

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056321	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Olympia Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S. Alvarado 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253</p> <p>Based on interview and record review, the facility failed to implement its Unusual Occurrence Reporting policy for one of two sampled residents (Resident 1) by failing to report Resident 1's injury of unknown cause occurrence to the State Survey Agency (SSA) within 24 hours. Resident 1, who was confused sustained multiple left rib fractures and was unable to report how the injury occurred.</p> <p>This deficient practice had the potential to result in a delay of an onsite inspection by the SSA to ensure the residents' injury and accidents were investigated and had the potential to place residents at further risk for injuries.</p> <p>Findings:</p> <p>A review of the Admission Record indicated Resident 1 was originally admitted to the facility on [DATE], and readmitted on [DATE] with diagnosis including Alzheimer's Disease (a disease characterized by a progressive decline in mental abilities), dementia (a progressive state of decline in mental abilities), glaucoma (an eye disease that occurs when fluid builds up in the eye, damaging the optic nerve) and osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D).</p> <p>A review of the Minimum Data Set (MDS - resident assessment tool) dated 12/1/2024, indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was severely impaired. The MDS indicated Resident 1 required supervision or touching assistance from staff for oral hygiene, toileting hygiene, bathing, dressing and personal hygiene and to walk 50 feet.</p> <p>A review of Resident 1's SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among the residents), dated 12/27/2024, indicated the resident complained of pain to the left rib area with an intensity of 7 out of 10 (severe pain). The SBAR also indicated the physician was called and ordered Resident 1 to receive a chest and abdominal x-ray.</p> <p>A review of Resident 1's SBAR, dated 12/31/2024, indicated, the resident's x-ray was completed, and the x-ray found that the resident had an acute left rib fracture. The SBAR further indicated the physician and responsible party were notified.</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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(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>A review of Resident 1's Patient Report, dated 12/31/2024, indicated Resident 1 received an x-ray of the chest and bilateral ribs. The report indicated Resident 1 had displaced and non-displaced fractures of the lateral portion of the 7th, 8th, 9th, and 10th ribs.</p> <p>A review of Resident 1's Nurses Notes, dated 12/31/2024 at 10:55 AM, indicated the resident's primary physician was made aware of the x ray results. The note further indicated the physician indicated There'snot much to do other than pain pill control as long as VS (vital signs - body temperature, blood pressure, pulse [heart rate], and breathing rate to help assess the general physical health of a person) are okay.</p> <p>A review of Resident 1's actual fracture care plan, initiated 12/31/2024 indicated the resident had a displaced and non-displaced fracture to the left 7th, 8th, 9th and 10th rib. The care plan goal indicated the fracture site will be managed with immobilization and pain will be managed. The care plan interventions included to apply padding to the side rails, to notify the state survey agency and the ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities) and to support the affected extremity on pillows and immobilize.</p> <p>A review of Resident 1's Radiology Results Report taken at the facility on 1/1//2024 indicated Resident 1 sustained multiple acute left lateral rib fractures. A further review of the report indicated this was a second opinion and the findings were consistent with the original report consistent with multiple acute left lateral rib fractures.</p> <p>A review of Resident 1's History and Physical (H&P), dated 1/15/2025, indicated the resident did not have the capacity to understand and make decisions.</p> <p>During an interview on 1/16/2025 at 11:58 AM, Registered Nurse Supervisor (RN 1) stated Resident 1 was x-rayed because the resident was complaining of left rib pain. RN 1 stated Resident 1 refused the x-ray for several days and the x-ray was completed on 12/30/2024. RN 1 stated RN 1 received the results on 12/3/12024 and contacted the physician who did not want to send the resident to an acute care hospital at that time.</p> <p>During an interview on 1/16/2025 at 1:02 PM, the Director of Staff Development (DSD) stated as part of the investigation into how Resident 1 sustained multiple rib fractures, all the certified nursing assistants were asked if they observed or heard anything. The DSD stated none of the staff were able to say how Resident 1's injury occurred. The DSD stated injuries of unknown origins are to be reported immediately, so that, the injury can be investigated immediately, and the resident protected.</p> <p>During an interview and record review with the Administrator on 1/16/2025, the Administrator (ADM) stated Resident 1 was confused and we do not know how Resident 1's rib fractures occurred. The ADM stated Resident 1's x-ray result stating the resident had broken ribs came back on 12/31/2024. The ADM stated Resident 1's rib fracture is considered an injury of unknown origin. The ADM further stated Resident 1's rib fractures were reported on 1/2/2025. The ADM stated the facility waited to report Resident 1's injury until they received the results of the second opinion. The ADM stated injuries of unknown origin are to be reported within 24 hours.</p> <p>A review of the facility policy and procedure (P&P) titled, Unusual Occurrence Reporting , dated 10/1/2027, indicated unusual occurrences are reported to the appropriate agency within 24 hours by telephone and then confirmed in writing.</p>		