

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 10/25/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review the facility failed to keep the pad call light (an alerting device for nurses or other nursing personnel to assist a patient when in need) within reach for four of six sampled residents (Resident 463, 75, 18, and 4) reviewed during investigation of the environment facility task.</p> <p>This deficient practice had the potential to result in the residents not being able to call for facility staff assistance and delay in the provision of necessary care and services that can negatively affect resident's comfort and well-being.</p> <p>a. During a review of Resident 463's Admission Record (AR), the AR indicated the facility admitted the resident on 10/1/2024, with diagnoses including tracheostomy (an opening surgically created through the neck into the windpipe to allow air to fill the lungs), gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and nontraumatic intracranial hemorrhage (bleeding in the brain that occurs without trauma or surgery).</p> <p>During a review of Resident 463's History and Physical (H&P), dated 10/2/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 463's Minimum Data Set (MDS), a federally mandated resident assessment tool, dated 10/13/2024, the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident was dependent on staff for mobility and activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>During a review of Resident 463's Bedrail Use and Entrapment Risk Evaluation, dated 10/2/2024, the evaluation indicated the resident had balance deficit and was unable to support trunk (the central part of the body that connects the head, arms, and legs).</p> <p>During a concurrent observation and interview on 10/22/2024, at 10:14 a.m., with the Director of Staff Development (DSD), observed Resident 463's pad call light not within the reach of the resident. The pad call light was placed on top of the ventilator (a device for maintaining artificial respiration). The DSD stated the pad call light should be within the reach of the resident so the resident can call for help when needed.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056407
		If continuation sheet Page 1 of 106

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 10/25/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated the pad call light should be within reach of the resident to call for help during emergency. The DON stated the failure of the staff to keep the pad call light within reach can result in the resident not being able to call for help and can potentially fall while reaching for the pad call light.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Call Lights, last reviewed on 1/18/2024, the P&P indicated the call light will be placed within their reach.</p> <p>43988</p> <p>b. During a review of Resident 75's Admission Record (AR), the AR indicated the facility admitted the resident on 4/29/2022 with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the windpipe to facilitate breathing), and spastic quadriplegia cerebral palsy (loss of function of both arms and legs with muscle stiffness due to injury to the brain from a young age).</p> <p>During a review of Resident 75's History and Physical (H&P) dated 4/22/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 75's Minimum Data Set (MDS), a federally mandated resident assessment tool, dated 10/10/2024, the MDS indicated Resident 75 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living [(ADLs) - basic tasks that must be accomplished every day for an individual to thrive]). The MDS indicated Resident 75 had impairment of both upper and lower extremities.</p> <p>During a review of Resident 75's fall risk assessment dated [DATE], the assessment indicated the resident was a high risk for falls.</p> <p>During a review of Resident 75's care plan (CP) on potential for falls and injury related to spastic quadriplegia cerebral palsy last updated 5/10/2024, the CP indicated to always place call light within reach as one of the interventions to free resident from falls and injury.</p> <p>During a concurrent observation and interview on 10/22/2024 at 9:55 a.m. inside Resident 75's room, with Licensed Vocational Nurse 5 (LVN 5), observed Resident 75's call light on top of the pulse oximeter machine (a small, electronic device clipped onto a fingertip or earlobe that measures the amount of oxygen in the blood). LVN 5 stated the call light is called an adaptive call light (a type of call light system that have ultra-sensitive touch surfaces ideal for patients with limited movement of both arms/hands). LVN 5 verified the call light was placed on top of the pulse oximeter machine and not within Resident 75's reach. LVN 5 stated the call light should have been within reach close to the resident's cheek area so the resident can call for assistance when needed.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/25/2024 at 1:55 p.m., reviewed the facility's policy and procedure (P&P) titled, Call Light, with the DON. The DON stated she was made aware of the call light not within Resident 75's reach. The DON verified the staff did not follow the facility P&P placing the call light within the resident's reach. The DON stated the staff were supposed to place the call light within resident reach after providing care to the resident and monitor placement to ensure the resident will be able to ask for assistance when needed to prevent delay in the delivery of care.</p> <p>During a review of the facility's P&P titled, Call Light, last reviewed 1/18/2024, the P&P indicated a purpose to enable patients/residents to call for assistance and to enable all staff to respond to call lights in a timely and efficient manner. The P&P indicated the following:</p> <ul style="list-style-type: none"> - The call light will be placed within reach. - Call lights will be monitored for positioning by Licensed Nurses and Certified Nursing Assistants during rounds and after treatments. <p>c. During a review of Resident 18's Admission Record, the AR indicated the facility admitted the resident on 12/6/2007 and readmitted in the facility 11/2/2023 with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the windpipe to facilitate breathing), and spastic quadriplegia cerebral palsy (loss of function of both arms and legs with muscle stiffness due to injury to the brain from a young age).</p> <p>During a review of Resident 18's History and Physical (H&P), dated 11/3/2023, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 18's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/9/2024, the MDS indicated Resident 18 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 18 had impairment of both upper and lower extremities.</p> <p>During a review of Resident 18's fall risk assessment dated [DATE], the assessment indicated resident was a high risk for falls.</p> <p>During a review of Resident 18's care plan (CP) on potential for falls and injury related to spastic quadriplegia cerebral palsy last updated 10/15/2024, the CP indicated to always place call light within reach as one of the interventions to free resident from falls and injury.</p> <p>During a concurrent observation and interview on 10/22/2024 at 10:29 a.m. inside Resident 18's room with Licensed Vocational Nurse 12 (LVN 12), observed Resident 18's call light hanging on the left side of the bed between the mattress and the left upper siderail. LVN 12 stated staff were supposed to place call light within reach after providing care to the resident. LVN 12 verified Resident 18's call light was not within reach and stated the call light should have been within reach so the resident can ask for assistance when needed.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/25/2024 at 1:55 p.m., reviewed the facility's policy and procedure (P&P) titled, Call Light, with the DON. The DON stated she was made aware of the call light not within Resident 75's reach. The DON verified the staff did not follow the facility P&P that the call light will be placed within the resident's reach. The DON stated the staff were supposed to place the call light within resident reach after providing care to the resident and monitor placement to ensure the resident will be able to ask for assistance when needed to prevent delay in the delivery of care.</p> <p>During a review of the facility's P&P titled, Call Light, last reviewed 1/18/2024, the P&P indicated a purpose to enable patients/residents to call for assistance and to enable all staff to respond to call lights in a timely and efficient manner. The P&P indicated the following:</p> <ul style="list-style-type: none"> - The call light will be placed within reach. - Call lights will be monitored for positioning by Licensed Nurses and Certified Nursing Assistants during rounds and after treatments. <p>38552</p> <p>d. During a review of Resident 4's Record of Admission (RA), the RA indicated the facility originally admitted the resident on 10/10/2017 and readmitted on [DATE], with diagnoses including cerebral palsy (a group of conditions that affect movement and posture) and gastrostomy.</p> <p>During a review of Resident 4's Annual History and Physical (H&P), dated 4/12/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 4's Minimum Data Set (MDS), -a federally mandated resident assessment tool), dated 9/19/2024, the MDS indicated the resident rarely had the ability to make self-understood and understand others. The MDS indicated the resident 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)].</p> <p>During a review of Resident 4's Risk for Falls (RF), dated 4/12/2024, the RF indicated the resident at risk for falls.</p> <p>During a review of Resident 4's Care Plan (CP) addressing potential for falling, last re-evaluated on 10/2024, the CP indicated the resident had goals to be free from falls and injury with interventions including placing call light within reach.</p> <p>During an observation on 10/22/2024 at 9:19 a.m., inside Resident 4's room, observed Resident 4's call light sitting on the floor outside the resident's bed frame enclosure (a hospital bed with a canopy and mattress to prevent patient from getting out of bed unassisted).</p> <p>During a concurrent observation and interview on 10/22/2024 at 9:28 a.m., Certified Nurse Assistant (CNA) 1 stated Resident 4's call light button was on the floor and should be within reach so Resident 4 can call for help in case of emergency or when he needs the call light.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/22/2024 at 4:43 p.m., the DON stated the purpose of the call light is to take care of the resident's needs right away and in case of emergency they can use so facility staff can come in and assist them. The DON stated when the call light was not within reach there will be a delay in meeting the resident's needs. The DON stated the call light should be within reach inside the resident's bed frame enclosure.</p> <p>During a review of the facility's P&P titled Call Lights, last reviewed on 1/18/2024, the P&P indicated the call light will be placed within their reach.</p>		

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 10/25/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</p> <p>Based on interview and observations, the facility failed to maintain resident protected health information ([PHI] - any health information that can be used to identify a specific individual which must remain confidential to prevent harmful consequences) by not shredding or covering pharmacy medication labels (a label that includes the residents name, date of birth, name of pharmacy, name of medication, dose, its indication and instructions of use) containing resident medical information on medication bubble packs (medication packaging system that contains individual doses of medication per bubble) prior to disposing in the waste container, affecting two (2) residents (Resident 69 and 80) in one of one inspected biohazard (any biological or chemical substance that is dangerous to humans, animals, or the environment) room. As a result, the privacy and confidentiality of Resident 69's and 80's medical records were not securely maintained.</p> <p>Findings:</p> <p>During an observation on 10/22/24 at 2:10 p.m., with the Director of Nursing (DON) in the biohazard room, there was a black plastic waste container with a white lid that contained wasted medications wrapped in clear plastic bags. The bag contained two (2) medication bubble packs for Resident 69 and 80 with the pharmacy label intact and visible through the bag.</p> <p>During a concurrent interview with DON, the DON stated a third-party (an outside contracted entity not part of the facility) vendor (an individual or company that sells goods or services to someone else) usually picks up the black containers once a month to dispose (discard) of the wasted medications. The DON stated the pharmacy labels in the medication bubble packs, containing resident medical information needed to be removed, shredded or covered by an Identi-Hide (a permanent, opaque white label that covers patient information on a container or bag to ensure Health Insurance Portability and Accountability Act [HIPPA - a federal law that protects the privacy and security of health information compliance]) prior to placing them in waste containers to maintain resident confidentiality. The DON stated the facility failed to protect Resident 69's and 80's privacy by failing to cover two (2) pharmacy labels on the medication bubble packs wrapped in clear plastic bags inside the black plastic waste container visibly exposing the residents' PHI.</p> <p>During an interview on 10/22/24 at 4:05 p.m., with Registered Nurse (RN) 3, RN 3 stated that medications in the waste containers should not contain resident health information and should be covered with a label or marked with a sharpie. RN 3 stated the process of covering or removing resident information from the medication bubble packs prior to placing them in the waste containers was not done consistently, and this failure was considered a HIPPA violation as resident health information was visibly exposed to vendors.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/23/24 at 3:05 p.m , with the Director of Staff Development (DSD,) the DSD stated that she (DSD) is responsible for teaching staff upon hire and annually on HIPPA guidelines which included maintaining resident privacy of PHI such as, resident name, date of birth, diagnosis, medication information. The DSD stated that according to the lesson plan and a quiz used in teaching staff about HIPPA, PHI should be shredded or covered prior to trashing. The DSD stated medication bubble packs containing resident health information should be shredded or covered to not exposed PHI to outside vendors. The DSD stated that staff were aware of the process of wasting medications according to HIPPA guidelines and failed to do so consistently.</p> <p>During an interview on 10/23/24 at 3:39 p.m., with the Consultant Pharmacist (CP,) the CP stated that resident medication labels contain PHI and should be shredded and not thrown in the waste bin intact to protect resident privacy and health information.</p> <p>During a review of the policy and procedures (P&P), titled Health Insurance Portability and Accountability Act (HIPAA), dated 1/15/23, the P&P indicated The Purpose of this policy is to educate All Saints HealthCare employees about HIPPA laws and their practical application in a health care facility.</p> <p>1. All Employees will be educated about resident's rights under HIPAA federal law upon hire, annually, and as needed.</p> <p>2. HIPAA education will cover all aspects of the law:</p> <p>D. What is protected health information (PHI)?</p> <p>H. What are the resident's privacy rights?</p> <p>I. What must we do to comply?</p> <p>J. What are our policy and procedures?</p> <p>K. What are our security standards?</p> <p>M. What can you do to protect resident's rights?</p> <p>3. A HIPAA quiz may be given after educating staff upon hire, annually, and as needed to ascertain employee understanding of the law.</p> <p>Some practical applications of HIPPA!</p> <p>3. Resident's medication or personal information may not be shared with employees who are not assigned to the resident.</p> <p>7. Scarp sheet of paper with resident information on them .must be shredded after use, not thrown in the garbage.</p> <p>HIPAA QUIZ</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. The HIPPA Privacy Rule Protects a resident's fundamental right to privacy and confidentiality. True or False</p> <p>2. PHI is anything that connects a resident to his or her health information. True or False</p> <p>4. It is not necessary to shred papers containing PHI, if you throw them in facility trash can. True or False</p> <p>[NAME] a review of the facility In-Service Lesson plan, titled Staff will understand resident's rights as provided under HIPAA federal law, dated 4/2/24, the lesson plan indicated:</p> <p>3. What is Protected Health Information?</p> <p>PHI includes any information oral, recorded, on paper, electronic, about a person's physical or mental health, services rendered, payments for the services, and any information that connects the resident to their health care information. Names, address, Birth Date, account numbers, email etc.</p> <p>5. The rules for use and discloser of PHI is as follows:</p> <p>d. How do you discard or destroy PHI? Shred only .SHRED DON'T TRASH!!</p>

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 10/25/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>44244</p> <p>Based on observation, interview, and record review, the facility failed to provide a homelike environment by failing to ensure resident privacy curtains are free of splash stain for one of eight sampled residents (Resident 97) reviewed under the environment task.</p> <p>This deficient practice had the potential to negatively affect Resident 97's psychosocial wellbeing by feeling uncomfortable in his living space and violated the resident's rights to a safe, clean, and homelike environment.</p> <p>Findings:</p> <p>During a review of Resident 97's Admission Record, the Admission Record indicated the facility admitted the resident on 12/18/2023 and readmitted the resident on 10/8/2024 with diagnoses including chronic respiratory failure (serious condition that slowly develops when the lungs cannot get enough oxygen into the blood), dependence on a ventilator (machine that pumps air into patients' airways when they are unable to adequately breathe on their own), tracheostomy (opening surgically created through the front of the neck and into the trachea [windpipe]), and end stage renal disease (a medical condition in which a person's kidneys [organs that remove waste products from the blood and produce urine] stop functioning on a permanent basis)</p> <p>During a review of Resident 97's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/26/2024, the MDS indicated the resident was sometimes able to understand others and sometimes able to make himself understood. The MDS indicated the resident was dependent on staff for toileting, dressing, personal hygiene, bathing, oral hygiene, and mobility.</p> <p>During a review of Resident 97's Care Plan (CP) titled, Impaired cognition, impaired communication . initiated 10/10/2024, the CP indicated the resident's needs will be anticipated and met. The CP further indicated to provide soothing auditory and visual stimuli.</p> <p>During an observation on 10/22/2024 at 10:47 a.m., observed Resident 97 lying in bed, awake, and facing the direction of the privacy curtain at the right side of the bed. Observed two large, brown splash stains on the curtain.</p> <p>During a concurrent observation and interview on 10/22/2024 at 10:52 a.m., Licensed Vocation Nurse 1 (LVN 1) entered Resident 97's room and stated the resident was not feeling well. LVN 1 stated there were large dry splash stains on the resident's privacy curtain and they should not be there. LVN 1 stated maintenance should have been notified to change the curtains.</p> <p>During an interview on 10/25/2024 at 10 a.m. with the Infection Preventionist (IP), the IP stated he is not able to say what happened to Resident 97's curtains, but the stains appeared to be a dried body fluid and the curtains should have been changed immediately when they were soiled because the fluid may have contained infectious organisms that could spread when touched. The IP stated having large splash stains on Resident 97's curtains is not a homelike environment and could have potentially affected the resident's mental wellbeing resulting in depression or anxiety at seeing the stains.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/25/2024 at 1:55 p.m. with the Director of Nursing (DON), the DON stated Resident 97's curtains should have been changed when the splash occurred. The DON stated housekeeping, or the nurses, should have noticed the stain and told maintenance to change the curtains. The DON stated this is Resident 97's home and it is not a homelike environment to have dirty curtains.</p> <p>During a review of the facility Policy and Procedure (P&P) titled, Homelike Environment, dated 3/2024, the P&P indicated residents are provided with a safe, clean, comfortable and homelike environment. Staff should provide person-centered care that emphasizes the resident's comfort and personal needs. The facility staff and management shall maximize, the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include a clean, sanitary, and orderly environment.</p>

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 10/25/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988</p> <p>Based on observation, interview, and record review the facility failed to ensure residents were free from physical restraints (any manual method, physical or mechanical device, material or equipment that is attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body) for six of six sampled residents (Residents 80, 19, 461, 37, 71, and 45) by failing to:</p> <ol style="list-style-type: none"> 1. Perform a Bedrail/side rail (a safety device that can be installed on the side of a bed to help people get in and out of bed, turn in bed, and prevent falls) Use and Entrapment (an event in which a resident is caught, trapped, or entangled in the space in or about the bed rail, mattress, or hospital bed frame) Risk Evaluation quarterly for Residents 80, 19, 461, and 71. 2. Obtain a physician's order on the use of restraint bed placed against the wall, assess the need for the restraint and evaluate for bed entrapment, obtain an informed consent, and explain the risk and benefits to the resident/resident representative on the use of restraint bed placed against the wall, and develop and implement a care plan on the use of restraint bed placed against the wall for Resident 37. 3. Complete the initial and quarterly restraint assessment and obtain written or signed informed consent from the resident or resident representative prior to use of left-hand mitten (a type of glove that covers patient hand to prevent from pulling out any essential line or tubes) for Resident 71 and complete the initial and quarterly restraint assessment for the use of right-hand mitten for Resident 45. <p>These deficient practices had the potential to result in the restriction of residents' freedom of movement, a decline in physical functioning, psychosocial harm, physical harm from entrapment, and death of residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1.a. During a review of Resident 80's Admission Record (AR), the AR indicated the facility admitted the resident on 3/20/2024, and was readmitted on [DATE], with diagnoses including anxiety disorder (a mental health condition that causes a person to experience excessive and persistent feelings of fear, dread, and uneasiness) and convulsions (a condition where a person's muscles contract and relax rapidly and uncontrollably, causing a shaking and limb movement). <p>During a review of Resident 80's History and Physical (H&P), dated 7/12/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review Resident 80's Minimum Data Set (MDS), a federally mandated resident assessment tool, dated 10/17/2024, the MDS indicated the resident had impaired upper and lower extremities. The MDS also indicated the resident was dependent on staff for mobility and activities of daily living [(ADLs)routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves].</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 80's Physician's Orders (PO), dated 7/12/2024, the PO indicated side rails to be kept up due to seizure disorder (a brain condition that causes a person to have repeated seizures).</p> <p>During a review of Resident 80's Bedrail Use and Entrapment Risk Evaluation, dated 7/12/2024, the evaluation indicated the bedrails were being considered for safety, and the resident had balance deficit, was unable to support trunk (body), and was non-verbal.</p> <p>During a concurrent interview and record review on 10/24/2024, at 9:27 a.m., with the Minimum Data Set Coordinator (MDSC), the MDSC stated the facility does the Bedrail Use and Entrapment Risk Evaluation on admission of the resident to the facility and they do the quarterly evaluation on the restraint quarterly assessment form. The MDSC stated the restraint quarterly assessment form was not sufficient enough to capture the necessary assessments needed for the safe use of bedrails.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated the bedrails should have been assessed quarterly to ensure safe and appropriate use of the bedrails to prevent accidents such as entrapment.</p> <p>1.b. During a review of Resident 19's AR, the AR indicated the facility admitted the resident on 1/2/2019, and was readmitted on [DATE], with diagnoses including spastic quadriplegic cerebral palsy (a form of cerebral palsy that affects both arms and legs and often the torso and face), encephalopathy (damage or disease that affects the brain), and epilepsy (a brain condition that causes recurring seizures).</p> <p>During a review of Resident 19's H&P, dated 4/16/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 19's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and understand others. The MDS indicated the resident has impaired upper and lower extremities . The MDS also indicated the resident was dependent on staff for mobility and activities of daily living (ADLs).</p> <p>During a review of Resident 19's Physician Orders (PO), dated 4/20/2020, the PO indicated an order for side rails to be kept up due to seizure disorder.</p> <p>During a review of Resident 19's Bedrail Use and Entrapment Risk Evaluation, dated 4/16/2024, the evaluation indicated the bedrails were being considered for safety, and the resident had balance deficit, unable to support trunk (body), and had poor cognition.</p> <p>During a concurrent interview and record review on 10/24/2024, at 9:27 a.m., with the MDSC, the MDSC stated they only do the Bedrail Use and Entrapment Risk Evaluation on admission and the facility does the quarterly assessment on the restraint quarterly assessment form. The MDSC stated the restraint quarterly assessment form was not sufficient enough to capture the necessary assessments needed for safe use of bedrails.</p> <p>During an observation and interview on 10/24/2024, at 4:14 p.m., with Registered Nurse 6 (RN) 6, observed Resident 19 in bed with all four 4 side rails up. RN 6 stated all 4 side rails were up for resident safety.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/25/2024, at 1:55 p.m., with the DON, the DON stated the bedrails should be assessed quarterly to ensure safe and appropriate use of the bedrails to prevent accidents such as entrapment.</p> <p>1.c. During a review of Resident 461's AR, the AR indicated the facility admitted the resident on 11/12/2020, with diagnoses including anoxic brain damage (occurs when the brain is deprived of oxygen, which can lead to brain cell death), convulsions, and persistent vegetative state (a chronic condition where a person appears to be awake but is unaware of their surroundings or higher mental activity).</p> <p>During a review of Resident 461's H&P, dated 1/16/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 461's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and understand others and had severely impaired vision. The MDS also indicated the resident was dependent on staff for mobility and activities of daily living (ADLs).</p> <p>During a review of Resident 461's Physician Orders (PO), dated 11/12/2020, the PO indicated an order of side rails up due to seizure disorder.</p> <p>During a review of Resident 461's Bedrail Use and Entrapment Risk Evaluation, dated 11/24/2023, the evaluation indicated the bedrails were being considered per resident representative request and seizure disorder, and the resident had balance deficit and unable to support trunk.</p> <p>During a concurrent interview and record review on 10/24/2024, at 9:27 a.m., with the MDSC, the MDSC stated they only do the Bedrail Use and Entrapment Risk Evaluation on admission and they do the quarterlies on the restraint quarterly assessment form. The MDSC stated the restraint quarterly assessment form was not sufficient enough to capture the necessary assessments needed for safe use of bedrails.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the DON, the DON stated the bedrails should be assessed quarterly to ensure safe and appropriate use of the bedrails to prevent accidents such as entrapment.</p> <p>1.d. During a review of Resident 71's Admission Record indicated the facility admitted the resident on 8/4/2021 and was on 8/6/2022 with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 71's H&P dated 8/2/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 71's MDS, dated [DATE], the MDS indicated Resident 18 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living [(ADLs) - basic tasks that must be accomplished every day for an individual to thrive)]. The MDS indicated the resident had impairment of both upper and both lower extremities.</p> <p>During a review of Resident 71's Physician Orders, the Physician Orders indicated the following:</p> <ul style="list-style-type: none"> - 8/6/2022: May apply hand mitten to left hand to prevent from pulling life sustaining tubing remove every 2 hours for skin check. - Siderails up due to seizure disorder [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness] (informed consent obtained verified with physician) <p>During a review of Resident 71's bedrail use, and entrapment risk evaluation dated 8/9/2024, the evaluation indicated the use of full rails for safety due to balance deficit and resident unable to support trunk (body) to avoid rolling out of bed.</p> <p>During a review of resident 71's restraint assessment dated [DATE], the assessment indicated a to keep siderails up for safety due to poor balance and poor cognition.</p> <p>During a review of Resident 71's fall risk assessment dated [DATE], the assessment indicated the resident was a high risk for falls.</p> <p>During an observation on 10/22/2024 at 10:41 a.m., inside Resident 71's room with Licensed Vocational Nurse 5 (LVN) 5, observed Resident 71 with left-hand mitten on. LVN 5 verified Resident 71 had a left-hand mitten on for safety to prevent the resident from pulling out tubes.</p> <p>During a concurrent interview and record review on 10/25/2024 at 9:23 a.m., reviewed Resident 71's physician's orders, care plans, informed consents, fall risk assessment, restraint assessment, and bedrail and entrapment risk evaluation with the Minimum Data Set Coordinator (MDSC). The MDSC stated, for any restraint or siderail use orders, informed consent should be obtained prior to use of the restraint or siderails. The MDSC stated the facility practice regarding bedrail use and entrapment risk evaluation and restraint assessments were completed upon admission, readmission, and annually. The MDSC verified there was no documented evidence in Resident 71's medical record that an informed consent was obtained from the resident or resident representative prior to use of left-hand mitten to ensure the family was aware of the plan of care as well as the risks and consequences of the restraint. The MDSC verified there was no quarterly assessment for the continued use of left-hand mitten, and bed rail and entrapment risk evaluation. The MDSC stated the restraints assessments and bed rail, and entrapment risk evaluation should have been completed quarterly per facility policy to ensure continued use of the siderail and restraints were appropriate and safe.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Bed and Crib Rails, last reviewed on 1/18/2024, the P&P indicated bedrail/Restraint use will be evaluated upon admission and quarterly.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's recent policy and procedure (P&P) titled Protective Devices and Restraints, last reviewed on 1/18/2024, the P&P indicated with rare exception, a physician's authorization is required initially for their use. When protective devices or restraints are used, the staff should make observations and take precautions to attempt to prevent problems and complications related to their use. The physician's order will contain the specific type of protective device(s) to be used (for example, wrist restraints, pelvic device, waist device, or padded mittens). Also, the physician's orders or progress notes should reflect the reason for ordering the device(s). Periodically, the attending physician and nursing staff will consider whether an individual still needs the device(s), or if their use could be reduced or eliminated.</p> <p>2. During a review of Resident 37's Admission Record (AR), the AR indicated the facility admitted the resident on 11/30/2014, and was readmitted on [DATE], with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), dependence on respirator (a mechanical device that helps a patient breathe by moving air into and out of their lungs), and tracheostomy (an opening surgically created through the neck into the trachea [windpipe] to allow air to fill the lungs).</p> <p>During a review of Resident 37's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident required partial to requiring supervision assistance on mobility and activities of daily living (ADLs).</p> <p>During a review of Resident 37's Physician's Orders (PO), dated 7/19/2018, the PO indicated an order for side rails up and postural support due to decrease cognitive level. The PO did not indicate an order for placing the bed against the wall.</p> <p>During a concurrent observation, interview, and record review on 10/24/2024, at 9:00 a.m., with Registered Nurse 6 (RN) 6, inside Resident 37's room, observed resident lying on bed sleeping with the bed pushed against the wall on the left side of the resident's bed with all four side rails up. Reviewed Resident 37's Physician's Orders, Assessments, Consents, and Care Plans. RN 6 stated before they apply restraints to the residents they should assess the resident on the safety of the use of the restraint, they obtain a physician's order and a consent from the resident or resident representative and develop and implement a care plan on the use of restraint. RN 6 stated placing the resident's bed against the wall was a form of a restraint. RN 6 stated he cannot find the order for bed placed against the wall, the assessment on its safety of use, and no consent from the resident nor the resident representative, and care plan on the use of bed placed against the wall on the resident's medical chart. RN 6 stated their failure to perform all the necessary steps mentioned above placed the resident at risk for injury such as entrapment.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the DON, the DON stated there should be an order, assessment on the safe use of the restraint, the staff should have explained the risk and benefits to resident/representative of the use of the restraint, an informed consent, and a care plan on the use of bed placed against the wall before applying them to the resident.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's recent P&P titled Protective Devices and Restraints, last reviewed on 1/18/2024, the P&P indicated, with rare exception, a physician's authorization is required initially for their use. When protective devices or restraints are used, the staff should make observations and take precautions to attempt to prevent problems and complications related to their use. The physician's order will contain the specific type of protective device(s) to be used (for example, wrist restraints, pelvic device, waist device, or padded mittens). Also, the physician's orders or progress notes should reflect the reason for ordering the device(s). Periodically, the attending physician and nursing staff will consider whether an individual still needs the device(s), or if their use could be reduced or eliminated.</p> <p>During a review of the facility's P&P titled, Informed Consent for General Care, last reviewed on 1/18/2024, the P&P indicated the physician, family nurse practitioner, or registered nurse will explain the following information to the resident/responsible party:</p> <p>A. Reason for treatment and nature of illness.</p> <p>B. Nature of procedures to be used in treatment including probable/possible duration,</p> <p>C. Possible/probable degree and duration of improvement.</p> <p>D. Reasonable alternative treatment and risks. Reason for proposed treatment.</p> <p>44376</p> <p>3. During a review of Resident 45's Admission Record indicated the facility admitted the resident on 5/17/2024 and was readmitted on [DATE] with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into windpipe to facilitate breathing), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 45's History and Physical (H&P) dated 9/27/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 45's Minimum Data Set (MDS), a federally mandated resident assessment tool, dated 9/5/2024, the MDS indicated Resident 45 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living [(ADLs) - basic tasks that must be accomplished every day for an individual to thrive]]. The MDS indicated the resident had impairment on both upper and lower extremities.</p> <p>During a review of Resident 45's Physician Orders, the Physician Orders dated 9/20/2024 indicated,</p> <p>- Apply hand mittens to right hand to prevent pulling life sustaining tube and scratching, may remove mitten when responsible party is at bedside. Remove mitten every two hours for skin assessment.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 10/22/2024 at 12:30 p.m., inside Resident 45's room with Registered Nurse 4 (RN) 4), RN 4 observed the resident had a hand mitten on the right hand. RN 4 stated the mitten was to prevent the resident from pulling out tubes due to resident moving frequently while in the bed.</p> <p>During a concurrent interview and record review on 10/25/2024 at 9:23 a.m., reviewed Resident 45's physician's orders, care plans, informed consents, fall risk assessment, restraint assessment, and bedrail and entrapment risk evaluation with the Minimum Data Set Coordinator (MDSC). The MDSC stated facility practice regarding completion of assessments such as bedrail use and entrapment risk evaluation and restraint assessments were completed upon admission, readmission, and annually. The MDSC verified there was no quarterly assessments for the continued use of right-hand mitten. The MDSC stated the restraint assessment should have been completed quarterly per facility policy to ensure continued use of the right-hand mitten remained appropriate and safe.</p> <p>During a review of the facility's P&P titled, Protective Devices and Restraints, last reviewed on 1/18/2024, the P&P indicated the following: with rare exception, a physician's authorization is required initially for their use. When protective devices or restraints are used, the staff should make observations and take precautions to attempt to prevent problems and complications related to their use. The physician's order will contain the specific type of protective device(s) to be used (for example, wrist restraints, pelvic device, waist device, or padded mittens). Also, the physician's orders or progress notes should reflect the reason for ordering the device(s). Periodically, the attending physician and nursing staff will consider whether an individual still needs the device(s), or if their use could be reduced or eliminated.</p> <p>During a review of the facility's P&P titled, Informed Consent for General Care, last reviewed on 1/18/2024, the P&P indicated the physician, family nurse practitioner, or registered nurse will explain the following information to the resident/responsible party:</p> <p>A. Reason for treatment and nature of illness.</p> <p>B. Nature of procedures to be used in treatment including probable/possible duration,</p> <p>C. Possible/probable degree and duration of improvement.</p> <p>D. Reasonable alternative treatment and risks. Reason for proposed treatment.</p>		

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 10/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988</p> <p>Based on interview and record review the facility failed to develop and implement a comprehensive care plan for three of five sampled residents (Residents 45, 37 and 463) investigated under physical restraints (device or manual holds that limit a person's movement or access to their body) by:</p> <ol style="list-style-type: none"> 1. Failing to develop and implement a care plan for Resident 45's use of right-hand mitten (a type of glove that covers patient hand to prevent from pulling out any essential line or tubes). 2. Failing to develop and implement a care plan addressing placement of Resident 37's bed against the wall. 3. Failing to develop and implement a care plan addressing use of full side rails (horizontal bars attached to the side of a bed to help prevent falls and provide a sense of security) for Resident 463. <p>These deficient practices had the potential for a delay in care and services of residents.</p> <p>Findings:</p> <p>a. During a review of Resident 45's Admission Record, the Admission Record indicated the facility admitted the resident on 5/17/2024 and readmitted the resident on 8/25/2024 with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 45's History and Physical (H&P) dated 9/27/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 45's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/5/2024, the MDS indicated Resident 45 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 45's Physician Orders, the Physician Orders indicated the following:</p> <p>- 9/30/2024: Apply hand mittens to right hand to prevent pulling life sustaining tube and scratching, may remove mitten when responsible party is at bedside. Remove mitten every two hours for skin assessment.</p> <p>(continued on next page)</p>

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 10/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 10/22/2024 at 12:30 p.m., inside Resident 45's room with Registered Nurse 4 (RN 4), RN 4 stated the resident is wearing a right hand mitten to prevent the resident from pulling out tubes because the resident moves frequently in bed.</p> <p>During a concurrent interview and record review on 10/25/2024 at 12:22 p.m., with the Minimum Data Set Coordinator (MDSC), reviewed Resident 45's physician's order, restraint assessments, informed consents, and care plans. The MDSC stated Resident 45 has a physician order for the application of right-hand mitten to prevent from pulling out life sustaining tubes and scratching. The MDSC stated there was no care plan developed and implemented addressing the use of right-hand mitten. The MDSC stated a care plan should have been created as soon as the order for use of right hand mitten was received from the physician to ensure staff are aware of the resident's plan of care and to prevent a delay in providing care to the resident.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Comprehensive Care Plans, last reviewed on 1/18/2024, the P&P indicated the comprehensive care plans will be reviewed, revised, and completed within seven days after completion of the comprehensive assessment, which is prepared by the interdisciplinary team, that includes but is not limited to-</p> <ul style="list-style-type: none"> a. A Registered Nurse with responsibility for the resident. b. Dietician c. The Resident and/or Resident's representative to the extent possible d. Respiratory Therapist e. Activities Representative f. Social Services g. Care plan will be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. <p>44376</p> <p>b. During a review of Resident 37's Admission Record (AR), the AR indicated the facility admitted the resident on 11/30/2014, and readmitted the resident on 7/19/2018, with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), dependence on respirator (a mechanical device that helps a patient breathe by moving air into and out of their lungs), and tracheostomy (an opening surgically created through the neck into trachea [windpipe] to allow air to fill the lungs).</p> <p>During a review of Resident 37's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 7/22/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident required moderate to supervision assistance on mobility and activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 37's Bedrail Use and Entrapment Risk Evaluation, dated 1/23/2024, the evaluation indicated the resident had balance deficit and had mild developmental delay.</p> <p>During a concurrent observation and interview, and record review on 10/24/2024, at 9 a.m., with Registered Nurse 6 (RN 6), inside Resident 37's room, observed Resident 37's left side of the bed placed against the wall. During review of Resident 37's physician's orders and care plans, RN 6 stated placing the resident's bed placed against the wall is considered a restraint because the resident is restricted from getting out from the left side of the bed. RN 6 stated there was no care plan in place for placement of the resident's bed against the wall. RN 6 stated it is important to have a care plan on placement of bed against the wall for resident safety.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated it is important to have a care plan to ensure appropriate care and interventions are provided to the residents. The DON stated the care plan serves as a communication tool to all the healthcare providers and serves as a basis for evaluating the effectiveness of the care provided by the healthcare team.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Comprehensive Care Plans, last reviewed on 1/18/2024, the P&P indicated the comprehensive care plans will be reviewed, revised, and completed within seven days after completion of the comprehensive assessment, which is prepared by the interdisciplinary team, that includes but is not limited to-</p> <ul style="list-style-type: none"> a. A Registered Nurse with responsibility for the resident. b. Dietician c. The Resident and/or Resident's representative to the extent possible d. Respiratory Therapist e. Activities Representative f. Social Services g. Care plan will be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. <p>c. During a review of Resident 463's Admission Record (AR), the AR indicated the facility admitted the resident on 10/1/2024, with diagnoses including tracheostomy, gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and nontraumatic intracranial hemorrhage (bleeding in the brain that occurs without trauma or surgery).</p> <p>During a review of Resident 463's History and Physical (H&P), dated 10/2/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 463's Physician's Order (PO), dated 10/1/2024, the PO indicated an order for side rails up due to safety (informed consent verified with M.D.).</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 463's MDS, dated [DATE], the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident had severe cognitive impairment (a significant loss of intellectual capacity that makes it difficult for a person to function independently) and was dependent on mobility and activities of daily living (ADLs).</p> <p>During a review of Resident 463's Bedrail Use and Entrapment Risk Evaluation, dated 10/2/2024, the evaluation indicated the bed rails are being considered for safety and the resident had balance deficit and unable to support trunk.</p> <p>During a concurrent interview and record review on 10/24/2024, at 3:04 p.m., with Registered Nurse 2 (RN 2), reviewed Resident 463's Physician's Orders and Care Plans. RN 2 stated there is no care plan developed and implemented on the use of bedrails on the resident. RN 2 stated it is important to have a care plan on the use of bedrails to ensure its safe use and to prevent the resident from accidents such as entrapment.</p> <p>During a concurrent observation and interview on 10/24/2024, at 3:09 p.m., with Registered Nurse 5 (RN 5), inside Resident 463's room, observed the resident's all four side rails/ bed rails in raised position. RN 5 stated the bed rails are applied for resident safety.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the DON, the DON stated it is important to have a care plan to ensure appropriate care and interventions are provided to the residents. The DON stated the care plan serves as a communication tool to all the healthcare providers and serves as a basis for evaluating the effectiveness of the care provided by the healthcare team.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Comprehensive Care Plans, last reviewed on 1/18/2024, the P&P indicated the comprehensive care plans will be reviewed, revised, and completed within seven days after completion of the comprehensive assessment, which is prepared by the interdisciplinary team, that includes but is not limited to-</p> <ul style="list-style-type: none"> a. A Registered Nurse with responsibility for the resident. b. Dietician c. The Resident and/or Resident's representative to the extent possible d. Respiratory Therapist e. Activities Representative f. Social Services g. Care plan will be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. 		

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 10/25/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review the facility failed to ensure the comprehensive care plan was reviewed and revised by an interdisciplinary team to meet the individual needs for three of 13 sampled residents (Residents 93, 37, and 15) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 93's bedrails/side rails (a board or a rail that runs along the side of a bed, connecting the headboard and footboard) care plan (a written document that outlines the care and support needs of a person) followed Resident 93's physician's order. 2. Ensure Resident 37's bedrails/side rails care plan followed Resident 37's physician's order. 3. Ensure Resident 15's Restorative Nursing Restorative Nursing Assistant program [(RNA), nursing aide program that help residents to maintain their function and joint mobility] care plan reflected Resident 15's current RNA orders. <p>These deficient practices had the potential for inappropriate care and treatment, and minimizes the facility's ability to review the effectiveness of the treatments, decreasing overall quality of life.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 93's Admission Record (AR), the AR indicated the facility admitted the resident on 9/11/2023, and readmitted the resident on 7/9/2024, with diagnoses including spastic quadriplegic cerebral palsy (a permanent neuromuscular disorder that affects all four limbs, trunk, and the face), epilepsy (a chronic brain disorder that causes seizures, which are episodes of abnormal electrical activity in the brain), and unspecified intracranial injury (a brain injury caused by a head injury, such as a fall or a blow to the head). <p>During a review of Resident 93's Minimum Data Set (MDS), a federally mandated resident assessment tool, dated 9/16/2024, the MDS indicated the resident rarely to never had the ability to make self-understood and understand others. The MDS indicated the resident was dependent on staff for mobility and activities of daily living [(ADLs), routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves]).</p> <p>During a review of Resident 93's Physician Orders, dated 7/9/2024, indicated an order for side rails up due to safety (informed consent verified with M.D.).</p> <p>During a review of Resident 93's Care Plan (CP) titled Potential for injury: Use of restraints side rails up times (X) 2 when in bed, updated 9/16/2024, indicated a care plan to perform routine check to make sure that the siderails stay up.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation, interview, and record review on 10/24/2024, at 11:10 a.m., with Registered Nurse 7 (RN 7), inside Resident 93's room, observed Resident 93 lying in bed with all 4 side rails/bedrails up. Reviewed Resident 93's Physician Orders and Care Plans. RN 7 stated the resident had an order for side rails up and the care plan only indicated partial or 2 side rails/bedrails up. RN 7 stated the care plan should be accurate and updated as the resident had 4 side rails/bedrails used as a restraint to prevent the resident from falls. RN 7 stated the care for residents with 2 siderail/bedrail and full siderail/bedrail was different as all 4 bedrails are more restrictive and requires more interventions to prevent accidents such as entrapment (when a resident is trapped or caught in a hospital bed, either in or around the bed rails, mattress, or frame).</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), The DON stated it was important to revise and update the care plan to ensure an accurate picture of the resident's health status. The DON stated there was a big difference between the care of a resident with 2 side rails versus 4 siderails and the care plan should be revised and updated accordingly for patient safety.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Comprehensive Care Plans, last reviewed on 1/18/2024, the P&P indicated the comprehensive care plans will be reviewed, revised, and completed within seven days after completion of the comprehensive assessment, which is prepared by the interdisciplinary team, that includes but is not limited to-</p> <ul style="list-style-type: none"> a. A Registered Nurse with responsibility for the resident. b. Dietician c. The Resident and/or Resident's representative to the extent possible d. Respiratory Therapist e. Activities Representative f. Social Services g. Care plan will be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. <p>2. During a review of Resident 37's Admission Record (AR), the AR indicated the facility admitted the resident on 11/30/2014, and readmitted the resident on 7/19/2018, with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), dependence on respirator (a mechanical device that helps a person breathe by moving air into and out of their lungs), and tracheostomy (an opening surgically created through the neck into the windpipe to allow air to fill the lungs).</p> <p>During a review of Resident 37's MDS , dated 7/22/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The resident required moderate to supervision assistance on mobility and activities of daily living (ADLs).</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 37's Bedrail Use and Entrapment Risk Evaluation, dated 1/23/2024, the evaluation indication the resident had balance deficit and had mild developmental delay.</p> <p>During a concurrent observation, interview, and record review on 10/24/2024, at 9 a.m., with Registered Nurse 6 (RN 6), inside Resident 37's room, observed Resident 37 lying in bed with the bedrail/ siderails with all 4 side rails up. Reviewed Resident 37's Physician Orders and Care Plans. RN 6 stated the care plan on file is indicating only 2 side rails up. RN 6 stated the care plan should reflect the actual intervention being rendered to the resident for safety.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), The DON stated it was important to revise and update the care plan to ensure an accurate picture of the resident's health status. The DON stated there was a big difference between the care of a resident with 2 side rails versus 4 siderails. The care plan should be revised and updated accordingly for patient safety.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Comprehensive Care Plans, last reviewed on 1/18/2024, the P&P indicated the comprehensive care plans will be reviewed, revised, and completed within seven days after completion of the comprehensive assessment, which is prepared by the interdisciplinary team, that includes but is not limited to-</p> <ul style="list-style-type: none"> a. A Registered Nurse with responsibility for the resident. b. Dietician c. The Resident and/or Resident's representative to the extent possible d. Respiratory Therapist e. Activities Representative f. Social Services g. Care plan will be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. <p>41379</p> <p>3. During a review of Resident 15's Record of Admission indicated, the Admission Record Resident 15 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including, but not limited to chronic respiratory failure (any condition that affects breathing function and result in lungs not functioning properly) and encephalopathy (any damage or disease that affects the brain).</p> <p>During a review of Resident 15's Annual History and Physical (H&P) dated 8/4/2024, the H&P indicated Resident 15 did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 15's Minimum Data Set (MDS), - a federally mandated resident assessment tool) dated 10/22/2024, the MDS indicated Resident 15 indicated Resident 15 required dependent assistance from staff for oral hygiene, toileting hygiene, upper and lower body dressing and rolling left and right in bed. The MDS also indicated Resident 15 had functional impairment in range of motion [(ROM), full movement potential of a joint]] on both sides of the upper and lower extremities.</p> <p>During a review of Resident 15's Physician's Orders (PO) dated 8/13/2018, the PO indicated an order dated 8/13/2018 for passive range of motion (PROM, movement at a given joint with full assistance from another person) to all extremities 10 to 15 minutes twice a day by a Restorative Nursing Assistant (RNA - nursing assistant program that help residents to maintain their function and joint mobility) prior to splinting (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) and an order dated 8/29/2022 for bilateral (both sides) hand splints twice a day from 0700 to 0800 and from 1300 and 1400 for one hour by RNA while resident is on his back.</p> <p>During a review of Resident 15's care plan dated 8/2024 the care plan indicated concerns and problems were limitations in the functional ROM in the following areas: right (R) hip severe, left (L) hip moderate, R knee severe, L moderate, both ankle severe, both elbow functional range of motion, both wrists functional range of motion, both fingers functional range of motion, shoulder minimum. The care plan indicated the approach plan was for PROM to all extremities once a day by RNA apply both hand splints (no time frame for wearing time was indicated).</p> <p>During an observation on 10/22/2024 at 12:22 p.m., Resident 15 was laying on the back in bed. Resident 15's right elbow was bent about halfway and the right wrist and hand were in a blue splint. Resident 15's left elbow was bent and the left wrist and hand was in a blue splint and rotated away from the body.</p> <p>During a concurrent interview and record review on 10/23/2024 at 1:50 p.m., Registered Nurse supervisor (RN) 1) reviewed Resident 15's care plan dated 8/2024 and Resident 15's RNA orders dated 8/13/2018 and 8/29/2022 and stated Resident 15's care plan for RNA does not match the current and active RNA orders for Resident 15. RN 1 stated the care plan should reflect the RNA treatment for PROM twice a day and indicate Resident 15 should have both hand splints on every day for one hour from 7:00 a.m. to 8:00 a.m. and then for another hour at 1:00 p.m. and 2:00 p.m. RN 1 stated care plans should be revised to reflect the current orders because care plans were aligned with the care that the resident should be receiving based on the order. RN 1 stated a care plan helps staff to ensure the resident received quality care, assists staff to know what to monitor and how to re-assess the resident based on the issue or diagnosis. RN 1 stated it was important to make sure that the care plans were revised and up to date.</p> <p>During an interview on 10/23/2024 at 4:22 p.m., the Director of Nursing (DON), the DON stated the purpose of a care plan was to provide an overview of the resident and what the facility was providing to the resident and for all staff to know what was going on with the resident. The DON stated the care plan should reflect what the resident was receiving and based on the actual physician's order. The DON stated the RNA care plan should reflect the RNA treatment orders.</p> <p>A review of the facility's policy and procedure reviewed 4/2024, titled, Restorative Nursing Services,, indicated restorative goals and objectives are individualized and resident-centered, and are outlined in the residents' plan of care.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedures revised 3/2024, titled, Comprehensive Care Plans,, indicated the care plans will include minimum healthcare information necessary to properly care for a resident including physician orders. The comprehensive care plans will be reviewed, revised, and completed.</p>

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 10/25/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988</p> <p>Based on interview and record review, the facility's licensed nursing staff failed to provide care in accordance with professional standards for one of five sampled residents (Resident 81) investigated under unnecessary medications by failing to rotate (a method to ensure repeated injections are not administered in the same area) the subcutaneous (SQ - beneath the skin) insulin (a hormone that lowers the level of sugar in the blood) administration sites.</p> <p>This deficient practice had the potential for adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin such as lipodystrophy (abnormal distribution of fat) and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin).</p> <p>Findings:</p> <p>During a review of Resident 81's Admission Record, the Admission Record indicated the facility admitted the resident on 3/25/2023 and readmitted on [DATE] with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing), and type 2 diabetes mellitus (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 81's History and Physical (H&P), dated 4/22/2024, the H&P indicated the resident did not have the capacity to make decisions.</p> <p>During a review of Resident 81's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/29/2024, the MDS indicated Resident 81 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 81 was receiving insulin.</p> <p>During a review of Resident 81's Physician Orders, the Physician Orders indicated the following:</p> <ul style="list-style-type: none"> - 8/19/2024: Fingerstick blood sugar check every six with regular human insulin (a short acting insulin that starts to work within 30 minutes to 1 hour of injection) 100 units per milliliter (unit/ml - a unit of measurement) insulin per sliding scale (refers to the increasing administration of the pre-meal insulin dose based on the blood sugar level before the meal) coverage as: 70 to 140 = zero unit (a unit of measurement); 141 to 180 = one unit; 181 to 200 = two units; 201 to 250 = three; 251 to 300 = four units; 301 to 350 = 6 units; 351 to 400 = eight units; more than (>) 400 call physician. - 8/19/2024: Humulin N NPH (an intermediate-acting insulin that takes 4 hours to start working after injection) U-100 insulin 100 units/ml suspension inject seven units SQ every 12 hours hold if blood sugar less than 100. <p>(continued on next page)</p>		

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 10/25/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/23/2024 at 3:30 p.m., reviewed Resident 81's Medication Administration Record (MAR - a daily documentation records used by a licensed nurse to document medications and treatments given to a resident) from 8/2024, 9/2024, and 10/2024 with Registered Nurse 2 (RN 2), RN 2 verified the MAR indicated the Humulin N NPH and Regular insulin injection were administered as follows:</p> <p>For Humulin N:</p> <ul style="list-style-type: none"> - 8/20/2024 6:00 a.m. SQ left lower quadrant (LLQ) - 8/20/2024 6:00 p.m. SQ LLQ - 8/22/2024 6:00 a.m. SQ right lower quadrant (RLQ) - 8/22/2024 6:00 p.m. SQ RLQ - 8/23/2024 6:00 a.m. SQ left upper quadrant (LUQ) - 9/2/2024 6:00 p.m. SQ LLQ - 9/3/2024 6:00 a.m. SQ LLQ - 9/4/2024 6:00 a.m. SQ RLQ - 9/4/2024 6:00 p.m. SQ RLQ - 9/5/2024 6:00 a.m. SQ LUQ - 9/5/2024 6:00 p.m. SQ LUQ - 9/7/2024 6:00 a.m. SQ RLQ - 9/7/2024 6:00 p.m. SQ RLQ - 9/16/2024 6:00 a.m. SQ LLQ - 9/16/2024 6:00 p.m. SQ LLQ - 9/20/2024 6:00 a.m. SQ RLQ - 9/20/2024 6:00 p.m. SQ RLQ - 10/4/2024 6:00 a.m. SQ left arm (LA) - 10/4/2024 6:00 p.m. SQ left arm (LA) - 10/15/2024 6:00 a.m. SQ RLQ <p>(continued on next page)</p>

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 10/25/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 10/15/2024 6:00 p.m. SQ RLQ</p> <p>- 10/17/2024 6:00 a.m. SQ RLQ</p> <p>- 10/17/2024 6:00 p.m. SQ RLQ</p> <p>Regular insulin:</p> <p>- 9/2/2024 12:00 p.m. SQ RLQ</p> <p>- 9/2/2024 6:00 p.m. SQ RLQ</p> <p>- 9/3/2024 12:00 a.m. SQ LLQ</p> <p>- 9/3/2024 6:00 a.m. SQ LLQ</p> <p>- 9/3/2024 12:00 a.m. SQ RLQ</p> <p>- 9/3/2024 6:00 a.m. SQ RLQ</p> <p>- 9/11/2024 6:00 a.m. SQ RLQ</p> <p>- 9/11/2024 12:00 p.m. SQ RLQ</p> <p>- 9/14/2024 6:00 p.m. SQ LLQ</p> <p>- 9/15/2024 12:00 a.m. SQ LLQ</p> <p>- 9/15/2024 6:00 p.m. SQ RLQ</p> <p>- 9/16/2024 12:00 a.m. SQ RLQ</p> <p>- 9/19/2024 6:00 p.m. SQ RLQ</p> <p>- 9/20/2024 12:00 a.m. SQ RLQ</p> <p>- 9/21/2024 6:00 a.m. SQ RLQ</p> <p>- 9/21/2024 12:00 p.m. SQ RLQ</p> <p>- 9/21/2024 6:00 p.m. SQ RLQ</p> <p>- 9/22/2023 6:00 a.m. SQ LLQ</p> <p>- 9/22/2023 12:00 p.m. SQ LLQ</p> <p>- 9/27/2024 6:00 p.m. SQ LLQ</p> <p>(continued on next page)</p>

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 10/25/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 9/28/2024 12:00 a.m. SQ LLQ - 10/8/2024 6:00 a.m. SQ right upper quadrant (RUQ) - 10/8/2024 12:00 p.m. SQ RUQ - 10/9/2024 6:00 a.m. SQ LLQ - 10/9/2024 12:00 p.m. SQ LLQ - 10/12/2024 12:00 p.m. SQ RLQ - 10/12/2024 6:00 p.m. SQ RLQ - 10/14/2024 12:00 p.m. SQ LLQ - 10/14/2024 6:00 p.m. SQ LLQ - 10/16/2024 12:00 p.m. SQ RLQ - 10/16/2024 6:00 p.m. SQ RLQ <p>RN 2 stated insulin administration should be rotated per standards of practice. RN 2 verified Resident 81's MAR indicated the insulin administration sites were not rotated. RN 2 stated not rotating the injection sites placed the resident at risk for developing bruising, pain, and tenderness (pain) on the administration sites. RN 2 stated that the skin underneath can develop lumps and affect the medication absorption.</p> <p>During a concurrent interview and record review on 10/25/2024 at 10:50 a.m., Residents 81's MARs on 8/2024, 9/2024, and 10/2024 were reviewed with the Director of Nursing (DON). The DON stated the nurses should rotate the insulin administration sites as a standard of practice. The DON stated the insulin administrated were not rotated on multiple occasions. The DON verified the manufacturer's guideline for the use of Humulin N and Regular Insulin indicated to rotate the injection sites. The DON stated the nurses did not follow the manufacturer's guideline and the standards of practice. The DON stated the insulin administration sites should have been rotated as it can affect the absorption of insulin and can also cause skin lumps and bruising.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Insulin Administration, last reviewed 1/18/2024, the P&P indicated to administer the insulin using proper subcutaneous technique.</p> <p>During a review of the facility provided manufacturer's guideline for Humulin R (insulin human), undated, the guideline indicated:</p> <ul style="list-style-type: none"> - Change (rotate) the injection sites within the area chosen with each dose to reduce the risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites. - Do not use the exact same spot for each injection. <p>(continued on next page)</p>		

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 10/25/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Do not inject where the skin has pits, is thickened, or has lumps. - Do not inject where the skin is tender, bruised, scaly, or hard, or into scars or damaged skin. <p>During a review of the facility provided manufacturer's guideline for Humulin N, undated, the guideline indicated:</p> <ul style="list-style-type: none"> - Administer in the SQ tissue of the abdominal wall, thigh, upper arm, or buttocks. - To reduce the risk of lipodystrophy, rotate the injection site within the same region from one injection to the next.

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 10/25/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>44376</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident was provided with showers for one of two sampled residents (Resident 104) investigated under activities of daily living.</p> <p>This deficient practice had the potential for Resident 104 to feel frustrated and embarrassed, due to lack of or delay in receiving sufficient services to maintain good grooming, personal and oral hygiene; and incontinence care and had the potential to lead to skin breakdown, and social isolation.</p> <p>Findings:</p> <p>During a review of Resident 104's Admission Record (AR), the AR indicated the facility admitted the resident on 7/3/2024, and readmitted the resident on 8/26/2024, with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), dependence on respirator (a mechanical device that helps a patient breathe by moving air into and out of their lungs), and major depressive disorder (a mental health condition that involves a depressed mood and loss of interest in activities for a significant amount of time).</p> <p>During a review of Resident 104's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/14/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated Resident 104 was dependent on shower, bathing and was always incontinent of urine and bowel (feces).</p> <p>During an interview on 10/22/2024, at 9:22 a.m., with Resident 104, inside the resident's room, Resident 104 stated the facility seems to not have a regular schedule for showering the residents. Resident 104 stated she had shortness of breath on Sunday (10/20/2024) and was not showered that day, however, on Wednesday (10/16/2024) she should have a shower that day but was skipped.</p> <p>During an interview and record review on 10/24/2024, at 7:58 a.m., with Registered Nurse 2 (RN 2), the facility's Shower Schedule, Certified Nursing Assistant (CNA) Shower List, and the Adult 24-hour Flow Sheet were reviewed. RN 2 stated Resident 104 gets her shower every Wednesdays and Sundays during the evening shift (3 p.m. to 11 p.m.) per the Shower Schedule. RN 2 stated there was no record of Resident 104 having a shower for 10/2024 on the CNA Shower List. RN 2 stated the following reflected on the Adult 24-hour Flow Sheets:</p> <ul style="list-style-type: none"> - 10/2/2024 (Wednesday) Partial baths at 8 p.m. and 2 a.m. - 10/6/2024 (Sunday) Bed baths at 8 a.m. and at 10 p.m. - 10/9/2024 (Wednesday) Bed bath at 10 a.m. - 10/13/2024 (Sunday) Bed bath at 2 p.m., and partial baths at 12 a.m., 2 a.m., and 6 a.m. - 10/20/2024 (Sunday) Partial baths at 4 p.m., 6 p.m., 12 a.m., 2 a.m., and 6 a.m. <p>(continued on next page)</p>		

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 10/25/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 10/23/2024 (Wednesday) Shower at 4 p.m.</p> <p>RN 2 stated Resident 104 should be showered as scheduled because it is a basic component of health maintenance, and the failure to provide the showers to the resident as scheduled affected the dignity and self-worth of the resident.</p> <p>During an interview on 10/24/2024, at 8:18 a.m., with Licensed Vocational Nurse 9 (LVN 9), LVN 9 stated she had been caring for Resident 104 for a long time and she had not experienced Resident 104 refusing to have a shower.</p> <p>During a review of the facility's Shower Schedule, last updated on 4/30/2024, the schedule indicated Resident 104 will have a shower every Wednesdays and Sundays.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated the staff should stick to the shower schedule of Resident 104 to promote dignity and good hygiene to the resident. The DON stated the facility is the resident's home, so they need to honor the resident's preference of showering to promote comfort and well-being to the resident.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Shower Procedures, last reviewed on 1/18/2024, the P&P indicated residents will be given a shower room as scheduled and if needed (PRN).</p>		

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 10/25/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>43418</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident's low air loss mattress (LALM, a specialized mattress designed to distribute a resident's body weight over a broad surface area and help prevent skin breakdown) was set to the resident's weight for one of two sampled residents (Resident 261).</p> <p>This failure had the potential for Resident 261's skin to break down.</p> <p>Findings:</p> <p>During a review of Resident 261's Record of Admission, the record of admission indicated the facility originally admitted the resident on 12/21/2011, and readmitted the resident on 10/15/2024 with diagnoses including, but not limited to, quadriplegia (paralysis from the neck down, including legs, and arms, usually due to a spinal cord injury).</p> <p>During a review of Resident 261's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 7/15/2024, the MDS indicated Resident 261 was rarely or never understood, had impairment on both upper and lower extremities, was dependent on facility staff for activities of daily living including hygiene, dressing, toileting, and surface-to-surface transfers, was at risk for developing pressure ulcers, and used a pressure reducing device on her bed.</p> <p>During a review of Resident 261's Care Plan, dated 10/22/2024, the care plan indicated a concern related to actual and potential alteration in skin integrity with approaches including, but not limited to, check LALM pressure every shift and set per resident's weight for skin management.</p> <p>During a review of Resident 261's Weight Record, dated 10/15/2024, the weight record indicated Resident 261 weighed 34.4 kilograms (a unit of measure for mass), which is equal to 75.84 pounds.</p> <p>During an observation on 10/22/2024, at 10:00 a.m., inside Resident 261's room, Resident 261 was lying in bed, facing towards her left side. Resident 261's bed had a LALM controller hanging on the foot of the bed. The LALM controller were set to static, low pressure, 320 pounds.</p> <p>During an interview on 10/22/2024 at 4:45 p.m., with the Director of Nursing (DON), the DON stated LALM should be set to the resident's weight to prevent skin breakdown. The DON further stated if the LALM is not set correctly, there is potential to place the resident at risk for skin breakdown.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Low Air Loss Mattress, last reviewed 3/2024, the P&P indicated LALM will be used for residents who have actual or potential for pressure ulcers.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility provided document titled, [LALM Manufacturer 1] Operating Manual, undated, the document indicated the pressure adjustment knob controls the air pressure in the mattress. The document indicated turning the knob clockwise will increase the pressure and turning it counterclockwise decreases the pressure. The document indicated higher pressures will support heavier residents. The document further indicated the alternate/static switch selects between alternate pressure mode and static pressure mode, with alternate pressure mode alternating air cells are partially deflated and inflated, avoiding prolonged pressure on any single point beneath the resident to prevent pressure ulcers.</p>		

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 10/25/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41379</p> <p>Based on observation, interview, and record review, the facility failed to provide appropriate services to prevent decline in joint range of motion (ROM, full movement potential of a joint) for three out of nine sampled residents (Residents 15, 93, and 94) who had limited ROM and were assessed at risk for decline in joint ROM, as indicated in the resident's care plans. The facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 15 did not wear both hand splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) for more than one hour as ordered by the physician. 2. Ensure Resident 93 wore both hand rolls (device to keep fingers open) at all times. 3. Ensure Resident 94 wore both hand rolls at all times and right heel protector at all times. <p>These deficient practices had the potential to cause further decline in Residents 15, 93, and 94's ROM and skin integrity.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 15's Record of Admission (RA), the RA indicated the facility originally admitted Resident 15 to the facility on [DATE] and readmitted to the facility on [DATE] with diagnoses including, chronic respiratory failure (any condition that affects breathing function and result in lungs not functioning properly) and encephalopathy (any damage or disease that affects the brain). <p>During a review of Resident 15's Annual History and Physical (H&P) dated 8/4/2024, the H&P indicated Resident 15 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 15's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/22/2024, the MDS indicated Resident 15 indicated Resident 15 required dependent assistance from staff for oral hygiene, toileting hygiene, upper and lower body dressing and rolling left to right in bed. The MDS also indicated Resident 15 had functional impairment in ROM on both sides of the upper and lower extremities.</p> <p>During a review of Resident 15's Physician's Orders (PO), the PO indicated on order dated 8/13/2018 for passive range of motion (PROM, movement at a given joint with full assistance from another person) to all extremities 10 to 15 minutes twice a day by RNA prior to splinting and an order dated 8/29/2022 for bilateral (both sides) hand splints twice a day [0700 to 0800 and 1300 and 1400] for one hour by RNA while resident is on his back [per family request].</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 15's care plan (CP) dated 8/2024, the CP indicated concerns and problems were limitations in the functional range of motion in the following areas: right (R) hip severe, left (L) hip moderate, R knee severe, L moderate, both ankle severe, both elbow functional range of motion, both wrists functional range of motion, both fingers functional range of motion, shoulder minimum. The care plan indicated the approach plan was for passive range of motion to all extremities once a day by RNA apply both hand splints (no time frame for wearing time was indicated).</p> <p>During an observation on 10/22/2024 at 12:22 p.m., Resident 15 was lying on the back in bed. Resident 15's right elbow was bent about halfway and the right wrist and hand was in a blue splint. Resident 15's left elbow was bent a little and the left wrist and hand was in a blue splint and rotated away from the body.</p> <p>During an observation on 10/22/2023 at 2:26 p.m., Resident 15 was lying in bed and both hand splints were on the resident's wrist/hands.</p> <p>During an observation on 10/23/2024 at 8:02 a.m., Resident 15 was lying in bed and there were no hand splints observed on either Resident 15's wrist/hands.</p> <p>During an interview on 10/23/2024 at 8:06 a.m., with Restorative Nursing Aide (RNA 1), RNA 1 stated Resident 15 did not receive his RNA treatment and the splints were not put on yet today.</p> <p>During an observation and interview on 10/23/2024 at 10:16 a.m. in Resident 15's room, RNA 1 completed the RNA treatment session for Resident 15. RNA 1 completed PROM exercises to both upper and lower extremities and put on both hand splints after PROM exercises to the upper extremities. RNA 1 stated Resident 15's order for the RNA were to put on the hand splints for two hours on, then take off the splints for two hours, and then put on the hand splints on for another two hours and then take them off for the rest of the day. RNA 1 stated during the RNA work shift from 7:00 a.m. to 3:00 p.m., the RNA needed to put on the splints twice in a day for two hours anytime during the workday.</p> <p>During an observation on 10/23/2024 at 12:39 p.m., Resident 15 was lying on his back in bed and both hand splints were on.</p> <p>During a concurrent interview and record review on 10/23/2024 at 1:16 p.m., with RNA 1, Resident 15's October 2024 RNA Charting Record was reviewed. RNA 1 stated RNA 1 completed PROM exercises to Resident 15 in the morning, then RNA 1 put on the hand splints for two hours. RNA 1 reviewed Resident 15's October RNA Charting Record and orders and stated the RNA order for Resident 15 actually said the hand splints should be put on for one hour, not two hours, but RNA 1 stated she had been putting it on for at least two hours. RNA 1 stated based on the physician's order, RNA should only be putting on the hand splints for one hour at a time. RNA 1 stated if RNAs completed something different than the order, then we (RNAs) should tell the charge nurse.</p> <p>During a concurrent interview and record review of Resident 15's Physician's Orders, on 10/23/2024 at 1:50 p.m., with Registered Nurse 1 (RN 1), RN 1 stated the RNA order indicated the hand splints should be put on for one hour during the hours of 7:00 a.m. and 8:00 a.m., then put the hand splints on again for one hour during the hours of 1:00 p.m. and 2:00 p.m. RN 1 stated if the splints were put on for more than one hour as ordered, then the splints could cause redness of the skin or irritation where the splints were on.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review of Resident 15's Physician's Orders, on 10/23/2024 at 2:17 p.m., with the Director of Rehabilitation (DOR), the DOR stated Resident 15's RNA order indicated both hand splints should be put on for one hour at a time. The DOR stated if the splints were put on longer than ordered, then a resident could develop skin lesions. The DOR stated a splint helps prevent contractures (condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints) and to prevent skin on skin contact and maintain skin integrity.</p> <p>During an interview on 10/23/2024 at 4:22 p.m., with the Director of Nursing (DON), the DON stated the purpose of a splint is to prevent further contractures and to have proper alignment for the joints. The DON stated if a resident wore a splint for longer than ordered, it could cause skin breakdown and stiffness in the joints. DON stated the RNAs should be following the RNA orders.</p> <p>During a review of the facility's policy and procedure (P&P) revised 5/16/2019, titled, Hand Splints and Rolls, the P&P indicated the physician/nurse practitioner writes an order for treatment indicating the length of time splints are to remain on and off. Splints will be applied and removed according to the physician's order.</p> <p>2. During a review of Resident 93's Record of Admission, the RA indicated the facility originally admitted Resident 93 on 9/11/2023 and readmitted the resident on 7/9/2024 with diagnoses including chronic respiratory failure and spastic diplegia cerebral palsy (is a group of disorders that affect a person's ability to move and maintain balance and posture with tightness in lower extremities).</p> <p>During a review of Resident 93's MDS dated [DATE], the MDS indicated Resident 93 was severely impaired in cognitive skills for daily decision making. The MDS also indicated Resident 93 had functional range of motion limitations on both sides of both the upper and lower extremities. The MDS also indicated Resident 93 required dependent assistance from staff for oral hygiene, toileting hygiene, upper and lower body dressing, and rolling left and right in bed.</p> <p>During a review of Resident 93's Physician's Order, the PO indicated an order dated 7/9/2024 for use both hand rolls at all times.</p> <p>During a review of Resident 93's care plan (CP) dated 9/16/2024 for potential for limitations in the range of motion in all extremities, the CP indicated the approach plan was to apply splints/braces and any devices properly when ordered and to use bilateral hand rolls at all times.</p> <p>During an observation and interview on 10/22/2024 at 1:13 p.m. with Licensed Vocational Nurse (LVN 3) in Resident 93's room, LVN 3 stated Resident 93's hand rolls were not put on correctly. LVN 3 stated both hand rolls were around Resident 93's wrists and the cushioned part was not put in Resident 93's hands. LVN 3 proceeded to straighten the fingers on both hands and moved both hand rolls from the wrist and put the cushioned portion inside Resident 93's hands. LVN 3 stated hand rolls were to help residents who could not open their hands and to prevent redness on skin and prevent moisture inside the hands which could cause the skin to open and lead to an infection.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/23/2024 at 1:50 p.m., with Registered Nurse 1 (RN 1), RN 1 stated hand rolls were used to help prevent contractures in a fistted position. RN 1 stated if there was an order for hand rolls to be on at all times, then the hand rolls should be on the resident's hands at all times. RN 1 stated if a resident did not have a hand roll on, but it was ordered, then the resident's fingers could be in a fistted position and if their nails were long, then the nails could cut into their palms.</p> <p>During an interview on 10/23/2024 at 4:22 p.m., the Director of Nursing (DON), the DON stated staff should follow orders for hand rolls and hand rolls should be placed on residents properly, because hand rolls are used to help prevent contractures. The DON if staff were not applying the hand rolls in the proper place, the residents could develop skin breakdown.</p> <p>During a review of the facility's policy and procedure (P&P) revised 5/16/2019, titled, Hand Splints and Rolls, the P&P indicated residents identified as needing hand rolls will receive an order from the physician. Once an order has been received from the physician, the order will be noted and carried out.</p> <p>3. During a review of Resident 94's Record of Admission, the RA indicated the facility admitted Resident 94 on 9/11/2023 with diagnoses including dependence on supplemental oxygen and cerebral palsy.</p> <p>During a review of Resident 94's MDS dated [DATE], the MDS indicated Resident 94 was severely impaired in cognitive skills for daily decision making. The MDS also indicated Resident 94 had functional range of motion limitations on both sides of both the upper and lower extremities. The MDS also indicated Resident 15 required dependent assistance from staff for oral hygiene, toileting hygiene, upper and lower body dressing, and rolling left and right in bed.</p> <p>During a review of Resident 94's Physician's Order, the PO indicated an order dated 10/16/2023 for use both hand rolls at all times and an order dated 10/16/2023 for use both heel protectors at all times.</p> <p>During a review of Resident 94's care plan dated 9/11/2023 and re-evaluated 9/2024, for potential for limitations in the range of motion in all extremities, the CP indicated the approach plan was to apply splints/braces and any devices properly when ordered.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 10/22/2024 at 1:03 p.m., with Licensed Vocational Nurse (LVN 2), observed Resident 94 lying on the back in bed and the right elbow was fully bent, the right wrist was straight, the right hand was in a fist position. A blue hand roll was observed on the bed to the right of the resident. Resident 94's left elbow was bent about halfway, the left wrist was mostly straight, and the left hand was in a fist position. There were no hand rolls observed on Resident 94. LVN 2 stated Resident 94 should have hand rolls in both hands at all times and heel protectors on both feet. LVN 2 stated Resident 94 was not wearing hand rolls at this time. LVN 2 stated the right heel protector was not on. LVN 2 proceeded to put on the right heel protector and right hand roll for Resident 94. Licensed Vocational Nurse (LVN 3) entered the room and assisted to put on the hand roll on Resident 94's left hand. LVN 3 stated Resident 94 was supposed to have both hand rolls and both heel protectors on at all times because Resident 94 could not open his own hands. LVN 3 stated hand rolls were to help residents who could not open their hands and to prevent redness on skin and prevent moisture inside the hands which could cause the skin to open and lead to an infection.</p> <p>During an interview on 10/23/2024 at 1:50 p.m., with Registered Nurse 1 (RN 1), RN 1 stated hand rolls are used to help prevent contractures in a fist position. RN 1 stated if there was an order for hand rolls to be on at all times, then the hand rolls should be on the resident's hands at all times. RN 1 stated if a resident did not have a hand roll on, but it was ordered, then the resident's fingers could be in a fist position and if their nails were long, then the nails could cut into their palms. RN 1 stated the heel protectors protect residents from putting pressure on their heels so if a resident did not have heel protectors on when they were ordered to be put on, the residents could definitely develop a pressure injury.</p> <p>During an interview on 10/23/2024 at 4:22 p.m., with the Director of Nursing (DON), the DON stated staff should follow orders for hand rolls and hand rolls should be placed on residents properly, because hand rolls are used to help prevent contractures. The DON if staff were not applying the hand rolls in the proper place, the residents could develop skin breakdown.</p> <p>A review of the facility's policy and procedure revised 5/16/2019, titled, Hand Splints and Rolls, indicated residents identified as needing hand rolls will receive an order from the physician. Once an order has been received from the physician, the order will be noted and carried out.</p>

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 10/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review the facility failed to ensure the resident environment was free of accident hazards for four of four sampled residents (Residents 19, 35, 100, and 87) by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 19's albuterol (a medication to prevent and treat wheezing and shortness of breath caused by breathing problems) and Atrovent (a medication to make breathing easier) medications were not left at the bedside. 2. Resident 35's bottle of milk of magnesia (a medication to treat constipation, upset stomach and heart burn) was not left at the bedside. 3. Resident 100's fall mat (a floor mat designed to reduce the risk of injury from a fall by providing a soft-landing surface) did not have medical equipment or furniture on top of them for a longer period of time. 4. Resident 87's bed was placed on the lowest position by the X-ray Tech (a healthcare professional who performs medical examinations using X-rays [a test or way for physicians to get pictures of the inside of the body using radiation { energy that moves from one place to another in a form that can be described as waves or particles}] on patients to create images of specific parts of the body) after X-ray examination was completed. <p>These deficient practices had the potential to result in serious harm or death to the residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 19's Admission Record (AR), the AR indicated the facility admitted the resident on 1/2/2019, and readmitted the resident on 4/20/2020, with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), dependence on respirator (a mechanical device that helps a patient breathe by moving air into and out of their lungs), and tracheostomy (an opening surgically created through the neck into the windpipe to allow air to fill the lungs). <p>During a review of Resident 19's History and Physical (H&P), dated 4/16/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 19's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 9/9/2024, the MDS indicated the resident rarely to never had the ability to make self-understood and understand others.</p> <p>During a review of Resident 19's physician orders (PO), the PO indicated and order for:</p> <p>(continued on next page)</p>

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 10/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7/18/2022: Albuterol HFA (a medication commonly used by people with asthma) 2 puffs via metered-dose-inhaler (MDI, a device used to deliver medication into the lungs) twice a day (BID). Monitor heart rate (HR) before and after medication administration</p> <p>1/18/2023: Albuterol 2.5 miligrams unit dose via hand-held nebulizer a device that delivers liquid medication as an aerosol to help treat respiratory symptoms) every (q) 2 hours if needed (PRN) shortness of breath (SOB)/wheezing.</p> <p>The physician orders did not indicate an active order for Atrovent.</p> <p>During a concurrent observation and interview on 10/22/2024, at 10:41 a.m., with Licensed Vocational Nurse 1 (LVN 1), in Resident 19's room, Resident 19's Atrovent and albuterol medications were in a transparent pouch hanging on the feeding pump pole of the resident. LVN 1 stated the Atrovent, and the albuterol medications should not be left at the bedside of the resident because it can be a safety issue. LVN 1 stated it was the responsibility of the staff to ensure the medications were stored in a safe place to prevent the resident from accidental overdosing with the medications.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated medications should not be left at the bedside of the resident unless there is an order from the physician for the resident to take their own medication and the interdisciplinary team (IDT, a group of professionals from different fields who work together to achieve a common goal) has deemed the resident safe to take his own medications. The DON stated leaving the medications at the bedside had a potential for the resident to over or under dose the intake of medications that can affect the resident's health.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Self-Administration of Medications, last reviewed on 1/18/2024, the P&P indicated nursing/IDT and physician will assess resident's physical and mental status and determine if a resident has the capability to self-administer medications. If resident is deemed appropriate, a Physician's order will be obtained for self-administration of medication upon resident's request.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled All Saints Healthcare Patient Safety Plan, last reviewed on 1/18/2024, the P&P indicated employees are required to participate in safety activities not only to job descriptions but system-wide proceedings as appropriate. Individual behaviors and actions will support system-wide improvement of safety for patients, visitors, and the staff. Specific activities include but are not limited to: actively reporting errors, near misses, good catches, and hazardous conditions as the given situation recognized.</p> <p>2. During a review of Resident 35's Admission Record (AR), the AR indicated the facility admitted the resident on 3/31/2014, and readmitted the resident on 7/17/2017, with diagnoses including chronic respiratory failure, dependence on respirator, and tracheostomy.</p> <p>During a review of Resident 35's H&P, dated 8/13/2024, the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 35's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 35's physician orders (PO), dated 12/27/2023, the PO indicated an order for milk of magnesia 30 cubic centimeter (cc, a unit of volume) orally every night (qHS) if needed (PRN) if no bowel movement (BM) for 2 days (X2) days (constipation, a condition in which stool becomes hard, dry, and difficult to pass, and bowel movements do not happen very often).</p> <p>During a concurrent observation and interview on 10/22/2024, at 10:41 a.m., with Licensed Vocational Nurse 1 (LVN 1), in Resident 35's room, Resident's 35's bottle of milk of magnesia was at the resident's bedside table. LVN 1 stated the bottle of milk of magnesia should not be left at the bedside of the resident because it can be a safety issue. LVN 1 stated it was the responsibility of the staff to ensure the medications were stored in a safe place to prevent accidental overdosing of residents with medications.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the DON, the DON stated medications should not be left at the bedside of the resident unless there is an order from the physician for the resident to take their own medication and the IDT has deemed the resident safe to take his own medications. The DON stated leaving the medications at the bedside had a potential for the resident to over or under dose the intake of medications that can affect the resident's health.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Self-Administration of Medications, last reviewed on 1/18/2024, the P&P indicated nursing/IDT and physician will assess resident's physical and mental status and determine if a resident has the capability to self-administer medications. If resident is deemed appropriate, a Physician's order will be obtained for self-administration of medication upon resident's request.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled All Saints Healthcare Patient Safety Plan, last reviewed on 1/18/2024, the P&P indicated employees are required to participate in safety activities not only to job descriptions but system-wide proceedings as appropriate. Individual behaviors and actions will support system-wide improvement of safety for patients, visitors, and the staff. Specific activities include but are not limited to:</p> <p>actively reporting errors, near misses, good catches, and hazardous conditions as the given situation recognized.</p> <p>3. During a review of Resident 100's Admission Record (AR), the AR indicated the facility admitted the resident on 1/6/2024, and readmitted the resident on 1/6/2024, with diagnoses including, chronic respiratory failure, traumatic hemorrhage of cerebrum (bleeding in the brain that occurs after a traumatic head injury), and convulsions (a condition where a person's muscles contract and relax rapidly and uncontrollably, causing shaking and limb movement).</p> <p>During a review of Resident 100's H&P, dated 1/8/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 100's MDS, dated [DATE], the MDS indicated the resident sometimes had the ability to make self-understood and understand others. The MDS indicated the resident had highly impaired vision and was dependent to needing substantial/maximal assistance on mobility and activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 10/22/2024, at 10:12 a.m., with Licensed Vocational Nurse 13 (LVN 13), in Resident 100's room, Resident 100 was lying in bed with the fall mat at the right side of the bed, and the bed's wheels were resting on top of the fall mat. LVN 13 stated the resident was a fall risk that was why the resident had a fall mat and a 1:1 sitter (staff that are immediately at hand can help prevent a fall or redirect a patient from engaging in a harmful act). LVN 13 stated the fall mat should not be left with a heavy furniture on top of them because it will squish the mat not serving its purpose to lessen the impact of the resident's fall to prevent injury.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the DON, the DON stated the sitter should be attentive to the resident's environment, they should make sure the resident is safe and environmental hazards are identified and acted upon to prevent accidents. The DON stated the sitter should have seen the fall mat with the resident's bed on top of them and fixed the placement of the mat. The DON stated the failure of the sitter to fix the placement of the mat can cause injury to resident when they fall due to its placement, and it could damage the fall mat due to the wheels of the bed resting on top of the mat causing a permanent dent on the mat decreasing its cushioning effect to absorb resident's impact of fall.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled . Healthcare Patient Safety Plan, last reviewed on 1/18/2024, the P&P indicated employees are required to participate in safety activities not only to job descriptions but system-wide proceedings as appropriate. Individual behaviors and actions will support system-wide improvement of safety for patients, visitors, and the staff. Specific activities include but are not limited to:</p> <p>actively reporting errors, near misses, good catches, and hazardous conditions as the given situation recognized.</p> <p>During a review of the facility provided manufacturer's guideline on the use of Medline Beveled Floor Mat, undated, the guideline indicated to never leave heavy materials on the mat for an extended amount of time and they may cause a permanent indentation.</p> <p>43988</p> <p>4. During a review of Resident 87's Admission Record , the Admission Record indicated the facility admitted the resident on 5/8/2023 and readmitted in the facility on 6/19/2024 with diagnoses including but not limited to chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing), and gastrostomy tube (also known as G-Tube - a tube inserted through the abdomen that delivers nutrition directly to the stomach).</p> <p>During a review of Resident 87's History and Physical (H&P) dated 6/21/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 87's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 9/26/2024, the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 87 had impairment of both upper and lower extremities.</p> <p>During a review of Resident 87 fall risk assessment dated [DATE], the assessment indicated Resident 87 was a high risk for falls.</p> <p>During a review of Resident 87's care plan on potential for falls and injury related to impaired cognition, decreased mobility, and able to balance self and turn to side initiated 6/21/2024 and last reviewed 9/2024, it indicated the following interventions to free resident from falls and injury:</p> <ul style="list-style-type: none"> - Monitor at frequent intervals to ensure safety. - Provide a well-lighted and safe environment. <p>During an observation on 10/22/2024 at 10:35 a.m., Resident 87's room, X-ray Tech placed the resident's bed in high position, and performed an x-ray.</p> <p>During a concurrent observation and interview on 10/22/2024 at 10:55 a.m. with Licensed Vocational Nurse 12 (LVN 12), inResident 87's room, Resident 87's bed in a high position. LVN 12 stated bed should be maintained at a safe position to prevent the residents from falling out of bed due to involuntary movements when they cough. LVN 12 verified the X-ray Tech left Resident 87's bed in a high position. LVN 12 measured Resident 87's height of bed as 35 inches from the top of the mattress to the floor. LVN 12 adjusted the height of bed and stated there was room to lower down the height of bed. LVN 12 stated the X-ray Tech should have placed Resident 87's bed back in a lower position for safety to prevent falls and injury.</p> <p>During a concurrent observation and interview on 10/22/2024 at 10:55 a.m. with the Director of Nursing (DON), outside Resident 87's room, DON verified that the bed was left by in a high position. The DON stated Resident 87's bed should have been placed in a low position by the X-ray Tech after completion of the x-ray and staff to monitor safe positioning of beds during rounds to prevent the resident from falls which may lead to injury.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Fall Prevention, Precautions, and Assessment, last reviewed 1/18/2024, the P&P indicated a purpose to ensure that residents who are at risk for falls are identified, preventive measures are implemented, and falls are tracked and trended. The P&P indicated residents will be placed in the beds with all safety measures/devices in place and reassess for before leaving the bedside.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Accident Prevention, last reviewed 1/18/2024, the P&P indicated the facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Resident Supervision, last reviewed 1/18/2024, the P&P indicated:</p> <ul style="list-style-type: none"> -The DON, Unit Managers, and Charge Nurse make daily rounds to monitor resident safety and care. -Primary Nurses (PN) and Respiratory Therapists (RT - a health professional who helps patients with breathing problems or lung disorders) are responsible are responsible for the care and safety of their assigned residents during their shift. -Certified Nursing Assistants, Licensed Nurses, and RT are often assigned one one to one sitting to monitor certain residents for safety and care.

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 10/25/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent (having no or insufficient control) of bladder (an organ inside the body that stores urine until it can be excreted) received appropriate treatment and services to prevent urinary tract infection (UTI, an infection in the bladder/urinary tract) for three of four sampled residents (Residents 80, 7, and 94) being investigated under urinary catheters (a hollow tube inserted into the bladder to drain or collect urine) by failing to ensure:</p> <ol style="list-style-type: none"> 1. Resident 80's suprapubic catheter (a medical device that helps drain urine from the bladder) had a securement device/anchor (a device that support the weight of the leg bag and keeps a urinary catheter in place). 2. Residents 7 and 94's urinary catheter tubing systems were not coiled while hanging off the sides the beds. <p>These deficient practices had the potential for Residents 80, 7, and 94 to develop catheter associated urinary tract infection (CAUTI, an infection of the urinary tract caused by a tube [urinary catheter] that has been placed to drain urine from the bladder [an organ inside the body that stores urine until it can be excreted]).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 80's Record of Admission, the Record of Admission indicated the facility admitted the resident on 3/20/2023 and readmitted on [DATE], with diagnoses including tracheostomy (an opening surgically created through the neck into the trachea [windpipe] to allow air to fill the lungs), gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and pressure ulcer of sacral region (skin injuries that occur in the sacral region of the body, near the lower back and spine). <p>During a review of Resident 80's History and Physical (H&P), dated 7/12/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 80's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/17/2024, the MDS indicated the resident had a suprapubic catheter.</p> <p>During a review of Resident 80's Physician's Order, dated 10/17/2024, the order indicated to remove Foley catheter (a brand of urinary catheter also known as indwelling catheter, a soft, thin, flexible tube placed into the bladder to drain urine) in 24 hours.</p> <p>During a review of Resident 80's Physician's Order, dated 10/18/2024 at 6 p.m., the order indicated to change suprapubic dressing as needed, suprapubic catheter: Flush with 60 milliliters (ml, a unit of volume) normal saline (NS, a mixture of water and salt) every (q) shift, and suprapubic catheter # 16 X 10: change q month and if needed (prn) when out or plugged (every 16th of the month) (diagnosis: urinary retention, a condition that makes it difficult or impossible to empty the bladder).</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 80's Care Plan titled, At risk for UTI, last evaluated on 10/2024, indicated a patient goal that the resident will not have any signs of UTI.</p> <p>During a concurrent observation and interview on 10/22/2024, at 9:43 a.m., with Licensed Vocational Nurse 8 (LVN 8), inside Resident 80's room, Resident 80's suprapubic catheter was not anchored with a securement device/ leg strap. LVN 8 stated there should be a securement device in place on the suprapubic catheter of Resident 80 to prevent pulling and tugging that can cause trauma and break in the tissues of the stoma (a surgically created opening in the body that connects an internal area to the outside) where infection can set in.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated the staff should ensure the suprapubic catheter should have a leg strap to prevent pulling and trauma to the stoma of the resident. The DON stated the trauma can cause break in the skin, and it can be a portal of entry for infection that can lead to UTI.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Catheter Care and Urinary Bag Privacy Cover, last reviewed on 1/18/2024, the P&P indicated to secure tubing to patient's thigh with Catheter Posey or Fabric leg strap.</p> <p>43988</p> <p>2. During a review of Resident 7's Record of Admission, the Admission Record indicated the facility admitted the resident on 7/26/2000 and readmitted on [DATE] with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy, and anoxic brain damage (a condition caused by a complete lack of oxygen to the brain, which results in the death of brain cells after approximately four minutes of oxygen deprivation).</p> <p>During a review of Resident 7's History and Physical (H&P), dated 11/26/2023, the H&P indicated Resident 7 did not have the capacity to understand and make decisions due to anoxic encephalopathy (also known as anoxic brain damage).</p> <p>During a review of Resident 7's MDS, dated [DATE], the MDS indicated Resident 7 was rarely or never understood, had impairment on both upper and lower extremities, was dependent on facility staff for activities of daily living such as hygiene, toileting, dressing, and surface-to-surface transfers, and had an indwelling catheter in place.</p> <p>During a review of Resident 7's Physician Orders, the physician orders indicated the following:</p> <ul style="list-style-type: none"> - 11/23/2018: Irrigate Foley catheter with 60 ml normal saline (NS - a saltwater solution) as needed plugging or cloudiness. - 8/27/2019: Dignity bag (privacy cover) for Foley catheter in place at all times and monitor every shift. - 4/3/2020: Foley catheter 16 French (Fr, a measurement system for the diameter of a catheter tube) by ten ml: change every month second of the month and as needed when out or plugged for urinary retention (a condition in which urine cannot empty from the bladder). <p>(continued on next page)</p>		

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 10/25/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 7's care plan (CP), initiated on 11/10/2023 and last reviewed on 8/2024, the CP indicated Resident 7 was at risk for UTI related to the Foley catheter. The CP further indicated to keep the Foley catheter tubing free from coils and bag below the waist as on the interventions to prevent any signs and symptoms of UTI.</p> <p>During a concurrent observation and interview with Licensed Vocational Nurse 4 (LVN 4), on 10/22/2024, at 10:30 a.m., inside Resident 7's room, LVN 4 confirmed Resident 7's urinary catheter tubing was coiled below Resident 7's bed and stated when the urinary catheter tubing is coiled, Resident 7's urine would not flow freely into the collection bag. LVN 4 stated when a urinary catheter tubing is coiled, there is a potential for infection and tugging and dislodgement of the urinary catheter.</p> <p>During an interview with the Director of Nursing (DON), on 10/25/2024, at 2:30 p.m., the DON stated the urinary catheter bag should be below the bladder area and not coiled so that the urine can drain properly. The DON stated the urinary catheter tubing should be in line with the drainage bag with no coiling to prevent urinary retention, which can potentially cause UTIs.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Catheter Care and Urinary Bag Privacy Cover, last reviewed 1/18/2024, the P&P indicated to check the position of tubing for no kinks and that it is attached to the bed so there are no loops between the mattress and drainage bag.</p> <p>43418</p> <p>3. During a review of Resident 94's Record of Admission, the Record of Admission indicated the facility originally admitted the resident on 9/11/2023 with diagnoses including neuromuscular dysfunction of the bladder (also known as neurogenic bladder, a condition that occurs when the nerves and muscles of the bladder don't communicate properly with the brain, resulting in bladder control issues).</p> <p>During a review of Resident 94's MDS, dated [DATE], the MDS indicated Resident 94 was rarely or never understood, had impairment on both upper and lower extremities, was dependent on facility staff for activities of daily living such as hygiene, toileting, dressing, and surface-to-surface transfers, and had an indwelling catheter in place.</p> <p>During a review of Resident 94's Physician's Progress Note, dated 9/14/2023, the physician's progress note indicated Resident 94 had severe neurologic impairment (dysfunction in the brain or nervous system) and had a suprapubic catheter in place.</p> <p>During a review of Resident 94's Physician Orders, the physician orders indicated Resident 94 was ordered the following:</p> <ul style="list-style-type: none"> - On 9/11/2023, flush suprapubic catheter with 240 ml sterile water twice a day. - On 9/11/2023, change suprapubic catheter 16 French every two weeks and as needed out or plugged. - On 9/19/2023, dignity bag for suprapubic catheter in place at all times and monitor every shift. <p>(continued on next page)</p>		

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 10/25/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 94's Care Plan, dated 9/17/2024, the care plan indicated Resident 94 was at risk for UTI related to neurogenic bladder, a suprapubic catheter, and recurrent infections. The care plan further indicated the approach plan included keeping the suprapubic catheter tubing free from coils and dignity bag in place at all times and to monitor every shift.</p> <p>During an observation on 10/22/2024, at 10:24 a.m., inside Resident 94's room, Resident 94's urinary catheter tubing was connected to the resident and hung off the side of the resident's bed. The urinary catheter tubing coiled below the bed and contained light yellow liquid with white colored sediment.</p> <p>During a concurrent observation and interview with Licensed Vocational Nurse (LVN) 3, on 10/22/2024, at 10:30 a.m., inside Resident 94's room, LVN 3 confirmed Resident 94's urinary catheter tubing coiled below Resident 94's bed and stated when the urinary catheter tubing is coiled, Resident 94's urine would not flow freely into the collection bag. LVN 3 further stated when a urinary catheter tubing is coiled, there is a potential for infection and tugging and dislodgement of the urinary catheter.</p> <p>During an interview with the Director of Nursing (DON), on 10/22/2024, at 4:45 p.m., the DON stated the urinary catheter bag should be below the umbilical area (relating to the navel) so that the urine can drain properly. The DON further stated the urinary catheter tubing should be in line with the drainage bag with no coiling to prevent urine retention, which can potentially cause UTIs.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Catheter Care and Urinary Bag Privacy Cover, last reviewed on 1/18/2024, the P&P indicated to check the position of tubing for no kinks and that it is attached to the bed so there are no loops between the mattress and drainage bag.</p>		

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 10/25/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43988</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents receiving enteral feeding (EF - also known as tube feeding, a method of supplying nutrients directly into the gastrointestinal tract) received appropriate care and services to prevent complications of enteral feeding for six of six sampled residents (Residents 75, 38, 11, 104, and 65) investigated under the tube feeding care area by:</p> <ol style="list-style-type: none"> 1. Failing to ensure Licensed Vocational Nurse 5 (LVN 5) discarded the EF formula that remained in Resident 75's irrigation bottle after medication administration with the medication syringe left inside. 2. Failing to ensure Resident 38's EF formula bottle indicated the start date. 3. Failing to ensure Resident 11's EF bag was labeled with the resident's name, date and time, and the licensed nurse's initials when it was changed. <p>These deficient practices had the potential for Residents 75, 38, and 11 to experience gastrointestinal (GI) (relating to stomach and intestines) problems such as abdominal pain and diarrhea.</p> <ol style="list-style-type: none"> 4. Failing to ensure the irrigation tray (a medical device used to irrigate feeding tubes) for feeding was changed per facility policy. <p>This deficient practice had the potential to result in altered nutritional status that can lead to complications such as gastritis (a condition that occurs when the stomach lining becomes inflamed, swollen, and red) from ingesting expired formula and water flush.</p> <p>Findings:</p> <p>a. During a review of Resident 75's Admission Record, the Admission Record indicated the facility admitted the resident on [DATE] with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing), and gastrostomy (G-tube, a surgical procedure used to insert a tube through the abdomen and into the stomach).</p> <p>During a review of Resident 75's History and Physical (H&P), dated [DATE], the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 75's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated [DATE], the MDS indicated Resident 75 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MD indicated Resident 75 received G-tube feeding.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 75's Physician Orders, the Physician Orders indicated the following orders:</p> <ul style="list-style-type: none"> - [DATE]: Check gastric residual and tube placement every four hours, hold feeding if residual 100 milliliters (ml - a unit of measurement) and above, recheck after 2 hours. Call physician if residual remains 100 ml. - [DATE]: Flush 50 ml water via G-tube before and after medication administration. - [DATE]: Check tube placement prior to monitor to feeding or administration of medications every shift. <p>- G-tube feeding: Jevity 1.2 (a type of feeding formula with fiber, for people with, or at risk of developing disease-related malnutrition) at 50 ml per hour (ml/hr - a unit of measurement) via pump to provide 1,100 ml per 1,320 kilocalories (Kcal - a unit of measurement) for 22 hrs per day every 24 hrs average 2 hrs off for bath, therapy, medication administration.</p> <p>- Flush feeding tube with 220 ml water every 24 hrs to provide 1320 mml/day.</p> <p>During a concurrent observation and interview on [DATE] at 9:55 a.m. in Resident 75's room with Licensed Vocational Nurse 5 (LVN 5), observed Resident 75's irrigation bottle for medication administration with at least 10 ml of light brown colored liquid with the tip of medication syringe touching the liquid inside the bottle. LVN 5 stated the light brown liquid inside the irrigation bottle was EF formula at least 10 ml and that she forgot to discard and wash the irrigation bottle and medication syringe after checking the G-tube for placement, and presence of residuals, and medication administration. LVN 5 stated she should have discarded the EF formula inside the irrigation bottle and wash the bottle and syringe after use to ensure they are clean for the next use and can be an infection control issue. LVN 5 stated not discarding the EF formula had the potential for the formula to get spoiled in the irrigation bottle with the tip of medication syringe touching the formula which may lead to signs of feeding intolerance such as nausea, vomiting, and diarrhea.</p> <p>During a concurrent interview and record review on [DATE] at 11:03 a.m. with the Minimum Data Set Coordinator (MDSC), reviewed Resident 75's medical records including care plan (CP). MDSC stated Resident 75 had a CP addressing presence of G-tube feeding at risk for potential intolerance of artificial nutrition. The CP indicated to check tube placement, patency, and residuals prior to administration of feeding, medications, and water flush, and observe for signs and symptoms of feeding intolerance such as nausea, vomiting, and diarrhea as some of the interventions. The MDSC stated after checking for tube placement, gastric residuals, and administration of medications, the irrigation bottle and medication syringe should have been washed thoroughly. The MDSC stated that any feeding formula left inside the irrigation bottle with the medication syringe inside may get spoiled and lead to signs and symptoms of feeding intolerance such as nausea, vomiting, and diarrhea.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Enteral Feeding - General Policy, last reviewed [DATE], the P&P indicated proper hand-washing technique shall be used when handling enteral equipment.</p> <p>(continued on next page)</p>

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 10/25/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Infection Control Program, last reviewed [DATE], indicated the facility shall establish and infection control program designed to provide a safe, sanitary, and comfortable environment for Residents and staff to help prevent the development and transmission of disease and infection.</p> <p>b. During a review of Resident 38's Admission Record indicated the facility admitted the resident on [DATE] and readmitted in the facility on [DATE] with diagnoses including chronic respiratory failure, tracheostomy, and gastrostomy.</p> <p>During a review of Resident 38's H&P, dated [DATE], the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 38's MDS, dated [DATE], the MDS indicated Resident 38 had severely impaired cognition and required total assistance from staff with all ADLs. The MD indicated Resident 38 received G-tube feeding.</p> <p>During a review of Resident 38's Order Summary Report, the Order Summary Report indicated the following:</p> <ul style="list-style-type: none"> - [DATE]: Check gastric residual and tube placement every four hours, hold feeding if residual 100 ml and above, recheck after 2 hours. Call physician if residual remains 100 ml. - [DATE]: Flush G-tube with 50 ml water before and after medication administration and 5 to 10 ml in between medications. - [DATE]: Check tube placement prior to monitor to feeding or administration of medications every shift. - G-tube feeding: Jevity 1.2 at 70 ml/hr via pump to provide 1,540 ml/ 1,840 Kcals for 22 hrs per day every 24 hrs average 2 hrs off for bath, therapy, medication administration. - Flush feeding tube with water 90 ml/hr for 22 hrs to provide 1,980 ml/day. <p>During a concurrent observation and interview on [DATE] at 11:14 a.m. incident Resident 38's room with LVN 4, observed Resident 38's EF bottle infusing and did not indicate the date it was started. LVN 4 confirmed that the EF bottle did not indicate the date it was started. LVN 4 stated EF bottle should indicate the resident's name, room number, infusion rate, and the date and time the bottle was hung for staff to be aware that the formula was not expired.</p> <p>During an interview on [DATE] 9:00 a.m. with the Director of Nursing (DON), the DON stated per facility practice and policy, the EF bottle should be labeled with the time, date, resident's name, and nurse's initials when hung. The DON stated the licensed nurse should have completed the label in the EF bottle to include the time, date, resident's name, and nurse's initials with every bottle prior to hanging to ensure staff are aware that the formula is not expired which may lead to signs and symptoms of feeding intolerance such as nausea, vomiting, and diarrhea.</p> <p>During a review of the facility's P&P titled, Enteral Feeding - General Policy, last reviewed [DATE], the P&P indicated:</p> <p>(continued on next page)</p>

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 10/25/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Label the formula with time, date, resident's name, and nurse's initials when hung.</p> <p>- Administration bag and/or tubing shall be labeled with the date and time and nurse's initials when changed.</p> <p>During a review of the facility's P&P titled, Administration of Enteral Formula via Pump, last reviewed [DATE], the P&P indicated to label the formula with the patient's name, room, date, time, rate, and initial.</p> <p>38552</p> <p>c. During a review of Resident 11's Admission Record, the Admission Record indicated the facility originally admitted the resident on [DATE] and readmitted on [DATE], with diagnoses including cerebral palsy (a group of conditions that affect movement and posture) and gastrostomy.</p> <p>During a review of Resident 11's Annual H&P, dated [DATE], the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 11's Physician's Orders (PO), dated [DATE], the PO indicated GT feeding of Enteral Formula 1 (EF 1) at 240 ml bolus (set amount of formula/liquid nutrition given in a short time) every three hours to provide 1,920 ml /2,888 kilocalories (kcal-a unit of measure) to promote weight gain.</p> <p>During a review of Resident 11's MDS, dated [DATE], the MDS indicated the resident rarely had the ability to make self-understood and sometimes understand others. The MDS indicated Resident 11 was dependent on ADLs and had a feeding tube (also known as GT) while a resident in the facility.</p> <p>During a review of Resident 11's Care Plan (CP) addressing the presence of GT, last re-evaluated , d+[DATE], the CP indicated the resident with goals of free from any irritation or infection on GT site with interventions including administering feeding formula as ordered.</p> <p>During a concurrent observation and interview on [DATE] at 12:46 p.m., at Resident 11's bedside with Certified Nursing Assistant 1 (CNA 1), CNA 1 stated the formula labeled EF 1 hung with no patient name, no date and no time written on it. CNA 1 stated she does not know who it belongs to because there was no name.</p> <p>During a concurrent observation and interview on [DATE] at 12:52 p.m., at Resident 11's bedside with LVN 1, LVN 1 stated she forgot to label it with the resident's information and when she prepared it. LVN 1 stated she was the one who prepared and capped the tubing for infection control. LVN 1 stated she needs to label it for the right resident and know when it is not good to administer. LVN 1 stated the enteral formula has a shelf-life of 24 hours after it has been punctured. LVN 1 stated the potential of not labeling the enteral formula could potentially administer spoiled enteral nutrition.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 4:41 p.m., the DON stated when the licensed nurses hung a new tube feeding formula and new tubing, they are expected to label the formula with the resident's name and the date and time of when they hung it. The DON stated the purpose of labeling this information is to determine how long the formula was hung and for infection control. The DON stated failure to label the enteral formula may cause confusion of when it should be discarded and for the resident's safety.</p> <p>During a review of the facility's P&P titled Enteral Feeding - General Policy, last reviewed on ,d+[DATE], the P&P indicated that the enteral formula should be labeled with time, date, resident's name, and nurse's initials when hung. The P&P indicated that the enteral nutrition is provided for those residents who cannot or will not take necessary nutrients by mouth due to disease process or physical disorders and who have a functioning gastrointestinal tract.</p> <p>44376</p> <p>d. During a review of Resident 104's Admission Record, the Admission Record indicated the facility admitted the resident on [DATE] and readmitted on [DATE], with diagnoses including gastrostomy, dysphagia (difficulty swallowing), and gastro-esophageal reflux disease (GERD, a chronic condition that occurs when stomach contents leak into the esophagus).</p> <p>During a review of Resident 104's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident had a feeding tube and on a therapeutic diet.</p> <p>During a review of Physicians Orders (PO), dated [DATE], the PO indicated an order to check tube placement prior to feeding/administration of medications every (q) shift.</p> <p>During a concurrent observation and interview on [DATE], at 9:39 a.m., with LVN 1, inside Resident 104's room, observed Resident 104's irrigation tray dated [DATE] placed on the ventilator stand. LVN 1 stated the irrigation tray was old and the date on the irrigation tray was [DATE]. LVN 1 stated the night shift staff should have changed it to prevent the resident to develop gastrointestinal infection (an inflammation or irritation of the digestive tract, often caused by bacteria, viruses, or parasites).</p> <p>During an interview on [DATE], at 1:55 p.m., with the DON, the DON stated the staff should ensure the irrigation tray for feeding the resident via gastrostomy tube to prevent infection to resident causing gastrointestinal problems such as abdominal distention, nausea, and vomiting (N&V), and loose stools.</p> <p>During a review of the facility's recent P&P titled Infection Control Program, last reviewed on [DATE], the P&P indicated the facility shall establish an infection control program designed to provide a safe, sanitary, and comfortable environment for Residents and staff to help prevent the development and transmission of disease and infection.</p> <p>e. During a review of Resident 65's Admission Record, the Admission Record indicated the facility admitted the resident on [DATE], with diagnoses including dependence on respirator (a mechanical device that helps a patient breathe by moving air into and out of their lungs), gastrostomy, and type 2 diabetes mellitus.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 65's H&P, dated [DATE], the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 65's MDS, dated [DATE], the MDS indicated the resident was on a feeding tube and on a therapeutic diet.</p> <p>During a review of Resident 65's Physician Orders (PO), dated [DATE], the PO indicated an order for enteral supply kit (used to feed patients unable to chew and/or swallow) (and pole) every day.</p> <p>During a concurrent observation and interview on [DATE], at 9:39 a.m., with LVN 1, inside Resident 65's room, observed Resident 65's irrigation tray dated [DATE] placed on the ventilator stand. LVN 1 stated the irrigation tray was old and the date on the piston syringe was [DATE]. LVN 1 stated the night shift staff should have changed it to prevent the resident to develop gastrointestinal infection.</p> <p>During an interview on [DATE], at 1:55 p.m., with the DON, the DON stated the staff should ensure the irrigation set for feeding the resident via g-tube to prevent infection to resident causing gastrointestinal problems such as abdominal distention, N&V, and loose stools.</p> <p>During a review of the facility's recent P&P titled Infection Control Program, last reviewed on [DATE], the P&P indicated the facility shall establish and infection control program designed to provide a safe, sanitary, and comfortable environment for Residents and staff to help prevent the development and transmission of disease and infection.</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on observation, interview, and record review, the facility failed to administer parenteral (a route outside the digestive system, such as by injection) fluids or medications consistent with professional standards of practice by failing to:</p> <ol style="list-style-type: none"> 1. Ensure the peripheral intravenous catheter (IV, a thin, flexible tube that is inserted into veins to give treatments including fluids, drugs, or blood transfusions) dressing (clear protective cover placed over the IV catheter insertion site) was labeled per the facility policy for five of eight sampled residents (Resident 97, 81, 45, 461 and 462). 2. Ensure residents with IV catheters had physician orders for IV catheters for three of three sampled residents (Resident 97, 81, and 45) 3. Ensure the IV catheter was routinely removed and replaced every 72 hours per facility policy for three of three sampled resident (Resident 97, 81, and 45) 4. Clarify with the primary physician if the peripheral intravenous catheter was still needed post I.V. antibiotic completion for two of five sampled residents (Residents 461 and 462) 5. Place a swab cap/orange cap (an alcohol-containing caps that twist onto I.V. access points for disinfection and protection) on the flush port of the peripheral I.V. for two of five sampled residents (Residents 461 and 462). 6. Ensure the IV catheter site did not have signs and symptoms of infiltration (accidental leakage of the IV solution into the surrounding tissue instead of flowing into the vein) for one of one sampled resident (Resident 45). <p>These deficient practices placed the residents at risk for developing complications such as inflammation of the vein and infection.</p> <p>Findings:</p> <p>a. During a review of Resident 97's Admission Record, the Admission Record indicated the facility admitted the resident on 12/18/2023 and most recently readmitted the resident on 10/8/2024 with diagnoses that included chronic respiratory failure (serious condition that slowly develops when the lungs cannot get enough oxygen into the blood), dependence on a ventilator (machine that pumps air into patients' airways when they are unable to adequately breathe on their own), tracheostomy (opening surgically created through the front of the neck and into the rachea [windpipe]), and end stage renal disease (a medical condition in which a person's kidneys [organs that remove waste products from the blood and produce urine] stop functioning on a permanent basis)</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 97's Minimum Data Set (MDS - an assessment and care screening tool) dated 9/26/2024, the MDS indicated the resident was sometimes able to understand others and sometimes able to make himself understood. The MDS indicated the resident was dependent on staff for toileting, dressing, personal hygiene, bathing, oral hygiene, and mobility.</p> <p>During a review of Resident 97's physician's orders, the physician's orders indicated the following:</p> <ul style="list-style-type: none"> - Tigecycline (an antibiotic, a medication that treats bacterial infections) 50 milligrams (mg, a unit of measurement) via IV every 12 hours for 38 days until 11/15/2024 for osteomyelitis (inflammation of bone or bone marrow, usually due to infection), dated 10/8/2024. - Meropenem (an antibiotic) 500 mg via IV twice a day for 38 days, for osteomyelitis, dated 10/8/2024. - Amikacin sulfate (an antibiotic) 375 mg via IV every day after hemodialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed), (Monday, Wednesday, and Friday) until 11/15/2024, dated 10/8/2024. <p>During a review of Resident 97's Care Plan (CP) titled, Alteration in health status related to osteomyelitis, requires IV, ., antibiotic treatment, ., at risk for infection and or infiltration related to presence of saline lock (IV) initiated 10/9/2024, the CP indicated to follow the facility's protocol for IV site maintenance.</p> <p>During a review of Resident 97's Nurses' Admission Record, dated 10/8/2024, the admission record indicated the resident had a right inner forearm IV site upon admission.</p> <p>During a concurrent observation and interview on 10/22/2024 at 10:52 a.m., with Licensed Vocation Nurse 1 (LVN 1), in Resident 97's room, LVN 1 stated the resident was receiving IV antibiotics, but she did not administer them. LVN 1 stated the registered nurses administer Resident 97's IV medication. LVN 1 unwrapped Resident 97's bandage on the right forearm, observed an IV catheter inserted in the right inner forearm covered with a clear dressing. LVN 1 stated the IV dressing was not labeled with a date. LVN 1 stated she thought the IV dressing should be dated, but she wasn't sure.</p> <p>During a concurrent interview and record review on 10/23/2024 at 3:45 p.m., with Registered Nurse 2 (RN 2), Resident 97's Intravenous Therapy Record - Peripheral Catheter log for 10/2024 was reviewed. RN 2 stated Resident 97 was readmitted from the hospital on 10/9/2024 with an IV. RN 2 stated IVs are usually changed every seven days. RN 2 stated the dressing covering the IV should always be labeled with the date and time of the IV catheter insertion and the initials of the nurse that inserted the IV, but Resident 97's dressing was not labeled. RN 2 stated when IVs are removed, changed, or inserted there should be documentation in the IV log. RN 2 stated there was no documented evidence that Resident 97's IV was changed after his readmission on 10/9/2024.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/23/2024 at 3:50 p.m. with Registered Nurse 1 (RN 1), Resident 97's Nurses' Admission Record, dated 10/8/2024 was reviewed and RN 1 stated the admission record indicated Resident 97 was readmitted from the hospital with an IV in the right inner forearm. RN 1 stated she could not remember how often IV sites should be changed, but she thought it was every three or seven days. RN 1 stated the Director of Nursing (DON) would be able to answer how often IVs should be changed.</p> <p>During an interview on 10/23/2024 at 4 p.m. with the DON, the DON stated she did not remember how often IV catheters should be changed. The DON stated the facility does not routinely change resident IVs, but they are changed when they are infiltrated. The DON stated peripheral IV dressings should be labeled with the date.</p> <p>During an interview and record review on 10/23/2024 at 4:10 p.m., with DON, the facility procedures regarding peripheral IVs were reviewed. The DON stated the procedure indicated that all peripheral IV sites require a physician's order, are to be changed every 72 hours, require a physician's order to keep the IV site for longer than three days, and should be labeled with the date and time of insertion. The DON stated Resident 97's peripheral IV dressing was not labeled and was not changed per the facility procedure.</p> <p>During a concurrent an interview and record review on 10/23/2024 at 4:15 p.m. with RN 1, Resident 97's physician orders were reviewed. RN 1 stated she had cared for Resident 97 since his readmission on 10/8/2024 and the IV site was not changed since his readmission. RN 1 stated Resident 97's IV site was not changed since his readmission because there was no physician's order regarding the peripheral IV site maintenance, but there should have been. RN 1 stated IVs should be changed to prevent infection in the resident.</p> <p>During an interview on 10/25/2024 at 10 a.m. with the Infection Preventionist (IP), the IP stated the IV catheter dressing should be labeled with the date the IV was last changed because the facility policy indicated IV catheter sites are changed every 72 hours. The IP stated IV sites are changed to prevent infections from an indwelling device. The IP stated when an indwelling peripheral catheter is not routinely changed there is the potential for the IV catheter to introduce microorganisms into the blood stream causing sepsis (a life-threatening blood infection) in residents.</p> <p>During a review of the facility policy and procedure titled, Maintenance of IV Therapy, last reviewed 3/2024, it indicated the purpose of the policy is to provide a guideline on the maintenance of an IV. Licensed nurses will follow the guidelines set forth by the facility on IV infusions and maintenance. IV site dressings must be labeled with date, time, and initialed. Dressing must be assessed each shift and documented.</p> <p>During a review of the facility procedure titled, Peripheral IV: insertion of a catheter, undated, the procedure indicated the procedure's purpose was to provide a venous access for the administration of fluids, medications and/or blood and blood products continuously. Verify a physician's order for an IV catheter. Change the site every 72 hours and as needed if complications. Residents with poor venous access may extend IV site changes with a physician's order and if no signs or symptoms of complications are present. Monitor and document each shift.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility procedure titled, Peripheral IV: removal, undated, the procedure indicated IV peripheral catheters shall be removed routinely after 72 hours or length of time extended with physician order.</p> <p>44376</p> <p>b. During a review of Resident 461's Admission Record (AR), the AR indicated the facility admitted the resident on 11/12/2020, with diagnoses including chronic respiratory failure, tracheostomy, and gastrostomy.</p> <p>During a review of Resident 461's History and Physical (H&P), dated 1/16/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 461's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and understand others.</p> <p>During a review of Resident 461's physician's orders (PO), dated 10/5/2024, the PO indicated an order for:</p> <ul style="list-style-type: none"> - Cefepime ((a type of medications used to treat bacterial infections in many different parts of the body) 2 gram (gm, a unit of weight) via IV over 30 minutes every (q) 24 hours (hrs) for 3 days (sepsis, a life-threatening medical emergency that occurs when the body has an extreme response to an infection) (start 10/5/2024 at 6 p.m.) - Vancomycin (an antibiotic) in dextrose (sugar solution) 1 gram/200 ml via IV over 120 minutes q 8 hours for 5 days (start at 10 p.m.) (sepsis) (start when available) (first dose today at 2 p.m.) <p>During a review of the Intravenous Therapy Record (a document that records information about the insertion, monitoring, and dressing changes of an IV catheter for the residents) for 10/2024, the record indicated Resident 461 had a peripheral IV line at the left hand. The record indicated the resident was started on Cefepime 2 gm q 12 hrs IV on 10/5/2024 with stop date of 10/8/2024 and Vancomycin 1 gm q 8 hrs IV on 10/5/2024 with stop date of 10/10/2024.</p> <p>During a concurrent observation and interview on 10/22/2024, at 9:39 a.m., with Licensed Vocational Nurse 14 (LVN 14), in Resident 461's room, Resident 461's peripheral IV line at the left hand was not labeled with the date, time, and the initial of the nurse who started/changed the dressing of the peripheral line and the flush port did not have an orange cap. LVN 14 stated the peripheral line should be labeled with the date, time, and initials of the nurse who inserted the peripheral line or changed the dressing and the flush port should have an orange cap to know how old the line was and to prevent infection to the resident. LVN 4 also stated they should have verified with the physician if the peripheral IV was still needed after completion of the IV antibiotics.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated the staff should have placed the date, time, and initial of the nurse who inserted or changed the dressing of the peripheral IV and placed an orange cap on the flush port of the peripheral IV to know how long the line and the dressing was placed and to determine if there is a need to change the IV line or dressing to prevent infection. The DON also stated the staff should verify with MD if the peripheral IV can be discontinued once the IV antibiotic regimen is completed.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's recent policy and procedure (P&P) titled Maintenance of IV Therapy, last reviewed on 1/18/2024, the P&P indicated IV site dressing must be labeled with date, time, and initialed.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Peripheral IV: Insertion of a Catheter, last reviewed on 1/18/2024, the P&P indicated to change site every 72 hours and if needed (PRN) for complications.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Peripheral IV: Removal, last reviewed on 1/18/2024, the P&P indicated IV peripheral catheters shall be removed routinely after 72 hours or length of time extended with physician order. IV catheters shall be removed if there is pain, redness, tenderness or swelling noted at the insertion site.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled SWABCAP (a disinfecting cap for needless connectors), last reviewed on 1/18/2024, the P&P indicated upon completion of IV antibiotic, hydration, or other IV solution, a new Swabcap will be placed onto the Luer lock (a type of fitting that creates a leak-proof connection between two parts, typically a syringe and a needle) connector to disinfect the access site.</p> <p>c. During a review of Resident 462's Admission Record (AR), the AR indicated the facility admitted the resident on 9/30/2024, with diagnoses including chronic respiratory failure, tracheostomy, and gastrostomy.</p> <p>During a review of Resident 462's History and Physical (H&P), dated 10/1/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 462's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and sometimes had the ability to understand others. The MDS indicated the resident had an IV access.</p> <p>During a review of Resident 462's physician orders (PO), the PO indicated an order for:</p> <ul style="list-style-type: none"> - 9/30/2024 Linezolid (an antibiotic) 600 mg/ 300 ml IVPB (IV piggyback, a method of medication administration commonly used for medical treatments, especially antibiotics). Infuse 300 ml over 60 minutes into the vein q 12 hr. (Pneumonia, an infection of one or both lungs caused by bacteria, viruses, or fungi) for 7 days till 10/8/2024. - 10/14/2024 Give Rocephin (an antibiotic) IV 1 gm for 14 days (for respiratory infection) daily. <p>During a review of Intravenous Therapy Record for 10/2024, the record indicated Resident 462 had a right arm peripheral IV. The record indicated the resident completed Linezolid 600 mg/300 ml IVPB on 10/8/2024 and was started on Rocephin IV 1 gm for 14 days daily.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 10/22/2024, at 11:05 a.m., with CNA 2, in Resident 462's room, Resident 462 was lying in bed with right arm peripheral IV not labeled with the date, time, and initials of the nurse who inserted the line or when the last dressing change was done. CNA 2 stated there was no date, time and initial of the nurse on the resident's right arm (RA) peripheral IV and had no orange cap on the flush port. CNA 2 stated she knew the nurses should be labeling the IV lines and the port should be covered with orange cap to prevent infection to the resident.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the DON, the DON stated the staff should have placed the date, time, and initial of the nurse who inserted or changed the dressing of the RA peripheral IV and placed an orange cap on the flush port of the RA peripheral IV to know how long the line and the dressing was placed and to determine if there is a need to change the IV line or dressing to prevent infection. The DON also stated the staff should verify with MD if the peripheral IV can be discontinued once the IV antibiotic regimen is completed.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Maintenance of IV Therapy, last reviewed on 1/18/2024, the P&P indicated IV site dressing must be labeled with date, time, and initialed.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled, Peripheral IV: Insertion of a Catheter, last reviewed on 1/18/2024, the P&P indicated to change site every 72 hours and PRN complications.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Peripheral IV: Removal, last reviewed on 1/18/2024, the P&P indicated IV peripheral catheters shall be removed routinely after 72 hours or length of time extended with physician order. IV catheters shall be removed if there is pain, redness, tenderness or swelling noted at the insertion site.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled SWABCAP (Disinfecting cap for needleless connectors), last reviewed on 1/18/2024, the P&P indicated upon completion of IV antibiotic, hydration, or other IV solution, a new Swabcap will be placed onto the Luer lock connector to disinfect the access site.</p> <p>43988</p> <p>d. During a review of Resident 81's Admission Record indicated the facility admitted the resident on 3/25/2023 and readmitted in the facility on 8/19/2024 with diagnoses including chronic respiratory failure, tracheostomy, and type diabetes mellitus (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 81's History and Physical (H&P) dated 4/22/2024, the H&P indicated the resident did not have the capacity to make decisions.</p> <p>During a review of Resident 81's MDS, dated [DATE], the MDS indicated Resident 81 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 81's physician orders, the physician orders indicated the following:</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 10/14/2024: Cefepime one (1) gram IV every 24 hours for seven (7) days for pneumonia (an infection/inflammation in the lungs).</p> <p>During a concurrent observation and interview on 10/22/2024 at 12:16 p.m. with the Director of Staff Development (DSD), in Resident 81's room Resident 81 had a peripheral IV on the right hand (RH) with a transparent dressing and not labeled with the date and initials of the licensed nurse (LN) who inserted the peripheral IV. The DSD stated the peripheral IV should be labeled with the date and initials of the LN who inserted the peripheral IV so they would know when to change the IV site and prevent infection.</p> <p>During a concurrent observation, interview and record review on 10/22/2024 at 12:24 p.m., with Registered Nurse 3 (RN 3), inside Resident 81's room, Resident 81 had a peripheral IV on the right hand (RH) with a transparent dressing and not labeled with the date and initials of the licensed nurse (LN) who inserted the peripheral IV. Resident 81's physician's orders dated 10/14/2024 and IV Therapy Record - Peripheral Catheter were reviewed. RN 3 verified Resident 81's peripheral IV on the RH did not indicate the insertion date and initials of the LN. RN 3 verified Resident 81 had an order for cefepime IV every 24 hours for pneumonia. RN 3 stated the LN do not change peripheral IV catheters if there are no signs and symptoms of infiltration such as redness, swelling, tenderness, and leak around the insertion site. RN 3 verified there was no physician's order to insert peripheral IV catheter and maintenance of IV site such as monitoring of site every shift, flushing with normal saline NS - a saltwater solution), before and after administration of medication, and saline flush maintenance every shift. RN 3 verified the IV Therapy Record did not indicate when the peripheral IV catheter was started and was unable to tell the exact date the peripheral IV was inserted. RN 3 stated the LNs follow the IV Therapy Record provided by the pharmacy for peripheral IV maintenance. RN 3 stated there should have been a physician's order for peripheral IV catheter insertion, monitoring of peripheral IV site, and maintenance of peripheral IV catheter every shift, and the transparent dressing should have been labeled with the date the peripheral IV catheter was inserted and LN initials as it placed the resident at risk for developing complications and infection.</p> <p>During a concurrent interview and record review on 10/25/2024 at 7:15 a.m. with Registered Nurse 9 (RN 9) Resident 81's IV Therapy Record and the facility policy and procedure (P&P) titled, IV Therapy Dressing and Tubing Care, Peripheral IV: Insertion of a Catheter, Peripheral IV: Conversion to a Saline Lock, were reviewed. RN 9 stated upon receipt of an order from the physician for an IV therapy, the RN receiving the order will write the order for the medication and send to the pharmacy. RN 9 stated they do not enter a physician's order to insert a peripheral IV catheter and maintenance of peripheral IV. RN 9 further stated the RNs utilize the IV Therapy Record provided by the pharmacy for peripheral IV catheter maintenance which includes site check every shift, saline lock flush before and after medication administration, date inserted, and dressing changes. RN 9 stated she monitors the peripheral IV site by flushing the catheter with NS and if there is resistance when flushing the catheter, then they change the peripheral IV catheter site. RN 9 stated if a peripheral IV was wrapped, she does not open or unwrap and check the insertion site for signs and symptoms of infiltration. RN 9 stated if a peripheral IV catheter is covered, she should have removed the wrap and check the insertion site to make there are no signs of infection. RN 9 stated the facility should have obtained a physician's order to insert peripheral IV catheter and maintenance of peripheral IV site per facility P&P as it placed the resident at risk for developing infection from the catheter insertion site.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/25/2024 at 9:30 a.m. with the Director of Nursing (DON) the facility policy and procedure (P&P) titled, IV Therapy Dressing and Tubing Care, Peripheral IV: Insertion of a Catheter, Peripheral IV: Conversion to a Saline Lock were reviewed. The DON stated facility practice is to change dressing for the peripheral IV catheter but do not change the peripheral IV catheter site. The DON verified the facility P&P indicated to change site every 72 hours and as needed for complications. The DON stated the staff should have placed the date, time, and initial of the nurse who inserted or changed the dressing of the peripheral IV for the staff to be aware when the peripheral IV was inserted and determine when the next site change is to prevent infection. The DON stated a physician's order should have been obtained to insert peripheral IV catheter and IV maintenance.</p> <p>During a review of the facility's P&P titled, IV Therapy Dressing and Tubing Care, last reviewed 1/18/2024, the P&P indicated:</p> <ul style="list-style-type: none"> - IV site, tubing, dressing shall be assessed once per shift by an RN. - Dressing should be dated, timed, and be initialed when completed. - Dressing change should be documented. <p>During a review of the facility's P&P titled, Peripheral IV: Insertion of a Catheter, last reviewed 1/18/2024, the P&P indicated:</p> <ul style="list-style-type: none"> - Change site every 72 hours and as needed complications. - A physician's order is needed to start any IV. - Label site with date, time. Gauge, and length of catheter or needle and initials. <p>During a review of the facility's P&P titled, Conversion to a Saline Lock, last reviewed 1/18/2024, the P&P indicated:</p> <ul style="list-style-type: none"> - Change site every 72 hours and as needed complications. - Document date and time. - Monitor and document condition of site every shift. - Label site with date, time, gauge, and length of catheter or needle and initials of person performing the procedure. <p>e. During a review of Resident 45's Admission Record indicated the facility admitted the resident on 5/17/2024 and readmitted in the facility on 8/25/2024 with diagnoses including chronic respiratory failure, tracheostomy, and gastrostomy (a surgical opening fitted with a device to allow feedings to administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 45's History and Physical (H&P) dated 9/27/2024, the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 45's MDS, dated [DATE], the MDS indicated Resident 45 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 45's physician orders, the physician orders indicated the following:</p> <p>-10/13/2024: Cefepime one (1) gram IV one (1) dose now. Staring 10/14/2024, give cefepime 500 mg via IV every 24 hours until 10/19/2024.</p> <p>During a concurrent observation and interview on 10/22/2024 at 12:37 p.m. with the Director of Staff Development (DSD), in Resident 45's room, Resident 45's left forearm (LFA) was wrapped with a blue colored elastic wrap. The DSD removed the blue elastic wrap and observed a peripheral IV catheter covered with transparent dressing with dried blood on the surrounding area of the insertion site and not labeled with the date and initials of the licensed nurse (LN) who inserted the peripheral IV. The DSD stated the peripheral IV should be labeled with the date and initials of the LN who inserted the peripheral IV so they would know when to change the IV site and prevent infection.</p> <p>During a concurrent observation, interview and record review on 10/22/2024 at 12:54 p.m. with Registered Nurse 3 (RN 3), in Resident 45's room, Resident 45's physician's order and IV Therapy Record - Peripheral Catheter records were reviewed. RN 3 verified Resident 45's peripheral IV on the LFA did not indicate the insertion date and initials of the staff. RN 3 verified Resident 45 had an order for cefepime IV every 24 hours. RN 3 stated the staff do not change peripheral IV catheters if there are no signs and symptoms of infiltration such as redness, swelling, tenderness, and leak around the insertion site. RN 3 verified there was no physician's order to insert peripheral IV catheter and maintenance of IV site such as monitoring of site every shift, flushing with normal saline NS - a saltwater solution), before and after administration of medication, and saline flush maintenance every shift. RN 3 verified the IV Therapy Record did not indicate when the peripheral IV catheter was started and was unable to tell the exact date the peripheral IV was inserted. RN 3 stated the staff follow the IV Therapy Record provided by the pharmacy for peripheral IV maintenance. RN 3 stated there should have been a physician's order for peripheral IV catheter insertion, monitoring of peripheral IV site, and maintenance of peripheral IV catheter every shift, and the transparent dressing should have been labeled with the date the peripheral IV catheter was inserted and LN initials as it placed the resident at risk for developing complications and infection.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/25/2024 at 7:15 a.m. with Registered Nurse 9 (RN 9), Resident 45's IV Therapy Record and the facility policy and procedure (P&P) titled, IV Therapy Dressing and Tubing Care, Peripheral IV: Insertion of a Catheter, Peripheral IV: Conversion to a Saline Lock, were reviewed. RN 9 stated upon receipt of an order from the physician for an IV therapy, the RN receiving the order will write the order for the medication and send to the pharmacy. RN 9 stated they do not enter a physician's order to insert a peripheral IV catheter and maintenance of peripheral IV. RN 9 further stated the RNs utilize the IV Therapy Record provided by the pharmacy for peripheral IV catheter maintenance which includes site check every shift, saline lock flush before and after medication administration, date inserted, and dressing changes. RN 9 stated she monitors the peripheral IV site by flushing the catheter with NS and if there is resistance when flushing the catheter, then they change the peripheral IV catheter site. RN 9 stated if a peripheral IV was wrapped, she does not open or unwrap and check the insertion site for signs and symptoms of infiltration. RN 9 stated if a peripheral IV catheter is covered, she should have removed the wrap and check the insertion site to make there are no signs of infection. RN 9 stated the facility should have obtained a physician's order to insert peripheral IV catheter and maintenance of peripheral IV site per facility P&P as it placed the resident at risk for developing infection from the catheter insertion site.</p> <p>During a concurrent interview and record review on 10/25/2024 at 9:30 a.m. with the Director of Nursing (DON), the facility policy and procedure (P&P) titled, IV Therapy Dressing and Tubing Care, Peripheral IV: Insertion of a Catheter, Peripheral IV: Conversion to a Saline Lock, were reviewed. The DON stated facility practice is to change dressing for the peripheral IV catheter but do not change the peripheral IV catheter site. The DON stated that if a peripheral IV was covered with a wrap, the staff were supposed to remove the wrap and check the insertion site for any signs and symptoms of infiltration. The DON stated the presence of dried blood under dressing The DON verified the facility P&P indicated to change site every 72 hours and as needed for complications. The DON stated the staff should have placed the date, time, and initial of the nurse who inserted or changed the dressing of the peripheral IV for the staff to be aware when the peripheral IV was inserted and determine when the next site change is to prevent infection. The DON stated a physician's order should have been obtained to insert peripheral IV catheter and IV maintenance.</p> <p>During a review of the facility's P&P titled, IV Therapy Dressing and Tubing Care, last reviewed 1/18/2024, the P&P indicated:</p> <ul style="list-style-type: none"> - IV site, tubing, dressing shall be assessed once per shift by an RN. - Dressing should be dated, timed, and be initialed when completed. - Dressing change should be documented. <p>During a review of the facility's P&P titled, Peripheral IV: Insertion of a Catheter, last reviewed 1/18/2024, the P&P indicated:</p> <ul style="list-style-type: none"> - Change site every 72 hours and as needed complications. - A physician's order is needed to start any IV. - Label site with date, time. Gauge, and length of catheter or needle and initials. <p>(continued on next page)</p>		

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 10/25/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Conversion to a Saline Lock, last reviewed 1/18/2024, the P&P indicated:</p> <ul style="list-style-type: none"> - Change site every 72 hours and as needed complications. - Document date and time. - Monitor and document condition of site every shift. - Label site with date, time, gauge, and length of catheter or needle and initials of person performing the procedure.

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 10/25/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44244</p> <p>Based on observation, interview, and record review, the facility failed to ensure Respiratory Therapist 1 (RT 1) provided tracheostomy (opening surgically created through the front of the neck and into the windpipe) care per the physician's orders by cleaning the resident's stoma (a surgically created hole) with water and rinsing with normal saline (NS, a sterile solution) for one of four sampled residents (Resident 15).</p> <p>This deficient practice placed Resident 15 at risk for respiratory distress and infection.</p> <p>Findings:</p> <p>During a review of Resident 15's Admission Record, the Admission Record indicated the facility admitted the resident on 12/1/2006 and most recently readmitted the resident on 8/13/2010 with diagnoses that included chronic respiratory failure (serious condition that slowly develops when the lungs cannot get enough oxygen into the blood), tracheostomy, sepsis (a life-threatening blood infection), and pneumonia (an infection/inflammation in the lungs).</p> <p>During a review of Resident 15's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/22/2024, the Minimum Data Set indicated the resident was in a persistent vegetative state (a chronic condition where a person appears to be awake but shows no awareness of their surroundings) / no discernible consciousness. The MDS further indicated the resident was dependent on staff for toileting, dressing, personal hygiene, bathing, oral hygiene, and mobility.</p> <p>During a review of Resident 15's Physician's Orders, the physician's orders indicated the following order:</p> <p>- Tracheostomy care every shift and as needed: cleanse the stoma with water and rinse with NS, change the trach tie every shift, dressing change, dated 2/3/2023.</p> <p>During a review of Resident 15's Care Plan (CP) titled, Presence of tracheostomy: ineffective airway clearance related to inability to expel excess secretions, ., potential for infection, initiated 8/12/2024, the CP indicated the resident would achieve a patent airway at all times and would be free from signs and symptoms of infection. The CP further indicated to provide trach care every shift.</p> <p>During an observation on 10/24/2024 at 1:55 p.m., RT 1 provided tracheostomy care to Resident 15. Observed RT 1 use dry gauze to wipe Resident 15's stoma. Observed RT 1 did not use water or NS during tracheostomy care.</p> <p>During an interview and record review on 10/24/2024 at 2:20 p.m., with RT 1, Resident 15's physician order for tracheostomy care, dated 2/3/2023 was reviewed. RT 1 stated he did not cleanse Resident 15's stoma with water and rinse with NS. RT 1 stated moistening the gauze loosens the dry secretions and cleans away any buildup at the stoma that may cause an infection. RT 1 stated he should have moistened Resident 15's gauze with water, cleansed around the stoma, and then rinsed with NS; but he didn't. RT 1 stated he did not moisten the gauze because he was nervous and forgot.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/25/2024 at 10 a.m. with the Infection Preventionist (IP), the IP stated dry gauze is rough and cannot adequately remove dry secretions around a tracheostomy stoma. The IP stated the purpose of removing dry secretions is to prevent the secretions from reducing the diameter of the tracheostomy opening and potentially causing desaturation (amount of oxygen the blood is carrying to the body) issues. The IP stated when secretions are not removed, they can also grow bacteria potentially leading to a respiratory infection.</p> <p>During a review of the facility policy and procedure titled, Tracheostomy Care / Routine Daily Care / Inner Cannula [a hard disposable plastic tube] Care, last reviewed 1/18/2024, indicated tracheostomies will be kept clean and the airway clear of mucus. Tracheostomy care will be done daily and as needed. The purpose is to maintain an adequate airway and to clear excessive secretions, to prevent encrustation of the tracheostomy tube inner cannula, to prevent breakdown or irritation of the surrounding skin, and to maintain patency of the tracheostomy. Clean around the stoma with NS moist gauze, then clean around the neck with NS moist gauze.</p>

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 10/25/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>41379</p> <p>Based on observation, interview, and record review, the facility failed to provide adequate and sufficient nursing staff to provide care for adult residents requiring Restorative Nursing Aide (RNA, nursing aide program that helps residents to maintain their function and joint mobility) services. This deficient practice had the potential for 70 adult subacute residents with physician's orders for daily RNA to experience a decline in range of motion (ROM, full movement potential of a joint), mobility, and activities of daily living (ADL, basic activities such as eating, dressing, toileting) function.</p> <p>Cross reference F842</p> <p>Findings:</p> <p>During a review of the active physician's orders for residents on RNA services dated 10/23/24 indicated 70 adult subacute residents with physician's orders for RNA to provide treatments and services including but not limited to, ROM exercises to upper extremities (UE, shoulder, elbow, wrist, hand) and lower extremities (LE, hip, knee, ankle, foot), application of splints (rigid material or apparatus used to support and immobilize a broken bone or impaired joint) or braces (an external device to support, align, or correct a movable part of the body), and ambulation (walking).</p> <p>During a review of the facility's September 2024 Adult Daily Assignment Sheet for Certified Nursing Assistants sign-in indicated the following RNA staff assignments for the 7:00 a.m. to 3:30 p.m. shift:</p> <p>-9/1/2024: one (1) RNA</p> <p>-9/2/2024: 1 RNA</p> <p>-9/3/2024: two (2) RNAs</p> <p>-9/4/2024: 2 RNAs</p> <p>-9/5/2024: 2 RNAs</p> <p>-9/6/2024: 2 RNAs</p> <p>-9/7/2024: 2 RNAs</p> <p>-9/8/2024: 1 RNA</p> <p>-9/9/2024: 2 RNAs</p> <p>-9/10/2024: 2 RNAs</p> <p>(continued on next page)</p>		

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 10/25/2024
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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>-9/11/2024: 2 RNAs</p> <p>-9/12/2024: 2 RNAs</p> <p>-9/13/2024: 2 RNAs</p> <p>-9/14/2024: 2 RNAs</p> <p>-9/15/2024: 1 RNA</p> <p>-9/16/2024: 2 RNAs</p> <p>-9/17/2024: 2 RNAs</p> <p>-9/18/2024: 2 RNAs</p> <p>-9/19/2024: 1 RNA</p> <p>-9/20/2024: 2 RNAs</p> <p>-9/21/2024: 1 RNAs</p> <p>-9/22/2024: 1 RNA</p> <p>-9/23/2024: 2 RNAs</p> <p>-9/24/2024: 2 RNAs</p> <p>-9/25/2024: 2 RNAs</p> <p>-9/26/2024: 2 RNAs</p> <p>-9/27/2024: 1 RNA</p> <p>-9/28/2024: 1 RNA</p> <p>-9/29/2024: 1 RNA</p> <p>-9/30/2024: 2 RNAs</p> <p>During a review of the facility's October 2024 Adult Daily Assignment Sheet for Certified Nursing Assistants sign-in indicated the following RNA staff assignments for the 7:00 a.m. to 3:30 p.m. shift:</p> <p>-10/1/2024: 2 RNAs</p> <p>-10/2/2024: 1 RNA</p> <p>(continued on next page)</p>

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 10/25/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-10/3/2024: 2 RNAs</p> <p>-10/4/2024: 2 RNAs</p> <p>-10/5/2024: 2 RNAs</p> <p>-10/6/2024: 1 RNA</p> <p>-10/7/2024: 2 RNAs</p> <p>-10/8/2024: 2 RNAs</p> <p>-10/9/2024: 2 RNAs</p> <p>-10/10/2024: 2 RNAs</p> <p>-10/11/2024: 2 RNAs</p> <p>-10/12/2024: 2 RNAs</p> <p>-10/13/2024: 1 RNA</p> <p>-10/14/2024: 2 RNAs</p> <p>-10/15/2024: 2 RNAs</p> <p>-10/16/2024: 2 RNAs</p> <p>-10/17/2024: 2 RNAs</p> <p>-10/18/2024: 2 RNAs</p> <p>-10/19/2024: 1 RNA</p> <p>-10/20/2024: 2 RNAs</p> <p>-10/21/2024: 2 RNAs</p> <p>-10/22/2024: 2 RNAs</p> <p>During an interview on 10/23/2024 at 8:06 a.m., Restorative Nursing Aide (RNA 1) and Restorative Nursing Aide (RNA 2) stated there were only 2 RNAs scheduled today. RNA 1 stated there were residents on RNA that required 2 RNAs to complete the treatments such as walking and sitting a resident at the edge of the bed. RNA 1 and RNA 2 stated they tried to see as many residents as possible in one day, but they could not complete all the RNA treatments for every resident each day. RNA 1 and RNA 2 stated they see about 18-20 residents a day for RNA.</p> <p>(continued on next page)</p>

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 10/25/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an RNA treatment observation of Resident 15 and interview on 10/23/2024 at 10:16 a.m., with RNA 1, the RNA treatment session started at 10:16 a.m. and ended at 10:53 a.m. (37 minutes). RNA 1 stated the RNA treatment session usually took about 30 minutes to complete for PROM for both UE and LE extremities and for splints on both hands. RNA 1 stated the RNAs also assisted with feeding for a couple of residents. RNA 1 stated the RNAs could not get to everyone every day on RNA.</p> <p>During an interview on 10/23/2024 at 1:16 p.m. with RNA 1 and RNA 2, RNA 1 stated sometimes there was just 1 RNA and we never have more than 2 RNAs in one day. RNA 1 and RNA 2 stated there were too many residents on RNA for the RNAs to complete the RNA treatments for every resident.</p> <p>During a concurrent interview and record review of the facility's September and October 2024 Adult Daily Assignment Sheet for Certified Nursing Assistants sign-in, with the Director of Staffing Development (DSD), the DSD confirmed during September and October 2024, there were only 1 or 2 RNAs assigned each day. The DSD stated RNA treatments were supposed to be about 15 minutes per resident, but some residents required more time because they were more contracted (condition of shortening and hardening of muscles, tendons, or other tissue, often leading to deformity and rigidity of joints), and some residents required two RNAs to complete the treatment such as sitting at bedside or ambulation. The DSD stated 2 RNAs were not enough to see all the residents with RNA orders.</p> <p>During an interview on 10/23/2024 at 4:22 p.m., the Director of Nursing (DON), the DON stated all residents with RNA orders should be seen for RNA treatments as ordered. The DON stated if residents with order for RNA did not receive their RNA treatments, then the residents' muscles could be tighter, could lead to more contractures and stiffness and cause another care problem because the facility was not completing the RNA orders such as ambulation or exercises.</p> <p>During a review of the facility's policy and procedure reviewed 4/2024, titled, Restorative Nursing Services, indicated residents will receive restorative nursing care as needed. Restorative nursing services personnel are assigned based on the individual residents' plan of care.</p>		

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 10/25/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43455</p> <p>Based on observation, interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Have an available supply of simethicone (a medication used to treat symptoms of gas such as painful pressure, fullness, and bloating) and renal multivitamin (a multivitamin designed for dialysis [a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed] patients to replace the vitamins lost during dialysis) in the medication carts affecting 1 of 5 observed residents (Resident 106) during the medication administration task. As a result, Resident 106 did not receive simethicone and renal multivitamin on 10/22/24 at 10 a.m. 2. Dispose (remove, destroy) of controlled drugs ([CD]- medications which have a potential for abuse and may also lead to physical or psychological dependence) within 90 days of order for discontinuation, for 6 of 12 sampled CDs in the Director of Nursing's (DON's) office observed during the medication storage task. As a result, the facility did not follow the state and federal regulations for control and accountability of CD's. <p>These failures had the potential to cause Resident 44 to experience health complications such as vitamin deficiency and worsening gas resulting in the health and well-being of Resident 44 being negatively impacted, and increased the opportunity for CD diversion (the transfer of a controlled medication or other medication from a lawful to an unlawful channel of distribution or use) and the potential for accidental exposure to harmful medications to all residents, possibly leading to physical and psychosocial harm and hospitalization .</p> <p>Cross referenced with F759</p> <p>Findings:</p> <p>During a review of Resident 106's Admission Record a document containing demographic and diagnostic information,) [undated,] the Admission Record indicated the facility admitted Resident 106 on 9/19/24 with diagnoses including end stage renal disease (irreversible kidney failure,) renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed,) constipation.</p> <p>During an observation on 10/22/24 at 10 a.m. in Medication Cart 9, Licensed Vocational Nurse (LVN) 11 was observed administering vitamin D, baclofen (medication used for muscle tightness,) minoxidil (a medication used for high blood pressure,) Floranex (a medication used for digestion) via gastrostomy tube ([G-tube] - a tube inserted through the belly that brings nutrition directly to the stomach) followed by administering artificial tears in each eye to Resident 106, and was observed not administering simethicone and renal multivitamin to Resident 106 via G-tube.</p> <p>During a review of Resident 106's Physician Orders (a report listing the physician order for the resident,) from 10/1/24 to 10/31/24, the Physician's Order indicated Resident 106 was prescribed:</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Simethicone 80 mg tablet via G-tube three times a day for abdominal distention (swelling,) starting 9/19/24,</p> <p>2. Renal multivita.m.in one (1) tablet via G-tube daily for supplement, starting 9/19/24.</p> <p>During a review of Resident 106's clinical record including physician orders, progress notes and nurse's notes, the clinical record did not contain documentation that Resident 106 should not be administered the above medications on 10/22/24.</p> <p>During a review and concurrent interview with LVN 13 of Resident 106's ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record), for October 2024, the MAR indicated Resident 106's:</p> <p>1. Simethicone 80 mg tablet via G-tube three (3) times a day, at 9 p.m., 1 p.m. and 5 p.m.</p> <p>2. Renal multivitamin one (1) tablet via G-tube daily, at 9 a.m.</p> <p>The MAR indicated the 9 a.m. doses for simethicone 80 mg and renal multivitamin were circled with the initials of LVN 13. LVN 13 stated that a circle with LVN initials on the MAR indicated that the medication was not administered.</p> <p>During an interview on 10/22/24 at 10:10 a.m. with LVN 11, LVN 11 stated that LVN 11 did not administer simethicone 80 milligram ([mg] - a unit of measure of mass) tablet and renal multivitamin tablet to Resident 106 during the morning medication administration at 10 a.m. to Resident 106, as prescribed by Resident 106's physician, since both medications were not available in the medication cart. LVN 11 stated that these medications were not available in the Medication Room either and that LVN 11 did not have access to the Central Supply Room (a room that stores additional stock of house supply [not resident specific] medications) to check for availability. LVN 11 stated that usually a Central Supply Employee (CSE) would make rounds daily before the morning medication administration time to replenish medications, however LVN 11 had not seen that individual that morning (10/22/24.) LVN 11 stated that medications should be readily available to ensure timely administration at the scheduled times. LVN 11 stated it was important to receive these medications as ordered by the physician, and missing doses of these medications can harm Resident 106 by causing worsening uncomfortable gas and vitamin deficiency.</p> <p>During an interview on 10/22/24 at 10:20 a.m. with Registered Nurse (RN) 3, RN 3 that the Central Supply Room had stock of medications, but licensed nursing staff did not have access to that room.</p> <p>During an observation and concurrent interview in Central Supply Room, on 10/22/24 at 10:30 a.m. with Central Supply Employee (CSE) 1, the room contained several renal multivitamin medication bottles stored on the shelf and no bottles of simethicone were found. The CSE 1 stated that the Director of CS (DCS) was not currently in the facility and had gone to the off-site warehouse to bring simethicone since there were none available in the Medication Room and Central Supply Room. CSE 1 stated that only CSEs had access to the Central Supply Room and that licensed nurses were unable to access the room.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/22/24 at 10:42 a.m. with the DON, the DON stated that licensed nurses were able to obtain medications from the Medication Room and did not have access to the medications stored in the Central Supply Room. The DON stated that licensed nurses needed to have access to medications throughout the facility and not rely on CSEs to ensure timely administration of medications to residents. The DON stated that medications should be administered within a 60-minute window from the time scheduled and that medications administered after that were considered late and a medication error. The DON stated that there should be no reason why licensed nurses should not have access to medications in the facility and no reason for them to wait for CSEs to grant access to the medications. The DON stated that as a result simethicone and renal multivitamin were not administered at the scheduled time at 9 a.m. on 10/22/24 to Resident 106.</p> <p>During an interview on 10/22/24 at 10:56 a.m., with the Director of Central Supply (DCS) and in the presence of DON, the DCS stated that simethicone was not available in the facility that day (10/22/24) and that DCS had gone to the off-site warehouse to obtain a supply. The DCS stated that licensed nurses did not have access to the Central Supply Room. The DCS stated that licensed nurses not having access to Central Supply Room and relying on CSEs daily rounds to replenish stock had caused the unavailability of medications in the medication carts and late administration of simethicone and renal multivitamin to Resident 106 that day (10/22/24.) The DCS stated that the current process was not efficient and not in the best interest of the residents in ensuring they receive medications at the scheduled times. The DON stated that the process was failing and there needed to be a change to always make medications more accessible to licensed nurses.</p> <p>During an observation, interview and record review on 10/22/24 at 1:40 p.m. in the DON's office, with the DON, six (6) CD's awaiting final disposition (process of destroying unused medications) were found in a locked cabinet with the CD accountability records signed and dated on 1/9/2024, 2/17/2024, 2/26/2024, 5/4/2024, 6/10/2024, 7/16/2024. The DON stated the Consultant Pharmacist (CP) comes once a month to dispose of the CD in the DON's presence, and the CDs were last disposed on 10/14/24 with the CP. The DON stated according to state and federal regulations CDs should be destroyed within 90 days of order for discontinuation or resident discharge. The DON stated the facility failed to dispose of six (6) CDs dated 1/9/2024, 2/17/2024, 2/26/2024, 5/4/2024, 6/10/2024, 7/16/2024 within 90 days of order for discontinuation or resident discharge. The DON stated the DON understood the importance of CD accountability to prevent diversions and accidental exposure of harmful substances to residents.</p> <p>During a review of the facility's policy and procedures (P&P), titled Medication Pass, last revised May 2023, the P&P indicated The purpose of this policy is to provide a guideline on how to properly complete a Medication Pass.</p> <p>Procedures</p> <ol style="list-style-type: none"> 1. Follow the 10 Patient Rights of giving medications. 3. Check medications against the MAR to be correct. 5. Give medications as ordered. <p>General Reminders</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. You have 1 hour before and 1 hour after the administered time to complete medication pass.</p> <p>During a review of the facility's P&P, titled Medication Pass Via Gtube/Jtube, last revised May 2020, the P&P indicated The purpose of this policy is to provide a guideline on how to pass medications through the Gastrostomy/Jejunostomy Tube.</p> <p>7. Follow the 10 Patient Rights of giving medications.</p> <p>During a review of the facility's P&P, titled Medication Administration Techniques, last revised 10/25/23, the P&P indicated:</p> <p>Prior to passing meds</p> <p>5. Start pass in a timely manner: time allotted for pass is two hours, one hour before to one hour after the scheduled administration time.</p> <p>6. Observe 10 Medication Rights:</p> <p>5. Right Time</p> <p>During the pass</p> <p>3. Dispense/prepare medications as per M.D. (Medical Doctor/physician) orders.</p> <p>During a review of the facility's P&P, titled 10 Medication Rights, last revised July 2022, the P&P indicated The purpose of this policy is to provide current guidelines for Medication Patient Rights.</p> <p>5. Right Time - Administering medications at a time that was intended by the prescriber.</p> <p>During a review of the facility's P&P, titled Medication Error Policy and Record Completion, last revised March 2024, the P&P indicated A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm or no harm while the medication is in control of the health care professional.</p> <p>Types of Medication Errors</p> <p>4. Administration Error - Types of administration errors include: wrong patient, dose, time, medication route, rate, omission, and unauthorized dose given.</p> <p>During a review of the facility's P&P, titled Disposal of Medications, last revised 4/2024, the P&P indicated that Controlled Drugs labeled as Schedule II, III, IV, and V by the US Drug Enforcement Agency shall be disposed of in the presence of a Registered Nurse (RN) and a registered pharmacist at minimum every 90 days.</p> <p>During a review of the facility's P&P, titled Handling Discontinued Drugs, dated 10/2018, the P&P indicated that When a drug is discontinued it shall be disposed of as soon as possible unless there is a reason to be reused in which case the drug may be held for a maximum of 90 days.</p>		

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 10/25/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>43988</p> <p>Based on interview and record review the facility failed to ensure the entire medication regimen of the resident was managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being by failing to:</p> <ol style="list-style-type: none"> 1. Monitor for adverse effects (a harmful or abnormal result) for the use of Remeron (a type of antidepressant, a medication used to treat depression [a mental condition that can affect how a person feels, thinks, and acts]) for one out of five sampled residents (Resident 50) 2. Monitor for adverse effects for the use of Buspar (a type of medication primarily used to treat generalized anxiety disorder (a mental health condition that involves excessive and persistent feelings of fear, dread, and uneasiness) for one of five sampled residents (Resident 50) 3. Complete the informed consent (the process where a resident or the resident representative receives information a medical procedure or explaining the risks, benefits, and alternatives) for the use of Remeron and Buspar with the dose, frequency, and indication for one of five sampled residents (Resident 50) 4. Monitor for adverse effects on the use of Sertraline, an antidepressant medication used to treat major depressive disorder [a serious mental illness that can affect how a person feels, thinks, and acts) for 1 of 1 sampled resident (Resident 104 <p>These deficient practices violated the rights of the resident to be informed about the medication used for treatment and had the potential to result in the use of unnecessary psychotropic drugs and adverse effects (an undesired and harmful result of a treatment or intervention, such as a medication or surgery) of the medication.</p> <p>Findings:</p> <p>a. During a review of Resident 50's Admission Record (AR), the AR indicated the facility admitted the resident on 3/30/2017 with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), gastrostomy tube (G-tube - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), anxiety disorder, and major depressive disorder (a mental health condition that involves a depressed mood and loss of interest in activities for a significant amount of time).</p> <p>During a review of Resident 50's History and Physical (H&P) dated 3/27/2024, the H&P indicated Resident 50 did not have the capacity to understand and make decisions.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 50's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/27/2024, the MDS indicated Resident 50 had an intact cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 50 was on high-risk drug class antidepressant and antianxiety medications.</p> <p>During a review of Resident 50's physician orders (PO), the PO indicated the following order:</p> <p>-8/7/2024: Buspar 10 mg via G-tube 2 times a day for anxiety manifested by agitation and verbally abusive episodes for 6 months (evaluated by physician and nurse practitioner (NP - a registered nurse with advanced training who can perform many of the same duties as a doctor).</p> <p>-8/7/2024: Remeron 7.5 mg via G-tube at HS for depression manifested by poor appetite for 6 months (evaluation done by physician and NP).</p> <p>During a review of Resident 50's informed consents forms that were obtained by the physician from the responsible party, the forms did not indicate the dosage, frequency, and indication for the use of Remeron and Buspar.</p> <p>During a concurrent interview and record review on 10/24/2024 at 2:51 p.m. with the Minimum Data Set Coordinator (MDSC), Resident 50's physician orders and informed consent forms were reviewed. The MDSC stated upon receipt of physician's order for antidepressant or antianxiety medication, the nurses should also obtain an order for monitoring of adverse effects. The MDSC stated the informed consent should indicate the medication dosage, frequency, and indication for the use of the medication. The MDSC verified there was no physician's order to monitor for adverse effects for the use of Remeron and Buspar. The MDSC verified the informed consent did not indicate the medication dosage, frequency, and indication for the use of Remeron and Buspar. The MDSC stated there should have been an order for the monitoring of adverse effects for the use of Remeron and Buspar to ensure Resident 50 was not having reactions with the use of the medications. The MDSC stated the informed consent should have been completed by the physician including the medication dosage, frequency, and indication for the use of Remeron and Buspar to ensure the resident and/or responsible party understands the risks and benefits as well as the number of medications the resident will be receiving.</p> <p>During an interview on 10/25/2024 3:00 p.m. with the Director of Nursing (DON), the DON stated the staff should monitor for adverse effects of the antidepressant and antianxiety medications to ensure the adverse effects were reported to the physician in a timely manner, so the effects will be addressed timely and possibly resolved. The DON stated it serves as a basis for the reduction in dosage or even discontinuation. The DON stated the informed consent should have been clarified by the nurse from the physician and should be complete to indicate the name of the medication, dosage, frequency, and the indication for use to ensure the resident and/or responsible party understands and aware of the risks and benefits and the amount of medications the resident will be receiving.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Informed Consent for Psychotropic Medications, last reviewed 1/18/2024, the P&P indicated the policy is to establish that a resident or responsible party understands and accepts treatment(s) ordered by their physician. The P&P indicated the following:</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The risks and benefits, Dosage, and side effects of restraints and psychotropic medications will be discussed with the resident or responsible party by their physician or NP.</p> <p>-All consents will be maintained in the patient's medical record.</p> <p>During a review of the facility's P&P titled, Medication Regimen Review, last reviewed on 1/18/2024, the P&P indicated a drug regimen review will include medication reconciliation, a review of all medications a resident is currently using, and a review of the drug regimen to identify, and if possible, prevent potentially clinically significant medication adverse consequences.</p> <p>44376</p> <p>b. During a review of Resident 104's Admission Record (AR), the AR indicated the facility admitted the resident on 7/3/2024, and readmitted the resident on 8/26/2024, with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), dependence on respirator (a mechanical device that helps a patient breathe by moving air into and out of their lungs), and major depressive disorder (a mental health condition that involves a depressed mood and loss of interest in activities for a significant amount of time).</p> <p>During a review of Resident 104's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 10/14/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on a high-risk drug class antidepressant (a prescription medication used to treat depression and other mental health conditions) medication.</p> <p>During a review of Resident 104's physician orders (PO), the PO indicated an order for:</p> <p>8/26/2024: Monitor episodes of depression manifested by expression of sadness q shift using hash marks for episodes and 0 for none.</p> <p>10/9/2024: Sertraline 25 milligrams (mg, a unit of weight) tab, take 2 tablets (50 mg) via gastrostomy tube (g-tube, a tube inserted through the belly that brings nutrition directly to the stomach) daily (qd) for depression manifested by expression of sadness, informed consent verified with MD for (X) 6 mos. until 4/9/2025 then re-evaluate.</p> <p>The PO did not indicate there was an order to monitor adverse effects on the use of Sertraline.</p> <p>During a concurrent interview and record review on 10/24/2024, at 10:19 a.m. with Registered Nurse 2 (RN 2), Resident 104's physician orders and Medication Administration Record (MAR) were reviewed. RN 2 stated there was an order for Sertraline 25 mg via g-tube twice a day however, she cannot find an order for monitoring for the adverse effects of its use. RN 2 also stated she cannot find any monitoring for adverse effects of Sertraline use on the MAR. RN 2 stated it is important to monitor for adverse effect of Sertraline to make sure the resident is not having any reaction to the medication.</p> <p>During an interview on 10/25/2024, at 1:55 p.m., with the Director of Nursing (DON), the DON stated the staff should monitor for adverse effect of the antidepressant medications to ensure side effects/ adverse effects were reported to the physician on a timely manner, so the effect are dealt with and resolved. The DON stated it serves as a basis for reduction in dosage or even discontinuation.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's recent policy and procedure (P&P) titled, Medication Regimen Review, last reviewed on 1/18/2024, the P&P indicated a drug regimen review will include medication reconciliation, a review of all medications a resident is currently using, and a review of the drug regimen to identify, and if possible, prevent potentially clinically significant medication adverse consequences.</p>		

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 10/25/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43455</p> <p>Based on observation, interview, and record review, the facility failed to maintain a medication error rate below 5 percent (%) by having three (3) medication errors out of 33 opportunities contributing to an overall error rate of 9.09% for two (2) out of five (5) sampled residents (Resident 44 and 106) observed during the Medication Administration facility task. The medication errors were due to unavailability of two (2) medications resulting in not administering doses at the scheduled administration times and overlooking to administer one (1) medication at the scheduled time.</p> <p>The medication errors were as follows:</p> <ol style="list-style-type: none"> 1. Resident 44 did not receive labetalol (a medication used to for hypertension [a condition in which the blood vessels have persistently raised pressure]) at the scheduled time as ordered by Resident 44's physician, and 2. Resident 106 did not receive simethicone (a medication used to treat symptoms of gas such as painful pressure, fullness, and bloating) and Renal multivitamin (a multivitamin designed for dialysis [a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed] patients to replace the vitamins lost during dialysis) at the scheduled time as ordered by Resident 106's physician. <p>These failures had the potential to cause Resident 44 and 106 to experience health complication such elevated high blood pressure and heart rate, vita.m.in deficiency and worsening gas resulting in the health and well-being of Resident 44 and 106 being negatively impacted.</p> <p>Cross reference with F755</p> <p>Findings:</p> <p>During an observation on 10/22/24 at 10 a.m. in Medication Cart 9, Licensed Vocational Nurse (LVN) 11 was observed administering vitamin D, baclofen (medication used for muscle tightness,) minoxidil (a medication used for high blood pressure,) Floranex (a medication used for digestion) via gastrostomy tube ([G-tube] - a tube inserted through the belly that brings nutrition directly to the stomach) followed by administering artificial tears in each eye to Resident 106, and was observed not administering simethicone and renal multivitamin to Resident 106 via G-tube.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/22/24 at 10:10 a.m. with LVN 11, LVN 11 stated that LVN 11 did not administer simethicone 80 milligram ([mg] - a unit of measure of mass) tablet and renal multivitamin tablet to Resident 106 during the morning medication administration at 10 a.m. to Resident 106, as prescribed by Resident 106's physician, since both medications were not available in the medication cart. LVN 11 stated that these medications were not available in the Medication Room either and that LVN 11 did not have access to the Central Supply Room (a room that stores additional stock of house supply [not resident specific] medications) to check for availability. LVN 11 stated that usually a Central Supply Employee (CSE) would make rounds daily before the morning medication administration time to replenish medications, however LVN 11 had not seen that individual that morning (10/22/24.) LVN 11 stated that medications should be readily available to ensure timely administration at the scheduled times. LVN 11 stated it was important to receive these medications as ordered by the physician, and missing doses of these medications can harm Resident 106 by causing worsening uncomfortable gas and vitamin deficiency.</p> <p>During an interview on 10/22/24 at 10:20 a.m. with Registered Nurse (RN) 3, RN 3 that Central Supply Room had stock of medications, but licensed nursing staff did not have access to that room.</p> <p>During an observation and concurrent interview in Central Supply Room, on 10/22/24 at 10:30 a.m. with Central Supply Employee (CSE) 1, the room contained several Renal multivitamin medication bottles stored on the shelf and no bottles of simethicone were found. The CSE 1 stated that the Director of CS (DCS) was not currently in the facility and had gone to the off-site warehouse to bring simethicone since there were none available in the Medication Room and Central Supply Room. CSE 1 stated that only CSEs had access to the Central Supply Room and that licensed nurses were unable to access the room.</p> <p>During an interview on 10/22/24 at 10:42 a.m. with the Director of Nursing (DON,) the DON stated that licensed nurses were able to obtain medications from the Medication Room and did not have access to the medications stored in the Central Supply Room. The DON stated that licensed nurses needed to have access to medications throughout the facility and not rely on CSEs to ensure timely administration of medications to residents. The DON stated that medications should be administered within a 60-minute window from the time scheduled and that medications administered after that were considered late and a medication error. The DON stated that there should be no reason why licensed nurses should not have access to medications in the facility and no reason for them to wait for CSEs to grant access to the medications. The DON stated that as a result simethicone and renal multivitamin were not administered at the scheduled time at 9 a.m. on 10/22/24 to Resident 106.</p> <p>During an interview on 10/22/24 at 10:56 a.m., with the Director of Central Supply (DCS) and in the presence of DON, the DCS stated that simethicone was not available in the facility that day (10/22/24) and that DCS had gone to the off-site warehouse to obtain a supply. The DCS stated that licensed nurses did not have access to the Central Supply Room. The DCS stated that licensed nurses not having access to Central Supply Room and relying on CSEs daily rounds to replenish stock had caused the unavailability of medications in the medication carts and late administration of simethicone and Renal multivitamin to Resident 106 that day (10/22/24.) The DCS stated that the current process was not efficient and not in the best interest of the residents in ensuring they receive medications at the scheduled times. The DON stated that the process was failing and there needed to be a change to always make medications more accessible to licensed nurses.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/22/24 at 12:35 p.m., with CSE 2, CSE 2 stated that licensed nurses did not have access to the Central Supply Room. CSE 2 stated that licensed nurses should have access to the room specially during an emergency where they can easily access the medications instead of waiting and relying on CSEs.</p> <p>During an interview on 10/22/24 at 12:56 p.m., with LVN 11 and CSE 2, LVN 11 and CSE 2 stated that licensed nurses needed to have access to medications from the Central Supply Room and that the current process of relying on CSE's to replenish the medications were causing delays in residents receiving medications on time.</p> <p>During an observation on 10/23/24 at 9:50 a.m., in Medication Cart 10, LVN 13 was observed administering vitamin C, multivitamin with minerals, Miralax (a medication used for constipation,) docusate (a medication used for constipation,) Keppra (a medication used for seizures [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness,]) Eliquis (a medication used for thinning blood,) potassium chloride (a supplement used for low potassium levels) via G-tube followed by administering artificial tears in each eye to Resident 44, and was observed not administering labetalol to Resident 44 via G-tube.</p> <p>During an interview on 10/23/24 10:10 a.m., with LVN 13, LVN 13 stated that LVN 13 failed to prepare and administer labetalol 100 mg tablet during the morning medication administration at 9:50 a.m. to Resident 44, as prescribed by Resident 44's physician. LVN 13 acknowledged the physician's order specified to administer labetalol 100 mg at 9 a.m. and that LVN 13 overlooked and missed to administer the medication. LVN 13 stated, per facility policy, there was a 60-minute window for medication administration and that not administering within that window was considered a medication error. LVN 13 stated not administering the 9 a. m. dose of labetalol on 10/23/24 as ordered by the physician placed Resident 44 at the risk of having elevated high blood pressure potentially harming Resident 44 by causing a stroke resulting in hospitalization and/or death. LVN 13 stated that LVN 13 will immediately administer the labetalol to Resident 44.</p> <p>During an interview on 10/23/24 at 3:57 p.m. with the DON, the DON stated that residents should be administered as per physician orders at the scheduled times. Resident 44 was not administered labetalol 100 mg at 9:50 a.m. on 10/23/24 as LVN 13 overlooked to prepare and administer the medication, and Resident 106 was not administered simethicone 80 mg and renal multivitamin at 10 a.m. on 10/22/24 by LVN 11 due to the medications not being available in the medication cart and LVN 11 not having access to the Central Supply Room stock. The DON stated that these were considered medication error. The DON stated that simethicone was not available in the facility on 10/22/24. The DON stated Resident 44 was prescribed simethicone for abdominal distention and renal multivitamin for renal supplementation and Resident 106 was prescribed labetalol for hypertension. The DON stated missing the administrations of these medications can cause worsening abdominal distention, vitamin deficiency, elevated blood pressure and heart rate leading to potential heart attack and stroke.</p> <p>During a review of Resident 44's Admission Record (a document containing demographic and diagnostic information,) [undated,] the Admission Record indicated Resident 44 was originally admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including essential hypertension (high blood pressure that develops over time.)</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 44's Physician Orders (a report listing the physician order for the resident), from 10/1/24 to 10/31/24, indicated Resident 44 was prescribed labetalol 100 mg tablet via G-tube every 12 hours for hypertension, starting 9/21/23.</p> <p>During a review of Resident 44's clinical record including physician orders, progress notes and nurses notes, the clinical record did not contain documentation that Resident 44 should not be administered labetalol on 10/23/24.</p> <p>During a review of Resident 44's Medication Administration Record ([MAR] - a document of the medications administered to a resident that is part of the resident's permanent medical record), for October 2024, the MAR indicated Resident 44's labetalol 100 mg tablet was due twice a day at 9 a.m. and 9 p.m. The MAR indicated there was no documentation for the labetalol 100 mg administration on 10/23/24 for the 9 a.m. dose.</p> <p>During a review of Resident 106's Admission Record, [undated,] the Admission Record indicated Resident 106 was originally admitted to the facility on [DATE] with diagnoses including end stage renal disease (irreversible kidney failure,) renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed,) constipation.</p> <p>During a review of Resident 106's Physician Orders, from 10/1/24 to 10/31/24, the Physician Orders indicated Resident 106 was prescribed:</p> <ol style="list-style-type: none"> 1. simethicone 80 mg tablet via G-tube three times a day for abdominal distention (swelling,) starting 9/19/24, 2. Renal multivita.m.in one (1) tablet via G-tube daily for supplement, starting 9/19/24. <p>During a review of Resident 106's clinical record including physician orders, progress notes and nurse's notes, the clinical record did not contain documentation that Resident 106 should not be administered the above medications on 10/22/24.</p> <p>During a review and concurrent interview with LVN 13 of Resident 106's MAR, for October 2024, the MAR indicated Resident 106's:</p> <ol style="list-style-type: none"> 1. Simethicone 80 mg tablet via G-tube three (3) times a day, at 9 p.m., 1 p.m. and 5 p.m. 2. Renal multivitamin one (1) tablet via G-tube daily, at 9 a.m. <p>The MAR indicated the 9 a.m. doses for simethicone 80 mg and renal multivitamin were circled with the initials of LVN 13. LVN 13 stated that a circle with LVN initials on the MAR indicated that the medication was not administered.</p> <p>During a review of the facility's policy and procedures (P&P), titled Medication Pass, last revised May 2023, the P&P indicated The purpose of this policy is to provide a guideline on how to properly complete a Medication Pass.</p> <p>Procedures</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. Follow the 10 Patient Rights of giving medications.</p> <p>3. Check medications against the MAR to be correct.</p> <p>5. Give medications as ordered.</p> <p>General Reminders</p> <p>1. You have 1 hour before and 1 hour after the administered time to complete medication pass.</p> <p>During a review of the facility's P&P, titled Medication Pass Via Gtube/Jtube, last revised May 2020, the P&P indicated The purpose of this policy is to provide a guideline on how to pass medications through the Gastrostomy/Jejunostomy Tube.</p> <p>7. Follow the 10 Patient Rights of giving medications.</p> <p>During a review of the facility's P&P, titled Medication Administration Techniques, last revised 10/25/23, the P&P indicated:</p> <p>Prior to passing meds</p> <p>5. Start pass in a timely manner: time allotted for pass is two hours, one hour before to one hour after the scheduled administration time.</p> <p>6. Observe 10 Medication Rights:</p> <p>5. Right Time</p> <p>During the pass</p> <p>3. Dispense/prepare medications as per M.D. (Medical Doctor/physician) orders.</p> <p>During a review of the facility's P&P, titled 10 Medication Rights, last revised July 2022, the P&P indicated The purpose of this policy is to provide current guidelines for Medication Patient Rights.</p> <p>5. Right Time - Administering medications at a time that was intended by the prescriber.</p> <p>During a review of the facility's P&P, titled Medication Error Policy and Record Completion, last revised March 2024, the P&P indicated A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm or no harm while the medication is in control of the health care professional.</p> <p>Types of Medication Errors</p> <p>4. Administration Error - Types of administration errors include: wrong patient, dose, time, medication route, rate, omission, and unauthorized dose given.</p>		

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 10/25/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>43988</p> <p>Based on interview and record review the facility failed to ensure residents were free of any significant medication errors for one (1) out of five (5) sampled residents (Resident 81) investigated under unnecessary medications by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (SQ - beneath the skin) insulin (a hormone that lowers the level of sugar in the blood) administration sites.</p> <p>This deficient practice had the potential for adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin such as lipodystrophy (abnormal distribution of fat) and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin).</p> <p>Findings:</p> <p>During a review of Resident 81's Admission Record, the Admission Record indicated the facility admitted the resident on 3/25/2023 and readmitted in the facility on 8/19/2024 with diagnoses including chronic respiratory failure (a long term condition in which the lungs have a hard time loading the blood with oxygen and can leave a patient with low oxygen), tracheostomy (a surgical procedure to create an opening through the neck into the trachea [windpipe] to facilitate breathing), and type diabetes mellitus (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing).</p> <p>During a review of Resident 81's History and Physical (H&P) dated 4/22/2024, the H&P indicated the resident did not have the capacity to make decisions.</p> <p>During a review of Resident 81's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated 8/29/2024, the MDS indicated Resident 81 had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 81 was receiving insulin.</p> <p>During a review of Resident 81's Physician Orders, the Physician Orders indicated the following:</p> <p>- 8/19/2024: Fingerstick blood sugar check every six (6) with regular human insulin (a short acting insulin that starts to work within 30 minutes to 1 hour of injection) 100 units per milliliter (unit/ml - a unit of measurement) insulin per sliding scale coverage as: 70-140 = zero (0) unit (a unit of measurement); 141-180 = one (1) unit; 181- 200 = two (2) units; 201-250 = three (3); 251-300 = four (4) units; 301 - 350 = 6 units; 351 - 400 = eight (8) units; more than (>) 400 call physician.</p> <p>- 8/19/2024: Humulin N NPH (an intermediate-acting insulin that takes 4 hours to start working after injection) U-100 insulin 100 units/ml suspension inject seven (7) units SQ every 12 hours hold if blood sugar less than 100.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 10/23/2024 at 3:30 p.m., reviewed Resident 81's Medication Administration Record (MAR - a daily documentation records used by a licensed nurse to document medications and treatments given to a resident) from 8/2024, 9/2024, and 10/2024 with Registered Nurse 2 (RN 2), RN 2 verified the MAR indicated the Humulin N NPH and Regular insulin injection were administered as follows:</p> <p>Humulin N:</p> <ul style="list-style-type: none"> - 8/20/2024 6:00 a.m. SQ left lower quadrant (LLQ) - 8/20/2024 6:00 p.m. SQ LLQ - 8/22/2024 6:00 a.m. SQ right lower quadrant (RLQ) - 8/22/2024 6:00 p.m. SQ RLQ - 8/23/2024 6:00 a.m. SQ left upper quadrant (LUQ) - 9/2/2024 6:00 p.m. SQ LLQ - 9/3/2024 6:00 a.m. SQ LLQ - 9/4/2024 6:00 a.m. SQ RLQ - 9/4/2024 6:00 p.m. SQ RLQ - 9/5/2024 6:00 a.m. SQ LUQ - 9/5/2024 6:00 p.m. SQ LUQ - 9/7/2024 6:00 a.m. SQ RLQ - 9/7/2024 6:00 p.m. SQ RLQ - 9/16/2024 6:00 a.m. SQ LLQ - 9/16/2024 6:00 p.m. SQ LLQ - 9/20/2024 6:00 a.m. SQ RLQ - 9/20/2024 6:00 p.m. SQ RLQ - 10/4/2024 6:00 a.m. SQ left arm (LA) - 10/4/2024 6:00 p.m. SQ left arm (LA) - 10/15/2024 6:00 a.m. SQ RLQ <p>(continued on next page)</p>

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 10/25/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 10/15/2024 6:00 p.m. SQ RLQ</p> <p>- 10/17/2024 6:00 a.m. SQ RLQ</p> <p>- 10/17/2024 6:00 p.m. SQ RLQ</p> <p>Regular insulin:</p> <p>- 9/2/2024 12:00 p.m. SQ RLQ</p> <p>- 9/2/2024 6:00 p.m. SQ RLQ</p> <p>- 9/3/2024 12:00 a.m. SQ LLQ</p> <p>- 9/3/2024 6:00 a.m. SQ LLQ</p> <p>- 9/3/2024 12:00 a.m. SQ RLQ</p> <p>- 9/3/2024 6:00 a.m. SQ RLQ</p> <p>- 9/11/2024 6:00 a.m. SQ RLQ</p> <p>- 9/11/2024 12:00 p.m. SQ RLQ</p> <p>- 9/14/2024 6:00 p.m. SQ LLQ</p> <p>- 9/15/2024 12:00 a.m. SQ LLQ</p> <p>- 9/15/2024 6:00 p.m. SQ RLQ</p> <p>- 9/16/2024 12:00 a.m. SQ RLQ</p> <p>- 9/19/2024 6:00 p.m. SQ RLQ</p> <p>- 9/20/2024 12:00 a.m. SQ RLQ</p> <p>- 9/21/2024 6:00 a.m. SQ RLQ</p> <p>- 9/21/2024 12:00 p.m. SQ RLQ</p> <p>- 9/21/2024 6:00 p.m. SQ RLQ</p> <p>- 9/22/2023 6:00 a.m. SQ LLQ</p> <p>- 9/22/2023 12:00 p.m. SQ LLQ</p> <p>- 9/27/2024 6:00 p.m. SQ LLQ</p> <p>(continued on next page)</p>

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 10/25/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - 9/28/2024 12:00 a.m. SQ LLQ - 10/8/2024 6:00 a.m. SQ right upper quadrant (RUQ) - 10/8/2024 12:00 p.m. SQ RUQ - 10/9/2024 6:00 a.m. SQ LLQ - 10/9/2024 12:00 p.m. SQ LLQ - 10/12/2024 12:00 p.m. SQ RLQ - 10/12/2024 6:00 p.m. SQ RLQ - 10/14/2024 12:00 p.m. SQ LLQ - 10/14/2024 6:00 p.m. SQ LLQ - 10/16/2024 12:00 p.m. SQ RLQ - 10/16/2024 6:00 p.m. SQ RLQ <p>RN 2 stated insulin administration should be rotated per standards of practice. RN 2 stated Resident 81's MAR indicated the insulin administration sites were not rotated. RN 2 stated not rotating the injection sites placed the resident at risk for developing bruising, pain, and tenderness on the administration sites. RN 2 stated the skin underneath can develop lumps and affect the medication absorption.</p> <p>During a concurrent interview and record review on 10/25/2024 at 10:50 a.m. reviewed Residents 81's MAR from 8/2024, 9/2024, and 10/2024 with the Director of Nursing (DON). The DON stated the nurses should rotate the insulin administration sites as a standard of practice. The DON verified the insulin administered were not rotated on multiple occasions. The DON verified the manufacturer's guideline for the use of Humulin N and Regular Insulin indicated to rotate the injection sites. The DON stated the nurses did not follow the manufacturer's guideline and the standards of practice. The DON stated the insulin administration sites should have been rotated as it can affect the absorption of insulin and can also cause skin lumps and bruising. The DON stated not rotating insulin administration site is considered a medication error according to the manufacturer's guideline and standards of practice.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Insulin Administration, last reviewed 1/18/2024, the P&P indicated to administer the insulin using proper subcutaneous technique.</p> <p>During a review of the facility provided manufacturer's guideline for Humulin R (insulin human), undated, the guideline indicated:</p> <ul style="list-style-type: none"> - Change (rotate) the injection sites within the area chosen with each dose to reduce the risk of getting lipodystrophy (pits in skin or thickened skin) and localized cutaneous amyloidosis (skin with lumps) at the injection sites. <p>(continued on next page)</p>		

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 10/25/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Do not use the exact same spot for each injection. - Do not inject where the skin has pits, is thickened, or has lumps. - Do not inject where the skin is tender, bruised, scaly, or hard, or into scars or damaged skin. <p>During a review of the facility provided manufacturer's guideline for Humulin N, undated, the guideline indicated:</p> <ul style="list-style-type: none"> - Administer in the SQ tissue of the abdominal wall, thigh, upper arm, or buttocks. - To reduce the risk of lipodystrophy, rotate the injection site within the same region from one injection to the next. <p>During a review of the facility's policy and procedure (P&P) titled, Medication Error Policy and Record Completion, last reviewed 1/18/2024, the P&P indicated a medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm or no harm while the medication is in the control of the healthcare professional. The P&P indicated administration error is one of the types of medication error which include wrong patient, does, time, medication route, rate, omission, and unauthorized dose given.</p>		

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 10/25/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43455</p> <p>Based on observation, interview, and record review the facility failed to</p> <ol style="list-style-type: none"> 1. Store one (1) lorazepam (a medication used to treat seizure [a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness]) vial (form of medication that is used for injections) for Resident 7 in accordance with manufacturer's requirements and facility policy and procedures, in one (1) of three (3) inspected medication refrigerators (Refrigerator 2) located in Nursing Station Subacute. 2. Remove and discard from use one (1) open and expired lorazepam vial for Resident 11, in accordance with manufacturer's requirements and facility policy and procedures, in one (1) of three (3) inspected medication refrigerators (Refrigerator 2) located in Nursing Station Subacute. 3. Store one (1) Epogen (brand name medication for epoetin alfa used to treat anemia [having low red blood cells]) vial for Resident 92 in accordance with manufacturer's requirements and facility policy and procedures, in one (1) of three (3) inspected medication refrigerators (Refrigerator 1) located in Nursing Station Subacute. <p>These deficient practices increased the risk for Resident 7, 11 and 92 to receive medication that had become ineffective or toxic due to improper storage or labeling, possibly leading to health complications resulting in hospitalization .</p> <p>Findings:</p> <p>During an observation, on 10/23/24 at 11 a.m., with the Director of Nursing (DON,) in Nursing Station Subacute, the following medications were found either stored in a manner contrary to their respective manufacturer's requirements, not labeled with an open date as required by their respective manufacturer's specifications, or stored and labeled contrary to facility policies:</p> <ol style="list-style-type: none"> 1. One (1) opened vial of Epogen for Resident 92 was found stored in Refrigerator 1 in Nursing Station Subacute and not labeled with a date when use first began or when the vial would expire. <p>According to manufacturer's product storage and labeling, Epogen multi-dose (containing more than one dose) vials should be stored in the refrigerator between 36 and 46 degrees Fahrenheit and once opened to be discarded after 21 days.</p> <ol style="list-style-type: none"> 2. One (1) open lorazepam multi-dose vial for Resident 7 was found stored in Refrigerator 2 in Nursing Station Subacute and without a label indicating when use began and an additional label indicating expires 28 days after opening and to discard. 3. One (1) open lorazepam multi-dose vial for Resident 11 was found stored in Refrigerator 2 in Nursing Station Subacute and labeled with a date indicating that use of the vial began on 8/24/24, and an additional label indicating expires 28 days after opening. <p>(continued on next page)</p>		

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 10/25/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview with the DON, the DON stated the Epogen vial for Resident 92 was open and not labeled with a date indicating when use first began, the lorazepam vial for Resident 7 was open and not labeled with a date indicating when use first began, and the lorazepam vial for Resident 11 was open and labeled with a date indicating use of the vial began on 8/24/24. The DON stated multi-use vials were good for 28 days from when first opened and used, and without knowing when use first began the Epogen vial for Resident 92 and lorazepam vial for Resident 7 were considered expired and should not be used due to unknown expiration date. The DON stated the lorazepam vial for Resident 11 was expired. The DON stated expired Epogen and lorazepam vials have decreased medication potency (effectiveness) and when used in error could be ineffective by not treating or controlling Resident 92's anemia and Resident 7's and 11's seizures possibly leading to hospitalization . The DON stated all three (3) vials needed to be removed from Refrigerator 1 and 2 and disposed of to prevent accidental use for residents. The DON stated several LVN's failed to label with a date when use began and remove expired multi-dose vials from Refrigerator 1 and 2.</p> <p>During a review of the facility's Policy and Procedures (P&P,) titled Injectable Medications, dated October 2018, the P&P indicated:</p> <p>A. All injectable medications must be dated when first opened/punctured. If an injectable medication is found open but not dated, the nurse should denote a date opened using the date it was dispensed by the pharmacy if still within appropriate shelf-life range.</p> <p>B. All other MDV will expire 28 days after opening per USP Guidelines unless otherwise specified.</p> <p>During a review of the facility's reference guide, titled Expiration Dates After Opening, dated October 2018, the guide indicated: Medications manufactured in multiple dose vials for injection not listed below or indicated on pharmacy label will follow the USP guideline of a 28-day expiration after opening.</p> <p>Procrit (brand name for epoetin alfa) MDVa - expiration 21 days refrigerated.</p> <p>a-be sure to document DATE WHEN OPENED on all vial for injection and all other multi-dose medications with a shortened shelf-life once seal is broke (such as a punctured vial) (month/day/year).</p> <p>During a review of the facility's P&P, titled Expired Medications, last revised on 6/7/20, the P&P indicated: Medications that are expired are given to DON for proper disposal.</p> <p>4. Daily checks of the refrigerators in each unit are to be inspected for expired medications. Medications that are expired will be given to the DON for proper disposal.</p> <p>During a review of the facility's P&P, titled Storage of medications requiring refrigeration, last revised on 5/1/20, the P&P indicated:</p> <p>3. Refrigerated medications will be audited for expiration, contamination, usability or recall by the primary care nurses and charge nurses on a daily basis.</p>		

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 10/25/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43418</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when:</p> <ol style="list-style-type: none"> 1. One cell phone was placed in the dry storage area next to boxes of nutritional supplements. 2. One dented can was placed in the non-dented can area in the dry storage area. 3. Two cans of sodas were found on the floor beneath the shelves in the dry storage area. <p>These deficient practices had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (transfer of bacteria from one object to another) in 20 of 111 residents who receive food from the kitchen.</p> <p>Findings:</p> <p>1. During a concurrent observation and interview with the Dietary Supervisor (DS), on 10/22/2024, at 8:16 a. m., inside the kitchen's dry storage area, the DS confirmed a staff member's cell phone was placed next to boxes of nutritional supplements. The DS further stated personal belongings do not belong in food storage areas to prevent cross-contamination between personal belongings and food.</p> <p>During an interview with the Director of Nursing (DON), on 10/22/2024, at 4:45 p.m., the DON stated there should be a proper place to store personal belongings for the kitchen staff to prevent cross-contamination with the residents' food.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Employee Personal Belongings, last reviewed 4/25/2022, the P&P indicated all working staff will store their personal belongings which include but not limited to handbags, back packs, cell phones, food etc. in a separate designated area. The P&P further indicated no personal belongings will be placed in food storage and preparation areas at any given time.</p> <p>2. During a concurrent observation and interview with the DS, on 10/22/2024, at 8:16 a.m., inside the kitchen's dry storage area, the DS confirmed a can of mandarin oranges had a dent on its side and was placed in the canned goods area. The DS stated cans are checked for dents, openings, and breaks upon delivery and are separated for return, if observed. The DON further stated it is important to not serve food from dented cans or foods with damaged packaging due to the potential for cross-contamination.</p> <p>During an interview with the DON, on 10/22/2024, at 4:45 p.m., the DON stated dented cans should not be stored with the non-dented cans due to the potential for cross-contamination.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, Food Storage - Dented Cans, last reviewed 4/25/2022, the P&P indicated all dented cans and rusty cans are to be separated from remaining stock and placed in a specified area for return to vendor for refund.</p> <p>During a review of the facility's P&P titled, Food and Formula Storage - Dry, last reviewed 4/1/2022, the P&P indicated dented or damaged cans should be returned to the vendor for replacement or refund and the cans should be placed in an area of storage designated for damaged goods.</p> <p>3. During a concurrent observation and interview with the DS, on 10/22/2024, at 8:16 a.m., inside the kitchen's dry storage area, the DS confirmed two cans of soda on the floor below the bottom of a shelf and stated no food items should be on the floor. The DS further stated if food items are found on the floor, there is a potential for cross-contamination.</p> <p>During an interview with the DON, on 10/22/2024, at 4:45 p.m., the DON stated food items should not be stored on the floor to prevent cross-contamination and prevent the spread of infection.</p> <p>During a review of the facility's P&P titled, Food and Formula Storage - Dry, last reviewed 4/1/2022, the P&P indicated food items shall be stored at least six inches above the floor on shelves or racks which facilitate cleaning. The P&P further indicated floors will be cleaned every shift and maintained free of food and debris and items found to be dropped on the floor will be discarded.</p>		

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 10/25/2024
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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</p> <p>Based on observation, interview, and record review the facility failed to ensure safe and sanitary storage, handling, and consumption of foods for one of one sampled residents (Resident 53) investigated during review of kitchen facility task by failing to ensure food brought from home were labeled with resident's name, and the date and time the food was brought into the facility for resident's consumption.</p> <p>This deficient practice had the potential to result in food-borne illnesses (food poisoning) for Resident 53, with symptoms including upset stomach, stomach cramps, nausea, vomiting, diarrhea, and fever that can lead to other serious medical complications and hospitalization .</p> <p>Findings:</p> <p>During a review of Resident 53's Admission Record (AR), the AR indicated the facility admitted the resident on [DATE], with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), dependence on respirator (a mechanical device that helps a patient breathe by moving air into and out of their lungs), and hypoglycemia (low blood sugar level).</p> <p>During a review of Resident 53's History and Physical (H&P), dated [DATE], the H&P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 53's Minimum Data Set (MDS, a federally mandated resident assessment tool), dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was receiving a therapeutic diet.</p> <p>During an observation of resident refrigerator 1 and interview on [DATE], at 10:20 a.m., with Registered Nurse 2 (RN 2) and Registered Nurse 5 (RN 5), in Station A, observed an open bottle of honey inside the refrigerator labeled with a resident's room number. RN 2 and RN 5 both stated the bottle of honey should have been dated when it was first opened. RN 2 stated the bottle of honey should be dated to ensure the food was not spoiled or expired. RN 5 stated not labeling the bottle of honey with the date it was first opened could lead to resident ingesting expired or spoiled food that can cause gastrointestinal (relating to or including both stomach and intestine) symptoms such as stomach ache, diarrhea, or vomiting.</p> <p>During an interview on [DATE], at 1:55 p.m., with the Director of Nursing (DON), the DON stated the staff should have placed the date, name of the patient and the time they opened the resident's food from home to ensure the food is not expired to prevent gastro intestinal problems brought about by ingestion of spoiled substances.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Food Brought in by Visitors, last reviewed on [DATE], the P&P indicated the food will be appropriately labeled with date, time, and name of the resident. Food served within 72 hours will be discarded.</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</p> <p>Based on observation, interview, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to:</p> <ol style="list-style-type: none"> 1. Ensure the sterile water bag for the mechanical ventilation (a machine that does the work of breathing when a person is not able to) heater water chamber (a device that humidifies [adds moisture] the airway during mechanical ventilation) was replaced every three days per facility policy for one of four sampled residents (Resident 26) 2. Ensure the ventilator circuit tubing (tubing that connects the resident to the ventilator) was changed after being on the ground for one of four sampled residents (Resident 12). 3. Ensure a used inner cannula (removable hard plastic tube in the tracheostomy [opening surgically created through the front of the neck and into the windpipe]) was not left in the resident's bed for one of one sampled resident (Resident 95) 4. Ensure the Yankauer (a device used to suction fluids and debris from the airway) was not hanging from the left side of the resident's bed without a cover for one of one sampled resident (Resident 95) 5. Ensure Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO, microorganisms, mainly bacteria, that are resistant to one or more classes of antibiotics] that uses targeted gown and glove use during high contact resident care activities) were implemented for one out of four sampled residents (Resident 87) investigated during a random observation when the X-ray Tech (a healthcare professional who performs medical examinations using X-rays [a test or way for physicians to get pictures of the inside of the body using radiation { energy that moves from one place to another in a form that can be described as waves or particles}] on patients to create images of specific parts of the body) did not wear a gown while obtaining X-rays of the resident. 6. Ensure Housekeeper 1 (HK1) and Housekeeper 2 (HK 2) wore a gown while cleaning an EBP room. 7. Ensure Licensed Vocational Nurse 10 (LVN 10) did not leave Medication Cart 4 inside a resident's room with an EBP sign on the door. 8. Ensure clean linens were protected from environmental contaminants a permeable (can be passed through, especially by liquids or gases)/loosely woven material to cover the linens. 9. Ensure the facility water system did not promote the growth of Legionella (a severe form of pneumonia caused by bacteria) when the facility water temperature was not kept between 114 to 120 degrees Fahrenheit (F, a scale for measuring temperature) in the facility. <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>These deficient practices had the potential to spread infections and illnesses among residents and staff.</p> <p>Findings:</p> <p>a. During a review of Resident 26's Admission Record , the Admission Record indicated the facility admitted the resident on [DATE] and most recently readmitted the resident on [DATE] with diagnoses that included chronic respiratory failure (serious condition that slowly develops when the lungs cannot get enough oxygen into the blood), dependence on a ventilator, and tracheostomy (opening surgically created through the front of the neck and into the trachea [windpipe]).</p> <p>During a review of Resident 26's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated [DATE], the MDS indicated the resident was able to understand others and was able to make herself understood. The MDS further indicated the resident required assistance with eating, personal hygiene, dressing, and toileting.</p> <p>During a review of Resident 26's physician orders, the orders indicated the following:</p> <ul style="list-style-type: none"> -Send resident to the nearest emergency room via 911 for chest pain, dated [DATE]. -Re-admit resident from Hospital 1, status post pneumonia, dated [DATE]. -May use heated humidifier to prevent mucus (thick, slimy sticky fluid that lines and protects many parts of the body) plugs , dated [DATE]. <p>During a concurrent observation and interview on [DATE] at 9:40 a.m., with Resident 26 in Resident 26's room, Resident 26 sat in bed connected to the ventilator with a humidifier and a bag of sterile water labeled with the date [DATE]. Resident 26 stated she recently returned from the hospital and had recovered from pneumonia.</p> <p>During a concurrent observation and interview on [DATE] at 10 a.m. with Respiratory Therapist 2 (RT 2) in Resident 26's room, RT 2 stated the bag of sterile water is used to provide moisture for the humidification of the resident's ventilator. RT 2 stated the sterile bags are changed every three days. RT 2 stated Resident 26's sterile water bag was dated [DATE] and should have been changed on [DATE] per the manufacture guidance, but it wasn't. RT 2 stated Resident 26 was hospitalized , and all the equipment should have been removed, including the sterile water bag. RT 2 stated she was not sure why a bag labeled [DATE] was in resident's room and connected to the humidifier.</p> <p>During an interview on [DATE] at 10:07 a.m., the Infection Preventionist (IP) stated the facility process is that when a resident is hospitalized and returns to the facility all the ventilator equipment should be changed. The IP stated Resident 26 returned from the hospital on [DATE] and it was possible the sterile water bag was mislabeled. The IP stated there was also a possibility the resident was reconnected to the ventilator system with a sterile water bag dated [DATE] when she returned from the hospital. The IP stated the importance of ensuring the sterile water bag is changed every three days is to prevent the growth of bacteria potentially resulting in infections and pneumonia in the resident.</p> <p>(continued on next page)</p>

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 1:55 p.m. with the Director of Nursing (DON), the DON stated the sterile water bags used for the ventilator heat chambers are changed every three days and labeled with the date the bag is connected to the system. The DON stated a sterile water bag dated [DATE] is considered expired and should not be used. The DON stated everything expired should be discarded because it may potentially cause an infection in the resident if used past the expiration. The DON stated the facility policy was not followed when Resident 26 was connected to the ventilator with a sterile water bag labeled [DATE].</p> <p>During a review of the facility policy and procedure titled, Heater and Heat and Moisture Exchange, last revised [DATE], it indicated the electric heater provides maximum humidification when the upper airway is bypassed during mechanical ventilation. Heater water chamber and sterile water must be attached to the device in order to provide moisture for humidification. A heat and moisture exchanger (HME) provides humidification when the upper airway is bypassed during mechanical ventilation.</p> <p>During a review of the facility policy and procedure titled, Equipment Changing - Shift Responsibilities, last revised [DATE], it indicated in order to adhere to the infection control guidelines, the Department of Respiratory Care will designate the following equipment changing responsibilities to the Respiratory Care Practitioners assigned to a particular shift and work area. An equipment change schedule has been established for the following items which are monitored by the Respiratory Care Director weekly/monthly:</p> <ul style="list-style-type: none"> - Patients on continuous oxygen/aerosol systems, change when empty and as needed, not to exceed 72 hours. <p>During a review of the facility policy and procedure titled, Infection Control Program, last reviewed , d+[DATE], it indicated the facility shall establish an infection control program designed to provide a safe, sanitary and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection.</p> <p>b. During a review of Resident 12's Admission Record , the Admission Record indicated the facility admitted the resident on [DATE] and most recently readmitted the resident on [DATE] with diagnoses that included chronic respiratory failure, dependence on a ventilator, and tracheostomy.</p> <p>During a review of Resident 12's MDS dated [DATE], the MDS indicated the resident was in a persistent vegetative state (a chronic condition where a person appears to be awake but shows no awareness of their surroundings) / no discernible consciousness. The MDS further indicated the resident was dependent on staff for toileting, dressing, personal hygiene, bathing, oral hygiene, and mobility.</p> <p>During an observation on [DATE] at 11 a.m. in Resident 12's room, Resident 12 in bed connected to the ventilator circuit. The ventilator circuit tubing was resting on the floor. Certified Nursing Assistant (CNA) 1 sitting in a chair on the right side of Resident 12's bed.</p> <p>During a concurrent observation and interview on [DATE] at 11:05 a.m. with CNA 1 in Resident 12's room., CNA 1 stated she was caring for all the residents in the room. CNA 1 walked from the right side of the resident's bed to the left side and stated Resident 12's ventilator tubing was on the floor and of course it should not be there. CNA 1 picked up the resident's ventilator tubing and placed it on top of the stand with the ventilator equipment. CNA 1 returned to the chair and sat back down.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on [DATE] at 4:30 p.m. with Licensed Vocational Nurse 1 (LVN 1) in Resident 12's room., LVN 1 stated she was caring for Resident 12. LVN 1 assessed Resident 12's ventilator tubing and stated the tubing was dated [DATE] and had not been changed today. LVN 1 stated she was not told by CNA 1 that the tubing was on the floor. LVN 1 stated the CNA should have told her the tubing was on the floor because it should have been changed due to infection control issues. LVN 1 stated dirty tubing should not be placed on the vent stand because it may contaminate the equipment. LVN 1 stated something from the floor could get from the tubing or the contaminated ventilator stand to the resident's tracheostomy opening and cause an infection.</p> <p>During an interview on [DATE] at 10 a.m. with the IP, the IP stated circuit tubing should not be on the floor because bacteria from people's feet can get from the floor and eventually reach the resident. The IP stated the resident's tubing should have been changed immediately and not placed on the ventilator stand. The IP stated the tubing would cause cross contamination (the process by which bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effect) with the potential outcome of an infection in the resident.</p> <p>During a review of the facility policy and procedure titled, Equipment Changing - Shift Responsibilities, last revised [DATE], it indicated to adhere to the infection control guidelines, the Department of Respiratory Care will designate the following equipment changing responsibilities to the Respiratory Care Practitioners assigned to a particular shift and work area. An equipment change schedule has been established for the following items which are monitored by the Respiratory Care Director weekly/monthly:</p> <ul style="list-style-type: none"> - For Ventilator Circuits and humidification systems; change the flex tubing every seven days and as needed. <p>During a review of the facility policy and procedure titled, Infection Control Program, last reviewed , d+[DATE], indicated the facility shall establish an infection control program designed to provide a safe, sanitary, and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection.</p> <p>c.I. During a review of Resident 95's Admission Record, the Admission Record indicated the facility admitted the resident on [DATE] and most recently readmitted the resident on [DATE] with diagnoses that included chronic respiratory failure, dependence on a ventilator, tracheostomy, and sequelae of cerebral infarct (stroke, loss of blood flow to a part of the brain).</p> <p>During a review of Resident 95's MDS dated [DATE], the MDS indicated the resident was able to understand others and was able to make herself understood. The MDS indicated the resident required supervision with oral hygiene, required partial / moderate assistance with personal hygiene, required substantial / maximal assistance with mobility and dressing, and was dependent on staff for toileting. The MDS further indicated the resident required suctioning while a resident in the facility.</p> <p>During a review of Resident 95's physician orders, the orders indicated the following:</p> <ul style="list-style-type: none"> -Ventilator dependent: change the inner cannula daily and as needed, dated [DATE]. -Suction tracheostomy secretions every two hours and as needed, dated [DATE]. <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 95's Care Plan titled, Presence of Tracheostomy . ineffective airway clearance related to inability to expel excess secretions Potential for infection, initiated [DATE], indicated a goal that the resident would be always free from infections.</p> <p>During a concurrent observation and interview on [DATE] at 10:20 a.m. with Licensed Vocational Nurse 8 (LVN 8) in Resident 95's room, Resident 95 was lying in bed with multiple blankets at the foot of the resident's bed. Resident 95 stated she was cold. LVN 8 entered Resident 95's room and stated he would pull up the blankets. LVN 8 moved the blankets over Resident 95, and a slightly discolored inner cannula fell off the resident's left side of the bed onto the floor. LVN 8 pulled back the resident's covers and examined the tracheostomy area. LVN 8 then picked up the inner cannula off the floor and disposed of it. LVN 8 stated the resident's inner cannula must have gotten lost in the resident's bed when it was changed. LVN 8 stated the inner cannula was used and should not have been left in the resident's bed.</p> <p>During an interview on [DATE] at 10:30 a.m., with Respiratory Therapist 3 (RT 3), RT 3 stated Resident 95's inner cannula must have been changed and the old one should have been thrown away. RT 3 stated if a used cannula is left in the resident's bed it may cause the resident discomfort because it is made of hard plastic. RT 3 stated it is also a sanitary issue if the cannula is not disposed of and left in the bed.</p> <p>During an interview on [DATE] at 10 a.m. with the IP, the IP stated a used inner cannula should not be left in a resident's bed because it is an infection control issue. The IP stated a used inner cannula has secretions that may grow bacteria if not disposed of. The IP stated when tracheostomy care is provided there is a designated dirty area where the used supplies should be placed and then discarded. The IP stated when a used inner cannula is left in a resident's bed it may cause an infection in the resident and may also lead to the cannula causing a wound or a scratch on the resident's skin.</p> <p>During a review of the facility policy and procedure titled, Tracheostomy Care / Routine Daily Care / Inner Cannula Care, last reviewed [DATE], indicated tracheostomies will be kept clean and the airway clear of mucus. Tracheostomy care will be done daily and as needed. Equipment needed includes a plastic bag for waste.</p> <p>c.II. During an observation on [DATE] at 8 a.m. in Resident 95's room, Resident 95 laid in bed awake. A Yankauer was connected to tubing leading to a suction canister. The tubing of the Yankauer was secured to the left upper side bed rail with Velcro. The Yankauer hanging off the outside of the side bed rail and dangling towards the floor.</p> <p>During an interview on [DATE] at 8:05 a.m. with Licensed Vocational Nurse 9 (LVN 9), LVN 9 stated Resident 95 self-suctions with the Yankauer. LVN 9 stated when the Yankauer is not in use, it should be kept in a bag. LVN 9 stated there was probably a bag in the resident's bed.</p> <p>During a concurrent observation and interview on [DATE] at 8:15 a.m. with the IP in Resident 95's room, the IP stated the Yankauer was affixed to the bed by velcoVelcro and should not be hanging off the bed toward the floor. The IP stated the Yankauer should be kept in a bag when not in use.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on [DATE] at 8:20 a.m. with Certified Nursing Assistant 3 (CNA 3) and Resident 95 in Resident 95's room, CNA 3 looked in the linens on the bed where Resident 95 was laying, and stated there were no Yankauer bags in the resident's bed. Resident 95 stated she did not have a bag for the Yankauer. Resident 95 shook her head no when the Ssurveyor asked if the resident was told to keep the Yankauer in a bag.</p> <p>During an interview on [DATE] at 10 a.m. with the IP, the IP stated Yankauers are stored in a bag to keep microorganisms from contaminating the Yankauer and then being introduced into the mouth of a resident causing cross contamination. The IP stated cross contamination can lead to infection in residents. The IP stated the facility residents are very susceptible to infections due to their comorbidities and may become very sick from an infection that may ultimately lead to death. The IP stated the facility policy regarding suctioning was not followed because the policy indicates to keep the Yankauer in a bag.</p> <p>During a review of the facility policy and procedure titled, Suctioning - Oral, last reviewed [DATE], it indicated oral suctioning permits removal of secretions, maintains and clears the oral cavity when the resident is unable to expectorate. The Yankauer will be changed every Monday and Thursday by the night shift and as needed. The Yankauer sleeve will be labeled with the date. Replace Yankauer into designated sleeve and place in bag.</p> <p>During a review of the facility policy and procedure titled, Infection Control Program, last reviewed , d+[DATE], it indicated the facility shall establish an infection control program designed to provide a safe, sanitary, and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection.</p> <p>43988</p> <p>d. During a review of Resident 87's Admission Record , the Admission Record indicated the facility admitted the resident on [DATE] and readmitted in the facility on [DATE] with diagnoses including but not limited to chronic respiratory failure, tracheostomy, and gastrostomy tube (G-Tube - a tube inserted through the abdomen that delivers nutrition directly to the stomach).</p> <p>During a review of Resident 87's History and Physical (H&P) dated [DATE], the H&P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 87's MDS, dated [DATE], the MDS indicated the resident had severely impaired cognition (mental action or process of acquiring knowledge and understanding) and required total assistance from staff with all activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive).</p> <p>During a review of Resident 87's Physicians Orders, the physicians orders dated [DATE], it indicated to place Resident 87 on EBP for presence of an indwelling devices and a multidrug resistant organism (MDRO - bacteria that have become resistant to multiple antibiotics and are difficult to treat).</p> <p>During a review of Resident 87's care plan (CP) on alteration in health maintenance due to presence of MDRO and indwelling devices, on EBP initiated [DATE] last reviewed ,d+[DATE], the CP indicated the following interventions but not limited to isolation precautions per facility protocol, and educate staff, family, visitors regarding type and isolation precaution protocols.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on [DATE] at 10:50 a.m. with Licensed Vocational Nurse 12 (LVN 12), outside Resident 87's room by the door LVN 12 verified Xray Tech repositioned Resident 87 to obtain x-ray and was not wearing a gown. LVN 12 stated Resident 87 was on EBP and the X-ray Tech should have been wearing a gown to prevent other residents from acquiring infection from not wearing a gown. LVN 12 then proceeded to instruct the X-ray Tech to put on a gown.</p> <p>During an interview on [DATE] at 10 a.m., the DON stated she was made aware the X-ray Tech was not wearing a gown while obtaining x-ray of the residents. The DON stated all healthcare personnel entering a resident room with an EBP sign should be wearing the personal protective equipment (PPE) prior to entering the room during high contact activities such as repositioning the resident to prevent spread of infection to vulnerable residents.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Enhanced Barrier Precautions 2024 last reviewed [DATE], the P&P indicated:</p> <p>-EBP will be used by clinical staff for specific high contact care activities to prevent transmission of colonized MDROs.</p> <p>-Wear gowns, gloves, goggles, and mask while performing the following high contact tasks associated with the greatest risk for MDRO contamination of healthcare personnel hands, clothes, and the environment but not limited to any care activity where close contact with the resident is expected to occur.</p> <p>During a review of the facility's P&P titled, Infection Control Program, last reviewed [DATE], the P&P indicated the facility shall establish an infection control program designed to provide a safe, sanitary, and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection.</p> <p>e. During a concurrent observation and interview on [DATE] at 11:35 a.m. with Licensed Vocational Nurse 11 (LVN 11) in Resident room [ROOM NUMBER] (Rm 9), Medication Cart 4 (Med Cart 4) was inside room [ROOM NUMBER] (Rm 9) LVN 11 verified the residents in Rm 9 were on EBP as indicated on the EBP sign by the door and stated she placed Med Cart 4 inside Rm 9 to minimize clutter along the hallway. LVN 11 stated she was told by another LVN that she can leave the medication cart inside the room. LVN 11 stated she should not have left Med Cart 4 inside Rm 9 as it had the potential to contaminate the cart and contents on top including the pitcher of water, medication cups, and spoons and placed the residents at risk for being infected due to contaminated medical equipment.</p> <p>During an interview on [DATE] at 11:55 a.m., the Director of Nursing (DON) stated Med Cart 4 should not have been left inside Rm 9 as the cart and contents of top can get contaminated and the residents can acquire infection due to contaminated medical equipment. The DON stated no medication cart should be left inside an EBP room.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Infection Control Program, last reviewed [DATE], the P&P indicated the facility shall establish an infection control program designed to provide a safe, sanitary, and comfortable environment for residents and staff to help prevent the development and transmission of disease and infection.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Enhanced Barrier Precautions 2024 last reviewed [DATE], the P&P indicated a purpose for the use of EBP is to provide a guideline for the safe care of residents while preventing transmission of MDROs.</p> <p>44376</p> <p>f. During a concurrent observation and interview on [DATE], at 10:05 a.m., with Licensed Vocational Nurse 15 (LVN 15), in the facility hallway, Linen Cart A was covered with a permeable/loosely woven material to protect the clean linens for the residents to use. LVN 15 stated Linen Cart A cover does not protect the linen from splashes and minute viruses and bacteria due to the mesh/permeable material used. LVN 15 stated the permeable/loosely woven cover can let water splashes in, viruses and bacteria.</p> <p>During a concurrent observation and interview on [DATE], at 10:23 a.m., with Licensed Vocational Nurse 3 (LVN 3), in the facility hallway, Linen Cart B was covered with a permeable/loosely woven material to protect the clean linens for residents to use. LVN 3 stated the material they use to cover the linen carts can allow water and air inside that cannot prevent waters splashes and minute bacteria and viruses to get in.</p> <p>During a concurrent observation and interview on [DATE], at 10:40 a.m., with the Maintenance Supervisor (MS), near the pediatric unit, linen cart C was covered with a permeable/loosely woven material. The MS stated the material they are using to cover the clean linens have holes in them that can let water and air pass through that is prone to contamination (the process of making something dirty).</p> <p>During an interview on [DATE], at 1:55 p.m., with the Director of Nursing (DON), the DON stated the material that the facility is using is loosely woven and it allows air and water to pass through the cover. The DON stated the cover is not able to protect the clean linens from environmental contaminants such as minute bacteria and viruses.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Linen Cart, last reviewed on [DATE], the P&P indicated a dust cover is placed on each clean linen cart to prevent dust and contamination.</p> <p>g.I During a review of Resident 83's Admission Record (AR), the AR indicated the facility admitted the resident on [DATE], with diagnoses including chronic respiratory failure (a long-term condition that makes it difficult for the body to exchange oxygen and carbon dioxide), tracheostomy (an opening surgically created through the neck into the trachea [windpipe] to allow air to fill the lungs), and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems).</p> <p>During a review of Resident 83's physician's order (PO), dated [DATE], the PO indicated an order to place resident on enhanced standard/barrier precautions for presence of indwelling devices (a medical device that remains inside the body for a period of time).</p> <p>g.II. During a review of Resident 76's Admission Record (AR), the AR indicated the facility admitted the resident on [DATE], with diagnoses including chronic respiratory failure, tracheostomy, and gastrostomy.</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 76's physician's order (PO), dated [DATE], the PO indicated an order to place on enhanced standard/barrier precautions for presence of indwelling devices.</p> <p>g.III. During a review of Resident 22's Admission Record (AR), the AR indicated the facility admitted the resident on [DATE], with diagnoses including tracheostomy and gastrostomy.</p> <p>During a review of Resident 22's physician's order (PO), dated [DATE], the PO indicated an order to place on enhanced standard/barrier precautions for presence of indwelling devices.</p> <p>During a concurrent observation and interview on [DATE], at 10:17 a.m., with the Director of Staff Development (DSD), near Room A , HK 1 was cleaning an enhanced barrier precaution room wearing an apron and their upper limbs were exposed and not covered by PPE. The DSD stated HK 1 should wear a gown to protect her upper limb from contamination that she could spread to other residents.</p> <p>During a concurrent observation and interview on [DATE], at 10:19 a.m., with the DSD, near Room B , HK 2 was cleaning an enhanced barrier precaution room wearing an apron and their upper limbs were exposed and not covered by PPE. The DSD stated HK 21 should wear a gown to protect her upper limb from contamination that she could spread to other residents.</p> <p>During an interview on [DATE], at 1:55 p.m., with the DON, the DON stated the housekeepers should have worn a gown instead of an apron while cleaning an enhanced barrier room to protect themselves and prevent the spread of infection to other residents. The DON stated the apron cannot protect the whole body of the housekeeper from having their body contaminated due to the apron not having the sleeves to protect the upper torso.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Personal Protective Equipment (Donning and Doffing), last reviewed on [DATE], the P&P indicated personal protective equipment will be worn during resident care, and when there is a potential for splash or spray, or the resident's equipment will come in contact.</p> <p>Procedure:</p> <p>Donning:</p> <ol style="list-style-type: none"> 1. Sanitize hands 2. [NAME] gown 3. [NAME] mask (surgical or N-95) as needed 4. [NAME] goggles 5. [NAME] gloves <p>During a review of the facility's recent policy and procedure (P&P) titled Enhanced Standard Precautions (ESP) 2024, last reviewed on [DATE], the P&P indicated to wear gowns, gloves, goggles, and mask while performing the following high-contact tasks associated with the greatest risk for MDRO contamination of HCP hands, clothes, and the environment.:</p> <p>(continued on next page)</p>		

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 10/25/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Any care activity involving contact with environmental surfaces likely contaminated by the resident, including cleaning and disinfection performed by environmental services (EVS) personnel.</p> <p>h. During a review of the facility provided Monthly Temperature Log from ,d+[DATE] to [DATE], the water temperatures were recorded as follows:</p> <p>Date Location Temperature (degrees F)</p> <p>[DATE] Peds ,d+[DATE] ,d+[DATE]</p> <p>[DATE] Peds ,d+[DATE] ,d+[DATE]</p> <p>[DATE] Peds Sink ,d+[DATE] ,d+[DATE]</p> <p>During an interview on [DATE], at 11:34 a.m., with the Administrator (ADM), The ADM stated they maintain the water temperature at the facility from ,d+[DATE] degrees F. The ADM stated they are following the Centers for Disease Control and Prevention (CDC, is a US federal agency that works to protect public health) guidelines on Controlling Legionella in the facility.</p> <p>During an interview on [DATE], at 1:30 p.m., with the Maintenance Supervisor (MS) and the ADM, the MS stated they only check the temperature of the water once a month. The MS stated they keep the temperature between ,d+[DATE] degrees F and doesn't know where they based the temperature from. The MS stated the ADM knows where they got the parameter. The ADM stated they mistaken the water temperature measurement with the regulation regarding water temperature comfortable for residents. The ADM stated he understood that with the CDC water management maintenance program they have to keep the temperature of the water in the facility from 114 degrees to 120 degrees F to prevent growth of legionella in the water system.</p> <p>During an interview on [DATE], at 2 p.m., with the IP, the IP stated the water should be between ,d+[DATE] degrees F to prevent growth of Legionella in their water system.</p> <p>During an interview on [DATE], at 1:55 p.m., with the DON, the DON stated the facility should make sure they comply with the CDC guidance on water management system to prevent Legionella in the facility by making sure the water on the resident's room and the facility is in between 114 to 120 degrees F to prevent the growth of Legionella in their water system.</p> <p>During a review of the facility's recent policy and procedure (P&P) titled Risk management plan for Legionella Control, last reviewed on [DATE], the P&P indicated on the Legionella Environmental Assessment Form Legionella generally grow well between 77 degrees F and 113 degrees F. The optimal growth range for Legionella is between 85 degrees F and 108 degrees F. Growth slows between 113 degrees F and 120 degrees F, and Legionella begin to die above 120 degrees F. Growth also slows between 68 degrees F and 77 degrees F, and Legionella become dormant below 68 degrees F.</p>		