

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  The Rehabilitation Center on Pico		STREET ADDRESS, CITY, STATE, ZIP CODE  3233 W. Pico Boulevard Los Angeles, CA 90019	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252</b></p> <p>Based on interview, and record review, the facility failed to ensure one of four sampled residents (Resident 1), had a consult for wound care specialist ordered.</p> <p>This deficeint practice resulted in a delay in the wound care specialist evaluating Resident 1's wounds, placing Resident 1 at risk for worsening wounds.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record dated 4/4/24, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including, acute respiratory failure (a condition where your blood does not have enough oxygen), hypertension (high blood pressure), heart failure (a condition where the hear does not pump as well as it should), cardiomegaly (enlarged heart), and muscle weakness.</p> <p>A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 1/2/24 indicated Resident 1 had severe impaired cognition (ability to think, understand and make daily decisions) and required set up assistance (helper sets up . resident completes activity, helper assists only prior to of following activity) for eating. The same MDS indicated the resident required partial assistance / moderate assistance from staff for oral hygiene, and substantial / maximal assistance to total dependence on staff for toileting, bathing, dressing and personal hygiene.</p> <p>A review of Resident 1's Progress Notes entry for Change in Condition, dated 2/22/24, indicated, resident accidentally spilled hot chocolate on abdomen and inner thighs. Resident with redness and blister to the abdomen and inner thighs. MD (Medical Doctor) made aware. Alocane (topical burn treatment gel) Emergency Burn Max External Gel 4% QID (four times a day) ordered.</p> <p>During a concurrent interview and record review on 4/15/24 at 12:30 pm with the Director of Nursing (DON), Resident 1 ' s Order Summary Report dated 3/1/24, was reviewed. The report indicated no order for wound care consult after 2/22/24, with wound specialist doctor. The DON stated the treatment nurse that is no longer working at the facility failed to obtain an order form the physician for consult with the wound care specialist that comes in every Tuesday. The DON further stated if the treatment nurse had not forgotten to get the order for the wound care specialist would have been seen by the specialist the week before on 2/27/24, instead of 3/5/24.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44252</p> <p>Based on observation, interview, and record review the facility failed to ensure the facility 's policy and procedures for proper food handling practices was followed by failing to keep a log for the temperatures of the snack cart beverages.</p> <p>This deficient practice had the potential to result in compromised food quality or harmful bacteria growth that could lead to foodborne illness.</p> <p>Findings:</p> <p>During an observation with concurrent interview on 4/15/24 at 10:23 am with Dietary Director (DD), in front of the kitchen door, the snack cart two thermoses of hot drinks to be served during snack time in the activities room was observed. The DD stated he checks the temperature for the liquids before they are sent out to the activities room and states the temperature should be above 140 degrees Fahrenheit for food safety and states he temperature was checked right before sending them out and the temperatures were 142 degrees Fahrenheit, the DD further stated he does not have a log for the snack cart thermoses.</p> <p>A review of the facility's policy and procedures titled Food Temperatures, with revised date of 9/1/21, indicated, Foods prepared and served in the facility will be served at proper temperatures to ensure food safety . Measuring Food Temperature . Record the reading on food temperature log . Acceptable serving temperatures for coffee more than 140 degrees Fahrenheit.</p>