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 01/28/2025
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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252 Based on observation, interview and record review the facility failed to accurately assess for pressure ulcer/injury (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) risk and pressure ulcer peri-wound (surrounding skin) for one of two sampled residents (Resident 1). This failure resulted in inaccurate identification and documentation of a pressure ulcer for Resident 1 and had the potential to adversely affect the treatment and interventions for the pressure ulcer. Cross-reference with F686 Findings: During a review of Resident 1's Admission Record, dated 1/29/25, the admission record indicated, the resident was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), muscle weakness, adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition and inactivity), dysphagia (difficulty swallowing), dyspnea (difficulty breathing), urinary tract infection (UTI-infection of the urinary tract), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review or Resident 1's History and Physical (H&P) dated 9/3/24, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 1/3/25, the MDS indicated, Resident 1 had mild memory problems, and required setup or clean-up assistance for eating and oral hygiene, and substantial assistance to dependance on staff for dressing showering, toileting and personal hygiene and partial/moderate assistance where helper does less than half the effort for bed mobility. The same MDS further indicated, Resident 1 was at risk for developing pressure ulcers/ injuries, and was on nutrition or hydration interventions to manage skin problems. During a review of Resident 1's physicians orders dated 1/29/25 indicated the resident had an order for snack three times a day between meals for nutritional supplement. (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: 056377	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2025
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NAME OF PROVIDER OR SUPPLIER: The Rehabilitation Center on Pico		STREET ADDRESS, CITY, STATE, ZIP CODE: 3233 W. Pico Boulevard, Los Angeles, CA 90019	

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure (P&P) titled, Treatment and Services to Prevent/Heal Pressure Ulcers revised March 2023, the P&P indicated Prevention of Pressure Ulcer/Injuries . i. Identify whether the resident is at risk for developing or has a PU (pressure ulcer)/PI (pressure injury) upon admission and thereafter; ii. Evaluate resident specific risk factors and changes in the resident's condition that may impact the development and/or healing of a PU/PI . The first step in the prevention of PU/PI, is the identification of the resident at risk of developing PU/PIs. This is followed by implementation of appropriate individualized interventions and monitoring for the effectiveness of the interventions .

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Rehabilitation Center on Pico	3233 W. Pico Boulevard Los Angeles, CA 90019

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F 0686

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Provide appropriate pressure ulcer care and prevent new ulcers from developing.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 44252

Based on observation, interview and record review, the facility failed to

1. ensure one of two sampled residents (Resident 1), had measures in place to prevent pressure ulcer/injury (localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) from developing.

2. follow the care plan for pressure ulcer prevention interventions.

This resulted in Resident 1 developing an area of non-blanchable redness (possible deep tissue injury, type of pressure ulcer where the injury develops from the bone out to the skin and shows up as a red/purple non-blanchable area [when the skin is pressed but the area pressed does not turn white blood pressed out indicating injury to the underlying tissues]) to their left lateral (away from the middle of the body) heel.

Cross-reference with F641.

Findings:

1. During a review of Resident 1's Admission Record, dated 1/29/25, the admission record indicated, the resident was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), muscle weakness, adult failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition and inactivity), dysphagia (difficulty swallowing), dyspnea (difficulty breathing), urinary tract infection (UTI-infection of the urinary tract), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest).

During a review or Resident 1's History and Physical (H&P) dated 9/3/24 indicated Resident 1 had the capacity to understand and make decisions.

During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 1/3/25, the MDS indicated, Resident 1 had mild memory problems, and required set up or clean-up assistance for eating and oral hygiene, and substantial assistance to dependance on staff for dressing showering, toileting and personal hygiene and partial/moderate assistance where helper does less than half the effort for bed mobility. The same MDS further indicated, Resident 1 was at risk for developing pressure ulcers/ injuries, and was on nutrition or hydration interventions to manage skin problems.

During a review of Resident 1's physicians orders dated 1/29/25 indicated the resident had an order for snack three times a day between meals for nutritional supplement.

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