

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/07/2025
NAME OF PROVIDER OR SUPPLIER  Alden Terrace Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  1240 S Hoover St Los Angeles, CA 90006	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 36395</p> <p>Based on interview and record review, the facility failed to follow and implement their abuse policy for one of three sampled residents (Resident 1). On 3/15/25, Resident 1 alleged that Resident 2 hit Resident 1 on the left shoulder. Resident 1 stated, Resident 2 hit her on the left shoulder and as a result, Resident 1 stated she had pain on the left arm and unable to stretch her left arm. The facility failed to report Resident 1's allegation of abuse to the state survey agency within two hours of knowing about Resident 1's allegation.</p> <p>This deficient practice had the potential for delay in investigation and determine if Resident 1 and Resident 2 felt safe.</p> <p>Findings:</p> <p>1. During a review of the Admission Record indicated the facility admitted Resident 1 on 12/23/24 and readmitted on [DATE] with diagnoses including diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing) and depression.</p> <p>During a review of Resident 1's care plan initiated on 12/25/24 indicated Resident 1 and/or responsible party have been made aware that the facility has stable systems to identify not only abuse but also those practices and omissions that lead to abuse, neglect and misappropriation of property. The care plan goal indicated the facility will promptly identify and take appropriate measures to protect residents from abuse. The care plan interventions included follow all reporting guidelines as required related to abuse reporting and inform the resident and/or responsible party of the facility policy for reporting abuse.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Change of Condition (COC) dated 3/15/25 at 4:30 p.m. indicated on 3/15/25 at 10:30 a.m., the occupational therapist (OT) informed the registered nurse supervisor (RNS 1) that while Resident 1 and Resident 2 were in the rehabilitation room, Resident 2 called the attention of Resident 1 by tapping Resident 1's left shoulder. The COC indicated the OT told Resident 2 to call Resident 1 by Resident 1's name instead of tapping Resident 1's shoulder. The same COC indicated on 3/15/25 at 4:30 p.m., Resident 1 complained of pain in her shoulder that she claimed where another resident (Resident 2) tapped her. RNS 1 assessed Resident 1 and found no bruising or discoloration. Resident 1's range of motion (ROM, the extent to which a part of the body can be moved around a joint or a fixed point) was intact. Resident 1 was given Tylenol 650 milligrams (mg. - metric unit of measurement, used for medication dosage and/or amount) for pain and warm compress was applied to the left shoulder. Resident 1's nurse practitioner (NP,) was notified and gave order for x-ray of the left shoulder. At 6:30 p.m., Resident 1's NP gave a telephone order that included to apply Voltaren Gel (medicated gel applied to the skin for relief from muscle and joint pain) three times a day to Resident 1's left shoulder.</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 3/29/25, indicated Resident 1 was cognitively intact. Resident 1 needed moderate assistance (helper does less than half the effort) with toileting hygiene, shower/bathe, upper/lower body dressing, putting on/taking off footwear and supervision with eating, oral and personal hygiene.</p> <p>2. During a review the Admission Record indicated the facility admitted Resident 2 on 3/9/22 and readmitted on [DATE] with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought) and bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs).</p> <p>During a review of the MDS dated [DATE] indicated Resident 2 had moderately impaired cognitive skills. Resident 2 needed supervision with oral/toileting hygiene, shower/bather self, upper/lower body dressing, putting on/taking off footwear, personal hygiene and set up with eating.</p> <p>During an interview on 4/7/25 at 9:10 a.m., Resident 1 (certified nursing assistant [CNA 1] interpreting, stated she was in the rehabilitation room doing exercise when Resident 2 came and hit me in the left shoulder. Resident 1 stated after Resident 2 hit her on the left shoulder, Resident 1 stated she had pain nine out of 10 pain scale (measure of pain, zero -no pain, one to three - mild pain, four to six - moderate pain seven to nine severe pain and 10 - very severe pain) on the left shoulder and unable to stretch her left arm. Resident 1 stated she felt safe.</p> <p>During an interview on 4/7/25 at 9:43 a.m., Resident 2 did not respond to simple questions.</p> <p>During an interview on 4/7/25 at 9:54 a.m., the assistant director of staff development (DSD) stated for any allegations of abuse the administrator had to be notified and report the allegation to the state survey agency no more than two hours of knowing the allegation.</p> <p>During an interview on 4/7/25 at 11:33 a.m., the OT stated Resident 1 was sitting on the exercise bicycle when Resident 2 tapped Resident 1 on the shoulder. OT stated Resident 1 was annoyed and OT pulled Resident 2. OT stated he informed Resident 2 to call Resident 1 by Resident 1's name instead of tapping Resident 1. OT stated no abuse and there was no yelling that occurred.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 4/7/25 at 11:40 a.m., RNS 1 stated on 3/15/25, the OT informed RNS 1 that Resident 2 was annoying Resident 1 in the rehabilitation room. RNS 1 stated she went to the rehabilitation room and informed Resident 2 to call Resident 1 by her name instead of tapping on Resident 1's shoulder. RNS 1 stated, later during the day, Resident 1 approached RNS 1 and informed RNS 1 that Resident 1 was having pain on the left shoulder after Resident 2 tapped Resident 1 on the left shoulder. RNS 1 stated she assessed Resident 1 and found no bruising and discoloration but complained of pain of the left shoulder. RNS 1 stated she gave Resident 1 Tylenol for pain and notified Resident 1's NP. The NP gave order for x-ray of the left shoulder and apply voltaren gel to the left shoulder. RNS 1 stated the x-ray result was negative.</p> <p>During an interview on 4/7/25 at 12:25 p.m., with the director of nursing (DON) and administrator (ADM), the DON stated RNS 1 informed her that Resident 1 complained of pain of the left shoulder where Resident 1 claim that Resident 2 hit her on the left shoulder. DON and ADM stated they did not report the allegation to the state survey agency because the OT witnessed the incident. DON and administrator stated no abuse occurred.</p> <p>During a review of the facility Policy titled Abuse &amp; Mistreatment of Residents reviewed on 5/21/24 indicated facility shall ensure reporting of all alleged and substantiated violations to the state agency and all other agencies as required and take all necessary corrective action on the results of the investigation. The same Policy indicated it is the facility's policy for any mandated reporter working in a facility to report abuse to their supervisor as well as the state agency.</p>