STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056377	A. Building B. Wing	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center on Pico	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47883 Based on interview and record review, the facility failed to protect the resident ' s right to be free from physical abuse (deliberately aggressive or violent behavior with the intention to cause harm) for one of five sampled residents (Resident 5) when on 4/16/2024 Resident 4 slapped Resident 5 with an open hand. This deficient practice caused Resident 5 pain and redness to the cheek. Findings: A review of Resident 5 ' s Admission Record indicated the facility admitted Resident 5 on 3/6/2024 with diagnoses including cerebral infarction (a condition that occurs when something blocks blood supply to part of the brain), Down syndrome (a condition in which a person has an extra copy of chromosome 21), and Alzheimer ' s Disease (a brain disorders the slowly destroys memory and thinking skills and eventually, the ability to carry out the simplest tasks). A review of Resident 5's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 3/12/2024, indicated the resident ' s cognitive skills (ability to understand and make decisions) were severely impaired (never/rarely made decision). The MDS indicated Resident 5 required maximal assistance with oral and toileting hygiene, upper body dressing, and was dependent on two or more helpers with showering and transferring. The MDS indicated Resident 5 was feeling down, depressed, or hopeless. A review of Resident 5's Situation, Background, Assessment, Recommendation communication form (SBAR), dated 4/16/2024, indicated that around 12:38 PM, Certified Nurse Assistant 3 (CNA 3) witnessed Resident 4 slap Resident 5 with an open hand on the right side of her face. The SBAR indicated Resident 5 ' s right cheek was noted to be red upon assessment. A review of the Physician's Order, dated 4/16/2024, indicated Resident 5 received cold packs for the redness on the right cheek and 500 milligram (mg- unit of measurement) of Tylenol to be given every 8 hours for pain management. According to a review of Resident 5 ' s Medication Administration Record (MAR) indicated that 500 mg of Tylenol were administered on 4/16/2024 at 10 P.M. and on 4/17/2024 at 6 P.M. Further, the MAR indicated that a cold pack was administered to Resident 5 on 4/16/2024 at 4 P.M. and 8 P.M., as well as on 4/17/2024 at midnight, 4 A.M. and 8 A.M. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 5 ' s Psychiatrist Progress Note, dated 4/17/2024 at 8:53 A.M., indicated an evaluation via secured teleservice due to the alleged physical abuse. A review of Resident 4 ' s Admission Record indicated the facility initially admitted Resident 4 on 6/26/2023 with a readmitted [DATE], with diagnoses including muscle weakness, ambulatory weakness, essential hypertension (a condition in which blood pressure is higher than normal) and acquired absence of the right leg above the knee. A review of Resident 4 ' s Initial History and Physical, dated 1/12/2024, indicated the resident had the capacity to understand and make decisions. A review of Resident 4's MDS dated [DATE], indicated the resident ' s cognitive skills were intact and required setup and clean-up assistance for oral and personal hygiene, and supervision for dressing, transferring, and showering. The MDS indicated Resident 4 did not have any mood or behavioral issues. A review of Resident 4's Situation, Background, Assessment, Recommendation communication form (SBAR), dated 4/16/2023, indicated Resident 4 wad been educated that physical abuse was unacceptable in the facility. During an observation and interview on 4/16/2024 at 3:37 P.M., Resident 4 was observed in her room in a wheelchair and stated that she did not slap Resident 5. Resident 4 stated that she was coming to Resident 5 to calm her down because she was screaming like a baby. During an interview on 4/16/2024 at 3:47 P.M., CNA 3 stated that around 12:25 P.M., she was charting in front of Resident 5 ' s room when she heard a slap followed by Resident 5 crying really loudly. CNA 3 stated that she went to Resident 5 immediately and saw Resident 4 slap Resident 5 on the right side of her face with an open hand. CNA 3 stated she separated the residents and called for help. During an observation on 4/16/2024 at 3:59 P.M., Resident 5 was observed laying down in bed in her new room, covered with a blanket, well-groomed, calm, and not able to answer questions. During an interview on 4/16/2024 at 4:14 P.M., Registered Nurse 1 (RN 1) stated she went to Resident 5 ' s room and performed a full-body assessment after the physical abuse allegation, when she noticed redness on Resident 5 ' s right cheek with the intact skin. During an interview on 4/17/2024 at 10:13 A.M., the Director of Nursing (DON) stated physical abuse occurred between Resident 4 and Resident 5, and that it should not have happened according to the abuse policy and regulations. A review of the facility ' s current policy and procedure titled, Abuse Prohibition and Prevention Program, revised March 2023, indicated the facility strives to provide an environment which prohibits and prevents abuse.