assistance to use the restroom.</p> <p>During an interview on 5/6/2024 at 2:14 p.m. with Certified Nursing Assistant (CNA) 1, CNA 1 stated Resident 1 required staff assistance when using the restroom and by using a walker. CNA 1 stated that Resident 3 was nonverbal (unable to talk or has limited speech) and needed to be checked every two hours to make sure that Resident 3 is clean.</p> <p>During an interview on 5/7/2024 at 10:58 a.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated Resident 1 was a resident who needed to use the restroom often and can become occasionally incontinent (having little to no control over urination or bowel movements).</p> <p>During an interview on 5/7/2024 at 12:22 p.m. with CNA 4 stated Resident 1 had episodes of being continent (able to control urination and bowel movements) and would urinate on themselves sometimes because staff were unable to take Resident 1 to the restroom.</p> <p>During an interview on 5/7/2024 at 1:22 p.m. with Director of Staff Development (DSD), the DSD stated that an in service (education provided to employees) was provided to CNA 6 assigned to Resident 1 and Resident 3 on the night of 4/29/2024 due to an observation made by staff on the morning of 4/30/2024, when Residents 1 and 3 were wet with urine. The DSD stated CNA6 had documented that Resident 1 refused a diaper change. The DSD performed an in service to reinforce that residents are to be changed in a timely manner.</p> <p>During a concurrent interview and record review on 5/7/2024 at 1:50 p.m. with Director of Nursing (DON), the Nursing Progress notes from 4/28/2024 to 4 /30/2024 were reviewed. The progress notes did not indicate Resident 1 had refused a diaper change.</p> <p>During a concurrent interview and record review on 5/7/2024 at 4:26 p.m. with DSD, Residnet 1's ADL chart was reviewed. The ADL chart did not indicate if Resident 1 was offered to use the restroom or offered a diaper change on 4/3/2024 at 5:03 a.m.</p> <p>During an interview on 5/8/2024 at 11:13 a.m with CNA 1, CNA 1 stated that staff were to change residents right away when they requested to be changed. For residents who were nonverbal, they must be checked at least every two hours to prevent skin break down and prevent infections. Resident 1 and Resident 3 were both wet with urine in the morning of 4/30/2024. CNA 1 stated, he saw Resident 3 was wet through their clothes. CNA 1 stated Resident 1 needed to use the restroom, however, Resident 1 had already urinated on himself</p> <p>During an interview on 5/8/2024 at 2:05 p.m. with DON, the DON stated if a resident was left wet with urine, there could be skin issues, irritation, and could cause urinary tract infection (an infection caused by bacteria in any part of the urinary system such as kidney, bladder, ureters, and urethra). The DON stated, the expectation of staff was they attend to residents' ADLS during their shift and document when done.</p> <p>(continued on next page)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility's policy titled, Activities of Daily Living (ADL), Supporting, dated 3/2018, indicated, residents will be provided treatment and appropriate care and services who were unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including support and assistance with hygiene, mobility, and elimination.</p>