

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Grand Park Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2312 West 8th Street Los Angeles, CA 90057	

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> 45524</p> <p>Based on interviews, and record reviews the facility failed to implement its abuse policy and procedures when the facility failed to report to the Survey State Agency (SSA) an injury of unknown origin with 24 hours for one of three sampled residents (Resident 1). On 8/16/2024 at 12:22 pm, Resident 1 was found on the floor with discoloration to the left of his face and a 0.5-centimeter (cm-unit of measurement) scratch to the right side of the nose.</p> <p>On 8/20/2024, the hemodialysis (a medical procedure to remove fluid and waste products from the blood) center reported to Resident 1's physician that the resident had bruising and swelling to the left side of the face. The physician ordered for Resident to be transferred to a General Acute Care Hospital (GACH) for further evaluation and management. The facility never reported Resident's 1 injuries to the SSA.</p> <p>This deficient practice resulted in delayed investigation of Resident 1's injuries by the SSA.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Admission Record indicated Resident 1 was initially admitted to the facility on [DATE] and was readmitted on [DATE] with diagnoses including End Stage Renal Disease (ESRD- a permanent condition that occurs when the kidneys are no longer able to function properly and filter waste from the blood. It's the final stage of chronic kidney disease and requires dialysis [a treatment that replicates the kidney's function and cleans the waste from blood for individuals with kidney disease or kidney failure] or a kidney transplant to survive) the body ' s response to infection causes injury to its own tissues and organs), encephalopathy (a disease in which the functioning of the brain is affected by some agent or condition-such as viral infection or toxins in the blood), type II diabetes (a chronic condition that affects the way the body processes blood sugar), and dementia (a decline in cognitive abilities that can impact a person's ability to perform everyday tasks).</p> <p>During a review of Resident 1 ' s Minimum Data Set (MDS - a standardized comprehensive assessment and screening tool), dated 8/11/2024, indicated Resident 1's cognitive skill (mental action or process of acquiring knowledge and understanding) for daily decision-making were severely impaired and required between partial/moderate assistance to substantial/maximal assistance for activities of daily living (ADL-upper and lower body dressing, putting and taking off footwear, toileting hygiene, oral hygiene and personal hygiene).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Grand Park Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2312 West 8th Street Los Angeles, CA 90057	
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>During a review of Resident 1 ' s History and Physical (a medical record used by a physician/health care provider to document the findings following examination of a patient) dated 8/15/2024 indicated, Resident 1 had no capacity to understand and make decisions.</p> <p>During a review of a document titled Verification of Investigation Report, dated 8/16/2024, indicated that on 8/16/2024 At approximately 9:30 am, the charge nurse was passing medication when a Certified Nursing Assistant (CNA) assigned to resident [Resident 1] informed the charge nurse that the resident ' s safety alarm went off and CNA immediately checked [Resident 1 ' s] room and found the resident [Resident 1] on top of the floor mat. On the same document, under assessment or resident/describe injury, indicated the resident had a small blood and had sustained discoloration (a change in the natural skin tone) on the right side of the resident ' s face.</p> <p>During a review of Resident 1 ' s Situation Background Assessment Recommendation (SBAR - a written or verbal communication tool used to provide essential and concise information, usually during crucial situations) dated 8/16/2024 at 12:22 pm, indicated, Resident 1 was noted on the floor and had discoloration to the left of his face and a 0.5 cm scratch to the right side of the resident ' s nose. The SBAR indicated that there was blood on the floor.</p> <p>A review of a physician ' s order dated 8/20/2024 indicated, Transferred to General Acute Care Hospital (GACH) emergency room (ER) via 911 (a number used for emergencies only. An emergency is any serious medical problem (chest pain, seizure, bleeding), any type of fire (business, car, building), any life-threatening situation (fights, person with weapons, etc.) or to report crimes in progress) from Dialysis Center (Left eye bruise, swollen)</p> <p>During an observation of Resident 1 on 9/4/2024 at 1:50 pm, Resident 1 was observed to have reddish-purple bruising (skin discoloration from damaged, leaking blood vessels underneath your skin) to the left side of his face.</p> <p>The bruising covered the left temple (the area just behind and to the side of the forehead and the eye), around the left eye, which was swollen, left cheek, jaw line, left ear as well as the left side of his neck extending to the back of the neck.</p> <p>During an interview with Certified Nursing Assistant 1 (CAN 1) on 9/4/2024 at 2:20 pm, CNA 1 stated that on 8/16/2024 at around midmorning, CNA 1 heard a bed alarm coming from Resident 1 ' s room and rushed to the resident ' s room. CNA 1 stated that she found Resident 1 on the floor and that there was blood on the resident ' s nightstand. CNA 1 then called for the supervisor as well as an interpreter.</p> <p>During an interview with the Social Worker (SW) on 9/4/2024 at 2:43 pm, the SW stated that on 8/16/2024 at around midmorning, she helped with translation and had observed that Resident 1 had a scratch to the nose that was being tended to by the nursing staff. The SW confirmed and stated that Resident 1 had bruising to the left side of the face. The SW confirmed and stated that Resident 1 ' s injury is considered an injury of unknown origin because no one had witnessed how Resident 1 sustained the injury. The SW stated and acknowledged that injuries of unknown origins must be reported to the SSA.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Grand Park Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2312 West 8th Street Los Angeles, CA 90057	
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>During an interview with the Director of Nursing (DON) on 9/4/2024 at 3:15pm, the DON confirmed and stated that Resident 1 ' s injuries (bruising to the left side of the face) were of unknown origin and must be reported to the SSA. The DON stated that the importance of reporting is to ensure that an investigation is completed to rule out abuse.</p> <p>During an interview with the Administrator (AD) on 9/12/2024 at 9:40 am, the AD stated that he thought that the staff at the facility had reported the injuries to the SSA as an unwitnessed fall. The AD insisted that staff knew that Resident 1 had a fall even though none of the facility staff observed Resident 1 falling. The AD stated, It is not brain surgery to figure out that that he [Resident 1] had a fall. The AD insisted that he had investigated Resident 1 ' s fall, however, the AD did not have documented evidence to corroborate the AD ' s claim.</p> <p>A review of the facility ' s policy and procedures (P&amp;P) titled Investigating Injuries/Injury of Unknown Source revised on 1/29/2024, indicated, The administrator will ensure that all injuries are investigated. Injury of unknown source is defined as an injury that meets both of the following conditions:</p> <p>a. The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and included the following:</p> <p>b. The injury is suspicious because of:</p> <p>(1) The extent of the injury; or</p> <p>(2) The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma).</p> <p>The same P&amp;P indicated to follow the protocols set forth by the facility ' s abuse policy.</p> <p>During a review of the facility ' s P&amp;P titled Unusual Occurrence Reporting, reviewed 1/29/2024 indicated, the P &amp; P indicated As required by federal or state regulations, our facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of our residents, employees, or visitors. A written report detailing the incident and actions taken shall be delivered to the SSA within 48hours and that the administrator will keep a copy of the report.</p> <p>During a review of the facility's P&amp;P titled Abuse Investigation and Reporting, reviewed 1/29/2024, indicated, the P &amp; P indicated All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigations will also be reported. The same P&amp;P indicated that, the ombudsman will be notified about the investigation and an invitation offered to participate in the review process. An alleged violation of abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than:</p> <p>a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  Grand Park Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2312 West 8th Street Los Angeles, CA 90057	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.		