

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/06/2025
NAME OF PROVIDER OR SUPPLIER  Paramount Convalescent Hosp.		STREET ADDRESS, CITY, STATE, ZIP CODE  8558 East Rosecrans Avenue Paramount, CA 90723	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45981</p> <p>Based on observation, interview, and record review the facility failed to ensure one of two sampled residents (Resident 1) was treated with respect and dignity by failing to ensure Resident 1's indwelling urinary catheter (medical device which helps drain urine from the bladder) drainage bag was covered with a privacy bag (a bag used to the cover and hold the catheter drainage/collection bag so it is not visible).</p> <p>This deficient practice had the potential for Resident 1 to feel embarrassed and have low self-esteem by not having his catheter drainage bag not covered.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including type 2 diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing) and urinary retention (a condition which makes it difficult or impossible to empty the bladder).</p> <p>During a review of Resident 1's History and Physical (H&amp;P), dated 1/3/2025, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 12/25/2023, The MDS indicated Resident 1 had moderate cognitive impairment and required substantial/maximal assistance (helper does more than half the effort) for toileting and showering. The MDS indicated Resident 1 had an indwelling catheter during the assessment period.</p> <p>During an observation on 1/6/2025 at 9:45 a.m., in Resident 1's room, Resident 1's indwelling catheter drainage bag was observed without a privacy bag.</p> <p>During an interview on 1/6/2025 at 10:00 a.m., with Certified Nurse Assistant (CNA) 1, CNA 1 stated the responsibility for caring for residents with catheters is the responsibility of all nursing staff. CNA 1 stated she is responsible for emptying the drainage bags and report any abnormalities to the charge nurse immediately. CNA 1 stated she should have notified the charge nurse immediately to have him/her apply a privacy bag when she noticed Resident 1's drainage bag was not covered. CNA 1 stated residents with exposed drainage bags could feel embarrassed and ashamed if the drainage bag is not covered.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 1/6/2025 at 11:03 a.m., with License Vocational Nurse (LVN) 1 in Resident 1 ' s room, LVN 1 stated all staff are responsible for maintaining residents ' drainage bag. LVN 1 stated Resident 1 ' s drainage bag should have had a privacy bag covering the draining bag. LVN 1 stated residents should have a privacy bag, so they don ' t feel embarrassed and/or ashamed by having the drainage bag exposed to others. LVN 1 stated Resident 1 ' s dignity was compromised by him not having a privacy bag.</p> <p>During an interview on 1/6/2025 at 11:45 a.m., with License Vocational Nurse (LVN) 2, LVN 2 stated all residents that have an indwelling catheter should have a privacy bag cover to ensure the residents dignity is maintained. LVN 2 stated Resident 1 could feel embarrassed and humiliated by his drainage bag being exposed to the public.</p> <p>During a concurrent observation and interview on 1/6/2025 at 12:00 p.m., with Registered Nurse Supervisor (RNS) 1, in Resident 1 ' s room, RNS 1 validated Resident 1 did not have a privacy bag to cover his drainage bag. RNS 1 stated all staff are responsible for ensuring the residents drainage bags are covered with a privacy bag. RNS 1 stated Resident 1 could feel embarrassed, and his privacy was violated because his drainage bag was exposed.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled, Catheter Care, dated 12/19/2022, the P&amp;P indicated, privacy bags will be available and catheter drainage bags will be covered at all times while in use.</p> <p>During a review of the facility ' s P&amp;P titled, Promoting/Maintaining Resident Dignity, revised 12/19/2022, the P&amp;P indicated to maintain resident privacy.</p>		