

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 06/26/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess one of five residents (Resident 1) during a change of condition and notify the physician in a timely manner during multiple episodes of elevated blood pressure.</p> <p>This failure resulted in Resident 1 having a headache and had the potential to result in dizziness, cerebral infarction (part of the brain dies because it's not getting enough blood and oxygen) and re-hospitalization for Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 6/4/2022, and readmitted on [DATE] with diagnoses including hemiplegia (a condition where one side of your body is paralyzed or experiences weakness), cerebral infarction, atherosclerotic heart disease (thickening or hardening of the arteries caused by a buildup of plaque in the inner lining of an artery) and hypertension (HTN-high blood pressure).</p> <p>During a review of Resident 1's History and Physical (H&P) dated 2/28/2025, the H&P indicated, Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 6/3/2025, the MDS indicated Resident 1's cognitive (functions your brain uses to think, pay attention, process information, and remember things) was moderately impaired. The MDS indicated Resident 1 required supervision assistance (helper provides verbal cues and/ or touching/ steadying and/or contact guard assistance as resident completes activity) with eating, moderate assistance (helper does less than half the effort to complete the task) with personal hygiene, maximal assistance (helper does more than half the effort to complete task) with oral hygiene, toileting, showering, upper body dressings, was dependent (helper does all of the effort) with lower body dressing.</p> <p>During a review of Resident 1's Order Summary Report dated 6/25/2025, the Order Summary Report indicated the following physician orders:</p> <p>a. On 5/16/2025- Monitor blood pressure and pulse rate every eight hours for Hydralazine (a medication used to treat high blood pressure) use.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. On 5/17/2025- Administer one Atenolol (used to treat high blood pressure) tablet 25 milligram (mg-unit dose) by mouth in the morning for hypertension, hold if Systolic Blood Pressure (SBP- top number in a blood pressure reading) is lower than 110 mmHg or heart rate less than 60 beats per minute.</p> <p>c. On 5/17/2025- Administer one Hydralazine (used to lower high blood pressure) tablet 10mg by mouth every 12 hours as needed for hypertension if SBP above 140.</p> <p>d. On 5/17/2025- Administer one Losartan Potassium (used to treat high blood pressure) tablet 50mg by mouth two times a day for hypertension, hold if SBP is lower than 110.</p> <p>During a review of Resident 1's care plan for Cerebral Vascular Accident (CVA-Stroke), revised on 3/1/2025, the care plan indicated Resident 1 had cerebral infarction and sustained right hemiplegia, and dysphagia (difficulty swallowing). The care plan interventions included monitoring vital signs and notifying the physician of significant abnormalities.</p> <p>During a review of Resident 1's care plan for re-hospitalization, revised 3/1/2025 The care plan indicated Resident 1 was at risk for re-hospitalization due to high blood pressure and CVA. The care plan's goal indicated the facility would prevent unplanned re-hospitalization. The care plan interventions included monitoring vital signs every shift and to notify the physician for results out of baseline range and notify the physician for non-compliance with plan of care.</p> <p>During a review of Resident 1's Weights and Vitals Summary, for the months of March, April and May 2025, the Vitals Summary indicated that Resident had following episodes of blood pressure above 150 systolic before the resident was transferred to the GACH on 5/16/2025:</p> <ol style="list-style-type: none"> 1. 3/30/2025 at 07:48 a.m., 162/88 2. 3/30/2025 at 11:02 a.m., 162/88 3. 4/24/25 at 1:03 a.m., 153/77 4. 4/24/25 at 7:09 a.m., 150/76 5. 5/1/25 at 11:34 a.m., 151/71 6. 5/2/25 at 7:00 a.m., 150/72 7. 5/6/25 at 00:02 a.m., 150/79 8. 5/8/25 at 11:38 a.m., 150/75 9. 5/12/25 at 12:43 p.m., 152/74 10. 5/14/25 at 3:43 p.m., 162/75 10. /15/25 at 7:44 a.m., 171/81 <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1's Change in Condition Evaluation, dated 5/16/2025, the Change in Condition Evaluation indicated that Resident 1 had elevated blood pressure with headache and was transferred to the GACH on 5/16/2025. The following blood pressures were documented on 5/16/2025:</p> <ol style="list-style-type: none"> 5/16/25 at 09:14 a.m., 162/92mmHg 5/16/25 at 10:24 a.m., 163/90mmHg 5/16/25 at 10:36 a.m., 165/81mmgh <p>During a review of Resident 1's GACH records on the Clinical Decision Unit (CDU) dated 5/16/2025, the CDU indicated Resident 1's CDU diagnosis was hypertensive urgency with a blood pressure result of 181/95 mmHg at 4:32 p.m. at the GACH upon arrival.</p> <p>During an interview on 6/26/2025 at 10:28 a.m. with Licensed Vocational Nurse (LVN)1, LVN 1 stated staff consider a resident hypertensive when the systolic blood pressure is above 140mmHg and when it is 160 or higher, they are required to call the physician and document the incident.</p> <p>During a concurrent interview and record review on 6/26/2025 at 10:50 a.m. with Registered Nurse (RN) 1, Resident 1's Order Summary Report and Weights and Vitals Summary for month of March, April and May were reviewed. RN 1 stated when Resident 1's SBP was above 150, it is considered high based on Resident1's baseline and regarded as a change of condition. RN 1 stated Resident 1's average BP had increased over a period of three months prior to being transferred to the GACH, and the high blood pressure episodes could have led to another stroke. RN 1 stated licensed staff did not follow Resident 1's care plan regarding blood pressure monitoring for Resident 1. RN 1 stated staff failed to assess Resident 1's change in condition or notify the physician in a timely manner for early intervention prior to the transfer to the GACH on 5/16/2025.RN 1 stated staff failed to assess Resident 1's change in condition or notify the physician in a timely manner for early intervention prior to the transfer to the GACH on 5/16/2025.</p> <p>During an interview on 6/26/2025 at 3:30 p.m. with the Director of Nursing, the DON stated, when there is a change in a resident's condition, the staff need to notify the physician to allow for early treatment. The DON stated staff must carry out the interventions listed in the care plan to ensure residents' safety and to manage any existing conditions. The DON stated the staff should notify the physician when there is a change in condition and following the outlined interventions in the plan of care are essential components of providing quality care.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Notification of Changes, dated 12/19/2022, the P&P indicated that the facility must consult with the resident's physician when there is a change requiring such notification, circumstances requiring notification include: significant change in the resident's physical, mental or psychosocial condition, this may include: clinical complications, circumstances that require a need to alter treatment, including new treatment.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Licensed Vocational Nurse's job description, dated 2023, the P&P indicated that LVN observes for changes in resident's status, notifying the physician and resident's family or representative and documenting accordingly.</p> <p>(continued on next page)</p>		

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