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	07/02/2025

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of five sampled residents (Resident 2) had the call light within reach.This failure resulted in Resident 2's inability to call staff for assistance, since she was unable to reach the call light.During a review of Resident 2's admission Record, dated 7/3/25, indicated Resident 2 was admitted to the facility on [DATE], with a diagnoses including; hemiplegia (muscle weakness on one side of the body) and hemiparesis (paralysis on one side of the body) following cerebral infarction (CVA-stroke, loss of blood flow to a part of the brain) affecting the left dominant side, diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), hypertension (HTN-high blood pressure), and atrial fibrillation (Afib-irregular heart beat which affects the blood pumping mechanism of the heart). During a review of Resident 2's Minimum Data Set (MDS - a standardized assessment and care screening tool) indicated Resident 2 was dependent on staff for Activities of Daily Living (ADLs-routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).During a review of Resident 2's Care Plan for risk for falls dated 4/10/25 indicated and intervention of Call light is within reach and encourage the resident to use it for assistance as needed. During an observation with concurrent interview on 7/2/25 at 10:10 am in Resident 2's room, with Resident 2, the resident's call light was observed behind on the floor behind the head of the bed on the left side - out of reach. Resident 2 stated if she could find the call light she would use it to call for assistance. During an observation with concurrent interview on 7/2/25 at 1:41 pm in Resident 2's room with CNA 2, the resident's call light was observed attached to the fitted sheet on the left side of the resident out of reach again. CNA 2 verifies and states the resident cannot reach the call light and repositions it on across the residents left arm within reach of the resident's right side. During a review of the facility's policy and procedures titled, Fall Management Program reviewed March 2025, indicated implement intervention, including adequate supervision and assistive devices, consistent with a resident's needs, goals and care plan and current professional standards of practice in order to eliminate the risk. During a review of the facility's policy and procedures titled, Resident Call System reviewed January 2025, indicated When the resident is sitting in his/her chair or confined to his/her bed, be sure to provide resident with call light access.

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	07/02/2025

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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(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** Based on interview, and record review, the facility failed to ensure one of five sampled residents (Resident 1) was provided with the ordered oxygen therapy. This failure resulted in Resident 1 being left without ordered oxygen therapy after personal hygiene care by Certified Nursing Assistant (CNA) and experiencing a temporary desaturation (decrease in the oxygen level of the blood). During a review of Resident 1's admission Record, dated 7/3/25, indicated the resident was admitted to the facility on [DATE] with diagnoses including dementia (a progressive state of decline in mental abilities), fibromyalgia (a chronic disorder characterized by widespread musculoskeletal pain, fatigue, and sleep disturbances), HTN and muscle weakness. During a review of Resident 1's History & Physical, dated 12/20/24 indicated the resident does not have the capacity to understand and make decisions. During a review of Resident 1's MDS 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 dressing, toilet use, personal hygiene, and bed mobility.During a review of Resident 1's Order Summary Report dated 7/3/25 indicated an order for routine oxygen 2-4 liters per minute via nasal cannula (a medical device used to deliver supplemental oxygen to a patient through small prongs inserted into the nostrils).During record review with Resident 1's Health Status Note dated 6/29/25 at 12:20 pm, the note indicated While attending another resident, another charge nurse was informed Resident 1's oxygen tubing was off. Upon assessment there was no distress, no shortness of breath, but when resident's oxygen level was checked it was 77% (normal level is 95%-100%), then the LVN placed the oxygen back on and the oxygen saturation rose to 95%. During an interview with Licensed Vocational Nurse (LVN) 1 on 7/3/25 at 3:03 pm, LVN 1 verified there was an incident where Resident 1 desaturated to 77%, a few days before, when Certified Nursing Assistant (CNA) 1, was providing care to the resident and had removed the nasal cannula temporarily to reposition the resident forgetting to put it back on. Once the oxygen was back on the oxygen level went up and he called the doctor to have the order for oxygen changed to as needed to routine. During an interview with CNA 1 on 7/3/25 at 3:16 pm, CNA 1 stated she had repositioned Resident 1 and removed the oxygen tubing so it would not pull on her and then forgot to put it back. During a review of the facility's policy and procedures titled Oxygen Therapy, reviewed March 2025, indicated this procedure is to provide guidelines for the administration of oxygen. Oxygen therapy is administered by way of. nasal cannula. The nasal cannula is a tube that is placed approximately one-half inch into the resident's nose.