STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056458	A. Building B. Wing	12/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Greenfield Care Center of South Gate	8455 State Street South Gate, CA 90280

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49900 Based on interview and record review, the facility failed to: 1. Develop a person-centered care plan (document that helped nurses and other care team members organize aspects of resident care) and implement interventions (actions a nurse took to implement a care plan, intent to improve the resident's comfort and health) for one of four sampled residents (Resident 1), when the facility did not develop a care plan for Resident 1's non-compliance with the use of the call light (a button or device used in healthcare settings, typically located near a resident's bed, that allowed them to signal a nurse or caregiver when they needed assistance). This deficient practice had the potential to negatively affect Resident 1's physical, mental, and psychosocial well-being and had the potential to increase the resident ' s risk of falling. Findings: During a review of Resident 1's Admission Record, the admission record indicated Resident 1 was originally admitted to facility on 8/1/2024 and readmitted on [DATE]. Resident 1 ' s diagnoses included chronic respiratory failure (a condition when blood did not have enough oxygen or had too much carbon dioxide), generalized muscle weakness, chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), and major depressive disorder (a mood disorder that caused a persistent feeling of sadness and loss of interest). During a review of Resident 1's History and Physical (H&P), dated 9/30/2024, the H&P indicated Resident 1 had the capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS, a resident assessment tool), dated 12/18/2024, the MDS indicated Resident 1's cognitive (the ability to think and process information) skills for daily decisions making was severely impaired. The MDS indicated Resident 1 required supervision with eating and partial assistance (helper did less than half the effort) with oral hygiene. The MDS indicated Resident 1 was dependent (helper did all effort) with toileting hygiene. During a review of Resident 1's Fall Risk Assessment, dated 9/27/2024, the assessment indicated Resident 1 was at high risk of falling. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's Fall Risk Assessment, dated 12/9/2024, the assessment indicated Resident 1 was at high risk of falling. During a review of Resident 1's Nurses ' Progress Notes, dated 12/9/2024 at 9:41 a.m., the note indicated on 12/9/2024, Licensed Vocational Nurse (LVN) 1 saw Resident 1 on the floor at 4:30 a.m., and Resident 1 told LVN 1 she was going to the restroom. The note indicated LVN 1 encouraged Resident 1 of the importance of using the call light when needing assistance. During a review of Resident 1's Fall Investigation Form, dated 12/10/2024, the form indicated Resident 1 had an unwitnessed fall on 12/9/2024 at 4:35 a.m. because Resident 1 was trying to go to the restroom by herself. During a review of Resident 1's care plan titled, Resident at risk for falling, revised on 12/13/2024, the care plan indicated the goal was to prevent Resident 1 from falls. The staff ' s interventions indicated to provide Resident 1 verbal reminders not to ambulate (walk) and/or transfer without assistance. During a telephone interview on 12/27/2024 at 12:08 p.m. with LVN 1, LVN 1 stated he found Resident 1 on the floor in Resident 1 ' s room on 12/9/2024 around 4:30 a.m. LVN 1 stated Resident 1 did not use the call light for assistance before the fall. LVN 1 stated Resident 1 had non-compliance with using the call light. During a concurrent interview and record review on 12/27/2024 at 12:50 p.m. with the MDS Registered Nurse (MDS RN), Resident 1's care plans as of 12/27/2024 were reviewed. There was no care plan for Resident 1's non-compliance with using the call light. The MDS RN stated Resident 1 was very forgetful and non-compliant with call light use. The MDS RN stated there should be a care plan addressing Resident 1's non-compliance. The MDS RN stated Resident 1 was at high risk of falls and could fall as a result of being non-compliant with call light use. During a concurrent interview and record review on 12/27/2024 at 1:49 p.m. with the Director of Nursing (DON), the facility policy and procedure (P&P) titled, The resident care plan (multidisciplinary [a group of healthcare professionals from different fields in order to determine residents' treatment plan]), revised in 12/2014, was reviewed. The policy indicated The Multidisciplinary Team reviews each plan of care at least quarterly and updates individual care plans as necessary. The DON stated the purpose of the care plan was to know how to take care of the resident continuously according to resident's needs. The DON stated a care plan should be developed within seven days of admission, and the MDS RN was responsible for completing the long-term care plan (care plan indicated a set of services that helped residents with chronic illnesses or disabilities maintain their independence). The DON stated nursing needed to have a care plan for Resident 1's behavior of non-compliance with call light, so staff could know the risks. The DON stated the care plan needed to be completed no later than the next day of the non-compliant behavior. The DON stated residents were at risk for falls if they were non-compliant with the use of the call light. During a review of facility P&P titled, The resident care plan (multidisciplinary), revised in 12/2014, the policy indicated The Multidisciplinary Team develops care plans within 72 hours of admission addressing the resident's most acute problems. The care plan is comprehensive for each resident including measurable objectives and timeframes to meet residents ' medical, nursing, mental and psychosocial needs.