STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056425	A. Building B. Wing	11/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Studebaker Healthcare Center	13226 Studebaker Rd Norwalk, CA 90650

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45777 Based on observation, interview, and record review, the facility failed to ensure one out of three sampled residents (Resident 1) was free from neglect (is defined as failure to provide goods and services as necessary to avoid physical harm, mental anguish. or mental illness), when Certified Nurse Assistant (CNA) 1 left Resident 1 with soiled incontinence briefs for over 2 hours. This deficient practice had the potential for Resident 1 to feel no one cares, neglected and develop pressure injuries. Findings : During a review of Resident 1 ' s Admission Record, the Admission Record indicated, Resident 1 was originally admitted to the facility on [DATE] with diagnoses including malignant neoplasm of large intestines and the rectum (cancer of the small and large intestine), abnormalities of gait (walking) and mobility (moving freely) and osteoporosis (bones become weak and brittle) During a review of Resident 1 ' s minimum data set (MDS resident assessment tool) dated 7/19/2024, the MDS indicated Resident 1 ' s cognitive skills (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) is moderately impaired. The MDS indicated Resident 1 was dependent on toilet hygiene, shower, bathing herself, upper and lower body dressing and required substantial / maximal assistance (helper lifts or holds trunk or limbs and provides more than half the effort) with rolling left to right, sit to lying and lying to sitting. During a review of Resident 1 ' s care plan (CP) dated 8/27/2024, the CP indicated Resident had a urinary tract infection (infection somewhere in the urinary system of the body) with a target date of 11/19/2024 (date that has been set for completion) and an intervention to check Resident 1 at least every 2 hours for incontinence. Wash rinse and dry soiled areas. During a concurrent observation and interview on 11/18/2024 at 12:15 p.m., with Resident 1 and Resident 1 ' s Family Membr (FM) 1, Resident 1 stated at 12:00 p.m she told CNA 1 she was wet and wanted to be cleaned. Resident 1 stated CNA 1 responded by telling her lunch trays were coming out, so she could not clean her, that she would clean her after lunch. Resident 1 stated this made me feel as if they don ' t care. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 11/18/2024 at 12:25 p.m., the lunch tray cart was out, and nurses were passing the lunch trays including CNA 1. During a concurrent interview and observation on 11/18/2024 at 1:30 p.m., with Resident 1, lunch trays were picked up and the lunch cart was gone, CNA 1 was observed sitting at the nurses station. Resident 1 stated that her nurse had not changed her soiled incontinence briefs yet. During an observation and interview on 11/18/2024 at 2:10 p.m., CNA 1 arrived in Resident 1 ' s room and started assisting her another resident in the room. I asked CNA could she come and check Resident 1 she never arrived. During an interview 0n 11/18/2024 at 2:45 p.m., with CNA 3, CNA 3 stated residents are checked for wetness every 2 hours. CNA3 stated staff all work as a team if on staff is too busy to clean a resident there is always someone who can help. CNA 3 stated it was important to make sure residents stayed dry to prevent skin breakdown. During an interview on 11/18/2024 at 2:55 p.m., with Licensed Vocational Nurse (LVN) 1 , LVN 1 stated when a nurse is busy, they can have another nurse to help with changing a resident. LVN 1 stated anyone can help. LVN 1 stated we are fully staffed we have a buddy system where the CNA is partnered with another CNA so one can help the other if one is busy. LVN 1 stated two hours is a very long time for a resident to wait to be changed . LVN 1 stated the outcome is the resident can itch, be uncomfortable and wounds can form that could have been prevented. During an interview on 11/18/2024 at 3:15 p.m., with Staff Developer (DSD), The DSD stated residents should be changed every two hours or more frequently if needed or asked. The DSD stated residents should be check for wetness before lunch trays come out if there are no residents in the room eating the resident should be changed . The DSD stated by not changing the resident when needed , this can affect the resident ' s dignity, and it would be uncomfortable for the resident. During an interview on 11/18/2024 at 4:00 p.m. with the Director of Nursing (DON), the DON stated if a nurse is too busy to change a resident, we have what is called a Team Leader there are two assigned for this shift. She stated Team leads help with putting residents in the Hoyer lift feeding and can also clean residents. DON stated the CNA should have cleaned the resident before lunch if she was too busy, she should have asked an RNA, Team Leader or an LVN. The DON stated if Resident 1 waited too long there could have been issues with her skin. During a review of the facility ' s policies and procedures (P&P) titled Perineal (urinary, and bowel area) Care, revised on October 1/2023, the P&P indicated the purpose is to maintain cleanliness of the genital , to reduce odor, and to prevent infection and skin break down. Perineal care is provided as a part of a resident ' s hygienic program a minimum of once daily and per residents need.