

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056407	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2024
NAME OF PROVIDER OR SUPPLIER  All Saints Healthcare Subacute		STREET ADDRESS, CITY, STATE, ZIP CODE  11810 Saticoy Street North Hollywood, CA 91605	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>42311</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse including injuries of unknown source were reported immediately, but not later than 24 hours to the State Survey Agency (SSA), the Ombudsman Program (advocates for residents in nursing home) and law enforcement (police) in accordance with the facility's policy and procedure for one of three sampled residents (Resident 1). On 5/31/2024, Certified Nursing Assistant 1 (CNA 1) observed a fading greenish yellowish bruise (occurs when blood vessels break and leaked blood into the skins top layer) to Resident 1 ' s left jaw.</p> <p>This deficient practice resulted in no investigations conducted to rule out abuse and placed the residents at risk for further abuse.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Record of Admission indicated the facility admitted the resident on 3/5/2010, with diagnoses that included chronic respiratory failure (condition in which not enough oxygen passes your lungs into your blood), dependence on respirator (a machine that helps you breathe or breathes for you), unspecified (unconfirmed) cerebral palsy (group of conditions that affect movement and posture caused by damage that occurs to the developing brain) and essential hypertension (high blood pressure that is not due to another medical condition).</p> <p>A review of Resident 1 ' s Progress Note (History and Physical) dated 6/3/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 3/31/2024, indicated Resident 1 was dependent to staff for all activities of daily living (ADL-personal hygiene, bed mobility, dressing, and transfers). The MDS indicated Resident 1 was always incontinent (unable to control) of bowel and bladder functions.</p> <p>A review of Resident 1 ' s Nursing Narrative Notes dated 6/2/2024 timed at 7:17 a.m., indicated, Resident 1 had a bruise on the left cheek and left side of the forehead endorsed by LVN 4 to RN 3. The Nursing Narrative Notes indicated RN 1 was notified.</p> <p>A review of Resident 1 ' s Physician Order dated 6/4/2024 indicated to monitor left lower jaw discoloration for significant changes.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/19/2024 at 9:49 a.m., Registered Nurse 1 (RN 1) stated she was the Charge Nurse on 6/4/2024 when Family Member 1 (FM 1) had a concern about Resident 1 ' s left jaw discoloration. RN 1 stated she did not see the discoloration, but she notified the physician.</p> <p>During an interview on 6/19/2024 at 10:25 a.m., the Director of Nursing (DON) stated they did not do an investigation because FM 1 did not notify them.</p> <p>During an interview on 6/19/2024 at 10:41 a.m., Certified Nursing Assistant 1 (CNA 1) stated on 5/31/2024 between 8 a.m., to 11 a.m., she gave a bed bath to Resident 1 and noticed a fading greenish yellowish bruise to Resident 1 ' s left jaw. CNA 1 stated she reported to LVN 2 and LVN 2 informed CNA 1 that it was already reported to RN 4.</p> <p>During an interview on 6/19/2024 at 11:15 a.m., the Director of Staff Development (DSD) stated if nurses notice any change in skin condition, they have to report it to the Charge Nurses, and the DON.</p> <p>During a concurrent interview and record review on 6/19/2024 at 11:57 a.m., with the DON, Resident 1 ' s Nurses Narrative Note dated 6/2/204 timed at 7:17 a.m., indicated, Resident 1 had a bruise on the left cheek and left side of the forehead. The DON stated nurses should report to the DON so they can assess the resident and investigate the injury. The DON stated an injury of unknown origin could have resulted from abuse. The DON stated it was not reported to the SSA, Ombudsman and the law enforcement agency.</p> <p>During a concurrent interview and record review on 6/19/2024 at 12:07 p.m., with the DON, facility ' s policy and procedure (PP) titled, Reporting of Alleged Abuse, neglect and Involuntary Seclusion dated 1/1/1999 and revised on 8/16/2022 was reviewed. The PP indicated, Injuries of unknown source: an injury should be classified as an injury of unknown source when both the following are met A. The source of injury was not observed by a person, or the source of the injury could not be explained by the resident. And the Injury is suspicious because of the extent of the injury or the location of the injury or the number of injuries observed at one particular point in time or the incidence of injuries over time. All licensed employees are considered Mandated Reporters . The investigation will be timely and will be given priority. Any authorities that need to be contacted example given, police Department, Ombudsman will be contacted within 24 hours, The Department of Health (SSA) will be contacted within two hours of the initial report. Types of Abuse that must be reported whether alleged or witnessed. 12. Injuries of unknown source. The DON stated it is their policy to report injury of unknown source to SSA, Ombudsman and Police Department.</p> <p>During an interview on 6/19/2024 at 12:09 p.m., the Administrator (ADM) stated he was not informed of the incident until today 6/19/2024.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42311</p> <p>Based on observation, interview, and record review, the facility failed to implement infection control measures for one of three sampled residents (Resident 1) by failing to ensure Licensed Vocational Nurse 1 (LVN 1) was wearing a protective gown while giving medications via gastrostomy tube (GT- a surgically placed device used to give direct access to the stomach for feeding, hydration or medicine) to Resident 1, who was placed on enhanced standard precaution (expand the use of personal protective equipment and refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug resistant organisms [MDRO- are germs that are difficult to treat because they are resistant to many antibiotics]).</p> <p>This deficient practice had the potential for cross contamination (unintentional transfer of bacteria/germs or other contaminant from one surface to another) of infection among residents.</p> <p>Findings:</p> <p>A review of Resident 1 ' s Record of Admission indicated the facility admitted the resident on 3/5/2010, with diagnoses that included chronic respiratory failure (condition in which not enough oxygen passes your lungs into your blood), dependence on respirator (a machine that helps you breathe or breathes for you), and essential hypertension (high blood pressure that is not due to another medical condition).</p> <p>A review of Resident 1 ' s Progress Note (History and Physical) dated 6/3/2024, indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 3/31/2024, indicated Resident 1 was dependent to staff for all activities of daily living (ADL-personal hygiene, bed mobility, dressing, and transfers). The MDS indicated Resident 1 was always incontinent (unable to control) of bowel and bladder functions.</p> <p>A review of Resident 1 ' s Physician Orders dated 4/5/2024, indicated an order to place Resident 1 on enhanced standard precaution for presences of MDRO and indwelling devices.</p> <p>During an observation on 6/19/2024 at 8:38 a.m., inside Resident 1 ' s room. Observed Resident 1 ' s room with enhanced standard precaution signage posted by the door. Observed LVN 1 give medications through Resident 1 ' s GT without a protective gown.</p> <p>During an interview on 6/19/2024 at 9:19 a.m., the Infection preventionist (IP) stated he was informed by LVN 1 about the use of protective gown. The IP stated LVN 1 should wear a protective gown when giving medication thru the gt.</p> <p>During an interview on 6/19/2024 at 9:42 a.m., LVN 1 stated she forgot to wear the protective gown. LVN 1 stated she should have worn the gown to protect her from Resident 1 ' s secretions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 6/19/2024 at 10:33 a.m., with the IP, the facility ' s policy and procedure (PP) titled, Enhanced Standard Precaution dated 2024, was reviewed. The PnP indicated, The purpose for the use Enhanced Standard Precautions (ESP) of is to provide a guideline for the safe care of residents while preventing transmission of multi-drug resistant organisms (MDRO's). Enhanced Standard Precautions (ESP) will be used by clinical staff for specific high contact care activities to prevent transmission of colonized multi-drug resistant organisms (MDRO's). Wear gown, gloves, goggles, and mask while performing the following high contact associated with the greatest risk for MDRO contamination of healthcare partners hands, clothes, and the environment: A. Device care, for example, urinary catheter (a flexible tube used to empty the bladder and collect urine in a drainage bag), feeding tube, tracheostomy (a procedure to help air and oxygen reach the lungs by creating an opening into the trachea [windpipe] from outside the neck), vascular catheter (flexible plastic tube that is inserted into a vein located either in the neck or in the groin). The IP stated the gown is to protect the nurses clothing from getting contaminated (infected by) with MDRO and to prevent transmission to other residents.</p> <p>During an interview on 6/19/2024 at 11:57 a.m., the Director of Nursing (DON) stated nurses should wear a protective gown when giving medications through GT.</p>		