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	10/10/2024

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252 Based on observation, interview, and record review, the facility failed to follow its policy and procedures for Intravenous (IV, small tube inserted directly into vein) catheter care to change the IV site within the 72 to 96 hour window for one of four sampled residents (Resident 2). This failure had the potential to result in Resident 2 being exposed to IV site infection. Findings: A review of Resident 2's Admission Record, dated 10/10/24, indicated the resident was admitted to the facility on [DATE] with diagnoses including urinary tract infection (UTI-an infection in the bladder/urinary tract), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), quadriplegia (paralysis from the neck down, including legs and arms, usually due to a spinal cord injury), and muscle weakness. A review of Resident 2's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/27/24, indicated Resident 2 had intact cognition and required substantial/maximal assistance from staff for eating, toileting, bathing, dressing, and personal hygiene. The same MDS further indicated Resident 2 had peripheral (small vein of arms or legs) IV access. A review of Resident 2's care plan for Risk for Infection Related to Peripheral IV site, initiated on 9/12/24, indicated a goal of will remain free of infection as result of IV therapy and interventions of discontinue IV site while not in use. During a review of Resident 2's Medication Administration Record (MAR) dated October 2024, indicated the resident had an order for Ertapenem Sodium (IV antibiotic medication) solution 1 gram (gm, metric unit of measure) intravenously (via the vein) every 24 hours for UTI for seven days, ordered on 9/27/24. The MAR further indicated the last day the IV medication was given was 10/3/24. During a concurrent observation and interview on 10/10/24 at 11:55 am with Resident 2, the resident was observed to have an IV line on the left hand with dressing dated 9/27/24. The resident stated he is no longer receiving the IV medication, and they have not removed the IV line or changed the site since they started the medication. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056377	A. Building B. Wing	10/10/2024

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 10/10/24 at 12:03 pm with the Director of Nursing (DON), Resident 2's left hand IV line was observed with a date of 9/27/24. The DON confirmed the date was more than the three to five days the site should be changed and stated it was a risk for infection. During a review of the facility's policy and procedures (P&P) titled Catheter Insertion and Care dated July 2013, indicated peripheral IV dressing will be changed as needed to prevent catheter-related infections . change the dressing at the time of catheter site rotation (every 72 to 96 hours). During a review of the facility's P&P titled, Parenteral IV Fluids, revised in 3/2023, indicated, parenteral (route to receive medications via the circulatory system [vein, artery]) fluids are administered consistent with professional standards of practice . The facility provides care based upon current professional standards of practice for the preparation, insertion, administration, maintenance, and discontinuance of the IV therapy as well as prevention of infection at the site to the extent possible . The facility refers to professional practice resources such as the Centers for Disease Control (CDC) guidelines for the prevention of intravascular catheter related infections. During a review of the Centers for Disease Control (CDC) document titled Guidelines for the Prevention of Intravascular Catheter-Related Infections, dated 2011, indicated Because phlebitis (inflammation of the vein) and catheter colonization (growth of microorganisms) have been associated with an increased risk for catheter-related infection, short peripheral catheter sites commonly are replaced at 72-96 hour intervals to reduce both the risk for infection and patient discomfort associated with phlebitis.

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	10/10/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252 Based on interview, and record review, the facility failed to ensure one of four sampled residents ' (Resident 1) was provided the appropriate oxygen therapy delivery device. On [DATE] at 3:45 am Resident 1 was desaturating (decease in blood oxygen levels), and had trouble breathing. This failure resulted in Resident 1 receiving oxygen via a simple mask (oxygen delivery via a mask placed over nose and mouth that can deliver 40 to 60% oxygen at six to 10 liters per minute (L/min) rather than a non-rebreather mask (oxygen delivery via a mask with a one-way valve and reservoir bag that delivers 100% oxygen during an emergency situation). Findings: During a review of Resident 1 ' s Admission Record, dated [DATE], indicated the resident was admitted to the facility on [DATE] with diagnoses including hemiplegia (muscle weakness on one side of the body) and hemiparesis (muscle paralysis on one side of the body) following cerebral infarction (blockage of blood flow in the brain) of the left non- dominate side, hypertension (high blood pressure),diabetes mellitus (DM, abnormal blood sugar), and pneumonia (infection/inflammation in the lungs). During a review of Resident 1 ' s Minimum Data Set (MDS, a federally mandated resident assessment tool) dated [DATE], indicated the resident had severely impaired cognition (the mental process of thinking, learning, and perception). The MDS further indicated Resident 1 was completely dependent on staff for eating, dressing, toilet use, personal hygiene, and bed mobility. During a concurrent interview and record review on [DATE] at 1:10 pm, with the Dircetor of Nursing (DON), Resident 1 ' s change of condition note dated [DATE] at 3:45 am was reviewed. The note indicated the resident was found aspirating (accidental inhalation of food or fluid into lungs), fever, elevated respiration (breathing rate), congestion (excessive fluid, swelling of tissues), abnormal lung sounds, desaturation, and trouble breathing, with the resident ' s blood oxygen saturation (amount of oxygen circulating in blood) noted at 78% (normal level ,d+[DATE]%). The note further indicated the resident was put on oxygen at 10 L/min via mask. The DON confirmed the contents of the note and stated it is not possible to know if the mask was a non-rebreather or simple mask by the documentation, the risk being the resident could have not received the appropriate treatment. During a review of the facility ' s policy and procedures titled Oxygen Therapy, with revision date of [DATE], indicated this procedure is to provide guidelines for the administration of oxygen . Oxygen therapy is administered by way of oxygen mask . the oxygen mask is a device that fits over the resident ' s nose and mouth. It is held in place by an elastic band place around the resident ' s head . record the following information in the medical record as applicable . the rate of oxygen flow, route, and rationale.