

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Los Feliz Healthcare & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 3002 Rowena Avenue Los Angeles, CA 90039	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>46445</p> <p>Based on interview and record review, the facility failed to ensure medical records were complete and accurately documented for one of four sampled residents (Resident 1). On 9/4/2024 at 11:50 p.m., Resident 1 complained of a possible infection on the dialysis access port (a way to reach the blood for hemodialysis [a machine that filters wastes, salts, and fluid from the body when the kidneys were no longer healthy) and was transferred to the General Acute Care Hospital (GACH) for further evaluation. Licensed Vocational Nurse 2 (LVN 2) documented on Resident 1's Change of Condition (COC) Evaluation form that Resident 1 complained on 9/5/2024.</p> <p>This deficient practice resulted in inaccurate information in Resident 1's clinical record.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 7/22/2024 with diagnoses including end stage renal disease (the kidneys cease functioning on a permanent basis), anxiety disorder (persistent and excessive worry that interferes with daily activities), and essential hypertension (an abnormally high blood pressure that was not a result of a medical condition).</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care-screening tool), dated 7/29/2024, the MDS indicated the resident's cognitive (refers to conscious mental activities including thinking, reasoning, understanding, learning, and remembering) skills for daily decision making was intact.</p> <p>During an interview on 9/12/2024 at 12:13 p.m. and concurrent record review of Resident 1's COC Evaluation form, dated 9/5/2024, the COC Evaluation form indicated that LVN 1 documented Resident 1's COC happened on 9/5/2024 at 11:50 p.m. and the attending physician was notified on 9/5/2024 at 1 a.m., 22 hours and 50 mins before Resident 1's COC. The DON stated on 9/4/2024 at 11:50 p.m., Resident 1 complained of a possible infection on the resident's dialysis access port and had requested to be transferred to GACH. The DON stated LVN 1 created the COC Evaluation form on 9/5/2024 and should manually change the date to 9/4/2024, the date Resident 1 complained. The DON stated that inaccurate documentation had the potential to cause an inaccurate timeframe of events in Resident 1's clinical records. The DON stated the facility failed to ensure Resident 1's clinical record was accurate.</p> <p>(continued on next page)</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 9/12/2024 at 1:47 p.m., LVN 1 stated on 9/4/2024 at 11:50 p.m., Resident 1 complained of a possible infection on the dialysis access port and requested to be transferred to GACH. LVN 1 stated his documentation of the date was a typographical error. LVN 1 stated that accurate documentation on all residents' clinical records should be double checked before the documentation is closed.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Alert Charting Documentation, last reviewed on 5/23/2024, the P&P indicated the purpose to ensure the timely, ongoing assessments and documentation of residents who had a change in condition while in the facility.</p>		