

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 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** 41699</p> <p>Based on observation, interview, and record review, the facility staff failed to ensure call light was within reach for three of three sampled residents (Resident 132, 140 and Resident 141).</p> <p>This deficient practice had the potential for Resident 132, 140 and 141 not to receive necessary assistance when needed, and experienced loss of self-esteem.</p> <p>Findings:</p> <p>During a review of Resident 132's Admission Order, the Admission Record indicated Resident 132 was admitted to the facility on [DATE], with diagnoses including schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), essential hypertension (high blood pressure) and hyperlipidemia (an excess of fats in your blood).</p> <p>During a review of Resident 132's Minimum Data Sheet (MDS - a federally mandated resident assessment tool) dated 07/19/2024 indicated Resident 132 had no cognitive (ability to think, understand, learn, and remember) impairment and requires assistance for some activities of daily living.</p> <p>During an observation on 10/15/2024 at 10:41 a.m., observed Resident 132's call light was on the floor.</p> <p>During an observation on 10/16/2024 at 12:34 p.m., observed Resident 132's call light was on the floor.</p> <p>During a review of Resident 140's Admission Order, the Admission Record indicated Resident 140 was admitted to the facility on [DATE], with diagnoses including essential hypertension, hyperlipidemia, and schizoaffective disorder.</p> <p>During a review of Resident 140's MDS dated [DATE], the MDS indicated Resident 140 had no cognitive impairment and requires assistance for some activities of daily living.</p> <p>During an observation on 10/15/2024 at 10:37 a.m., observed Resident 140's call light was on the floor behind the bed.</p> <p>During an observation on 10/16/2024 at 12:09 p.m., observed Resident 140's call light was on the floor behind the bed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 141's Admission Order, the Admission Record indicated Resident 141 was admitted to the facility on [DATE], with diagnosis of schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 141's MDS dated [DATE], the MDS indicated Resident 141 had no cognitive impairment and requires assistance for some activities of daily living.</p> <p>During an observation on 10/15/2024 at 10:56 a.m., observed Resident 141's call light was on the floor.</p> <p>During an observation on 10/16/2024 at 12:40 p.m., observed Resident 141's call light was on the floor between the bed and the bedside drawer. Resident 141 cannot reach the call light to call for assistance.</p> <p>During an interview on 10/16/2024 at 12:11 p.m., Certified Nursing Assistant (CNA 6) stated that if any resident cannot reach the call light it will cause frustration and affects their psychosocial being and can make them feel less of a person.</p> <p>During an interview on 10/16/2024 at 12:22 p.m., CNA 5 stated that if a resident cannot reach the call light it puts the resident high risk for fall and injury and will cause frustration as resident cannot reach it to call for assistance.</p> <p>During a review of facility's policy and procedure (P&P) titled Nursing Call Light System (undated) the P&P indicated, Facilities will have a nursing call light system and will ensure that all staff and persons served are oriented to the system's functions and operation. The nursing call light system provides the resident with a remote method by which to notify any staff at the nurse' station from their bedside, toilet or shower when they need attention or assistance from staff.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699</p> <p>Based on interview and record review, the facility failed to ensure 9 out of 62 residents (Resident 3, Resident 7, Resident 14, Resident 15, Resident 16, Resident 21, Resident 81, Resident 107, and Resident 128) who were a smokers continue to smoke in an area that maintains the quality of life for these residents.</p> <p>The facility failed to:</p> <ol style="list-style-type: none"> 1. Follow facility's policy and procedure (P&P) titled Smoking Policy for Skilled Nursing Facilities approved on 1/31/2024, which indicated Smoking is recognized as a privilege and the facility will adhere to all city, state, and federal regulations. If the facility changes its policy to prohibit smoking, the facility will allow current residents who smoked to continue smoking in an area that maintains the quality of life for these residents. <p>These failures resulted in not honoring residents' choice and disregard to Resident 3, Resident 7, Resident 14, Resident 15, Resident 16, Resident 21, Resident 81, Resident 107, and Resident 128's resident rights and affect residents' quality of life.</p> <p>Findings:</p> <p>a. During a review of Resident 3's Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia (a mental illness that is characterized by disturbances in thought), type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and essential hypertension (high blood pressure).</p> <p>During a review of Resident 3's Minimum Data Set ([MDS] a federally mandated resident assessment tool) dated 9/5/2024, the MDS indicated Resident 3 had no cognitive (ability to think, understand, learn, and remember) impairment and requires supervision for personal hygiene.</p> <p>During a review of Resident 21's Admission Record, the Admission Record indicated Resident 21 was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), and hypotension (low blood pressure).</p> <p>During a review of Resident 21's MDS dated [DATE], the MDS indicated Resident 21 had no cognitive impairment and requires assistance for all activities of daily living.</p> <p>During an interview on 10/17/2024 at 8:58 a.m., Resident 21 stated he wished he can smoke cigarette occasionally.</p> <p>During an interview on 10/17/2024 at 9:00 a.m., Resident 3 stated he wished he can smoke cigarettes as it helps his mood and makes him relax and gives him pleasure and enjoyment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>49145</p> <p>b. During a review of Resident 7's Admission Record, the Admission Record indicated Resident 7 was admitted to the facility 6/11/2021 with diagnoses that included schizophrenia and insomnia (trouble falling and/or staying asleep).</p> <p>During a review of Resident 7's MDS dated [DATE], the MDS indicated Resident 7 had intact cognition.</p> <p>During a review of Resident 7's care plan, titled Resident 7 had nicotine dependence initiated 10/12/2022, interventions included assessing for complications related to smoking during assessment of weekly nursing summary and periodic evaluation/assessment for tobacco use and smoking safely.</p> <p>During a review of Resident 7's Physician Order Summary Report, the Physician Order Summary Report indicated an order was placed on 1/4/2024 stating resident may not smoke due to medical conditions.</p> <p>During an interview on 10/15/2024, at 10:00 a.m., with Resident 7, Resident 7 stated the facility just became a non-smoking facility a year ago and he wished he could smoke.</p> <p>During an interview on 10/17/2024, at 8:10 p.m., with Resident 7, Resident 7 stated when he was first admitted to the facility on [DATE], he was allowed to smoke but at the beginning of this year (2024), his doctor told him smoking was bad for his health and has not been allowed to smoke. Resident 7 stated it would make him happy to be able to smoke again. Stated when he stopped smoking, he began feeling sick, upset, and mad.</p> <p>During an interview on 10/17/2024, at 11:09 a.m., with the Social Services (SS) 1, SS 1 stated resident can smoke if they want if there was no doctors order or court order stating they cannot. SS 1 stated as of December of 2023, they had newly admitted residents sign a no smoking agreement form and for current residents, they were given nicotine patches (small transdermal patch that delivers nicotine through the skin into the bloodstream to help people stop smoking)) or nicotine gum (a chewing gum that contains nicotine). SS 1 stated the facility started offering nicotine patch or nicotine gum to current smokers and newly admitted residents will sign the no smoking agreement.</p> <p>During a review of the Resident Council/Community Meeting, dated 1/12/2024, the Resident Council/Community Meeting notes indicated No more smoke breaks effective 1/2024.</p> <p>45269</p> <p>c. During a review of Resident 14's Admission Record, Admission Record indicated Resident 14 was admitted to the facility on [DATE] with diagnoses including schizophrenia(a mental illness that is characterized by disturbances in thought), extrapyramidal and movement disorder(involuntary movement and are caused by certain medicines especially antipsychotic [a type of medication prescribed to treat mental health problem]), Parkinson's Disease (progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) without dyskinesia(involuntary movement disorder that appear as uncontrolled shakes and tremors of the face, arms and legs) and chronic diastolic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of Resident 14's Minimum Data Set (MDS- federally mandated resident assessment tool) dated 10/10/2024, the MDS indicated Resident 14 had intact cognition and was independent in toileting hygiene, dressing, bed mobility and walking.</p> <p>During a review of Resident 14's Smoking Agreement dated 10/9/2024, the Smoking agreement indicated Resident 14 agreed to not smoke while residing in the facility. The Smoking Agreement indicated the conservator, and the resident signed the form electronically.</p> <p>During a review of Resident 14's Nursing Admission Screening dated 1/2/2024, the Nursing Admission Screening indicated Resident 14 was a smoker.</p> <p>During a review of Resident 14's Physician Order Summary Report dated 10/16/2024, the Physician Order Summary Report indicated the resident may not smoke due to medical condition of chronic diastolic congestive heart failure.</p> <p>During a review of Resident 14's Care Plan titled Resident May Not Smoke due to Medical Condition of chronic diastolic / congestive heart failure per physician's order on 1/5/2024, initiated on 1/3/2024, the care plan's goal indicated Resident 14 will not smoke through the review date per doctor's order (2/2024). The Care Plan's interventions included as of 1/4/2024, the resident will be offered a choice of nicotine replacement therapy such as gum, nicotine patch if requested by resident and will be ordered by the physician, social worker and rehab therapist will meet with resident weekly to address healthy coping skills when having cravings and periodic evaluation/ assessment of tobacco use.</p> <p>During a review of Resident 14's Physician Order Summary Report, the Physician Order Summary indicated there was no order for nicotine gum or patch.</p> <p>During an interview on 10/17/2024, at 8:44 a.m., and a subsequent interview on 10/18/2024, at 3:32 p.m. with Resident 14, Resident 14 stated she had been smoking all her life and was asked to stop smoking last December 2023. Resident 14 stated one of the nurses (unnamed) in the facility told her smoking was not good for her. Resident 14 stated she was not provided any gums or nicotine patch. Resident 14 stated it was just a cold turkey (to stop using an addictive substance abruptly and completely) and it made her feel angry when facility stopped providing cigarettes to her and was not allowed to smoke.</p> <p>d. During a review of Resident 15's Admission Record, the Admission Record indicated Resident 15 was admitted to the facility on [DATE] with diagnoses including schizophrenia, unspecified cataract (condition where the lens of the eyes becomes cloudy resulting in vision problems), hypothyroidism (thyroid gland does not produce enough thyroid hormones which regulate how the body uses energy), ataxia following cerebrovascular disease (lack of muscle coordination following a stroke [(damage to the brain from interruption of its blood supply)] and hyperparathyroidism(a condition that occurs when the parathyroid gland produce too much parathyroid hormone leading to high levels of calcium in the blood which can affect the bones, blood and other organs of the body).</p> <p>During a review of resident 15's MDS dated [DATE], the MDS indicated Resident 15 had an intact cognition and was independent with bed mobility, ambulation (ability to walk or move around independently), dressing, toileting hygiene and transfer to and from a bed to a chair.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of Resident 15's Physician Order Summary Report dated 1/4/2024, the Physician Order Summary Report indicated Resident 15 may not smoke due to medical condition of ataxia following a cerebrovascular disease, hyperparathyroidism, and hypothyroidism.</p> <p>During a review of Resident 15's Nursing Admission Screening dated 6/14/2017, the Nursing Admission Screening indicated Resident 15 was a smoker.</p> <p>During a review of Resident 15's Care Plan initiated 10/13/2022, the Care Plan indicated the resident may not smoke due to contraindication with medical condition of ataxia following cerebrovascular disease, hyperparathyroidism, and hypothyroidism. The Care plan's goal indicated Resident 15 will verbalize smoking cessation readiness and will not smoke thru review date 2/12/2024. The Care Plan's intervention included as of 1/4/2024, Resident 15 will be offered nicotine gums or patch if resident requested and will be ordered by the physician, periodic evaluation or assessment of tobacco use and safety.</p> <p>During a record review of Resident 15's smoking agreement indicated there was no documented smoking agreement found on resident's electronic chart.</p> <p>During an interview on 10/17/2024, at 8:35 a.m. with Resident 15, Resident 15 stated the Administrator told her she could not smoke which made her hate everyone in the facility and not smoking made her feel bad. Resident 15 stated the facility was a smoking facility and not allowing residents to smoke was illegal and disregard resident rights.</p> <p>During an interview on 10/17/2024, at 12:23 p.m. with Licensed Vocational Nurse (LVN2), LVN 2 stated smoking was an issue during the last Covid 19 (a highly contagious respiratory disease caused by the SARS-CoV-2 virus) outbreak last year (2023). LVN 2 stated all the residents who previously smoke, stopped smoking based on their health reasons.</p> <p>During a concurrent interview and record review of Resident 15 's electronic health record (EHR a digital version of a resident's medical history that can be accessed by all healthcare providers involved in a resident's care) on 10/17/2024 at 1:45 p.m., and a subsequent interview on 10/18/2024, at 4:44 p.m. with the Director of Nursing (DON), the DON stated residents stopped smoking around January 2024. The DON stated the facility was not a non-smoking facility and residents who had chronic medical condition could not smoke. The DON stated no resident was smoking right now in the facility. Reviewed Resident 15 HER, the DON stated Resident 15 had an order for no smoking due to medical condition, but no nicotine patch was provided to the resident. The DON stated residents who stopped smoking could be at risk for aggression (hostile or violent behavior), anxiety (a feeling of fear, dread, or uneasiness that can be a reaction to stress) and could lead to physical aggression like striking or hitting another person. The DON stated smoking agreement was provided to newly admitted residents after the facility stopped the smoking privileges for smoker residents. The DON stated there was no documented assessment or monitoring of nicotine withdrawal symptoms on any of the residents who smoked.</p> <p>44898</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>e. During a review of Resident 107's Admission Record. Admission Record indicated Resident 107 was admitted to the facility on [DATE] with diagnoses including hyperlipidemia (high levels of fat particles in the blood), age-related osteoporosis without pathological fracture (a bone disorder that causes a decrease in bone mass and strength), and schizophrenia (a mental illness that is characterized by disturbances in thought).</p> <p>During a review of Resident 107's Tobacco Use/Smoking Safety Assessment, dated 11/27/2023, the Tobacco Use/Smoking Safety Assessment indicated, Resident 107 did not have interest in quitting or cutting down tobacco use and did not want nicotine replacement. The Tobacco Use/Smoking Safety Assessment indicated Resident 107 did not have a medical condition such as chronic obstructive pulmonary disease, chronic bronchitis([COPD]-a chronic lung disease causing difficulty in breathing), asthma, emphysema (the destruction of air sacs in the lungs) for which smoking was medically contraindicated by a physician.</p> <p>During a review of Resident 107's Nurses Progress Notes, dated 1/5/2024 timed at 2:54 p.m., the Nurses Progress Notes indicated Resident 107 may not smoke due to medical condition of hyperlipidemia, age-related osteoporosis without pathological fracture order noted and carried out, resident and conservator made aware.</p> <p>During a review of Resident 107's Nurses Progress Notes, dated 1/5/2024 timed at 3:41 p.m., the Nurses Progress Notes indicated Resident 107 stated, I want my cigarette.</p> <p>During a review of Resident 107's MDS, dated [DATE], the MDS indicated Resident 107 had the ability to express ideas and wants. Resident 107 had the ability to understand others. The MDS indicated Resident 107 needed supervision or touching assistance with showering and transferring in and out of the shower. The MDS indicated Resident 107 needed setup or clean-up assistance with eating, oral hygiene, and personal hygiene. The MDS indicated Resident 107 was independent with toileting, dressing, sitting, lying, standing, and walking.</p> <p>During an interview on 10/17/2024 at 8:51 a.m., with Resident 107, resident 107 stated she was told no more cigarettes are allowed at the facility. Resident 107 stated she would like to smoke again.</p> <p>f. During a review of Resident 81's Admission Record, the Admission Record indicated Resident 81 was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder, COPD, and hypertension (HTN-high blood pressure).</p> <p>During a review of Resident 81's MDS, dated [DATE], the MDS indicated Resident 81 had the ability to express ideas and wants. Resident 81 had the ability to understand others. The MDS indicated Resident 81 needed supervision or touching assistance with showering and transferring in and out of the shower. The MDS indicated Resident 81 needed setup or clean-up assistance with eating, oral hygiene, and personal hygiene. The MDS indicated Resident 81 was independent with toileting, dressing, sitting, standing, walking, and transferring.</p> <p>During a review of Resident 81's Physician Order Summary, dated 1/4/2024, the Physician Order Summary indicated, Resident 81 may not smoke due to medical condition of COPD.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 10/17/2024 at 8:55 a.m., with Resident 81, Resident 81 stated he was told he could not smoke cigarettes. Resident 81 stated he would like to smoke again. Resident 81 stated he felt like his right to smoke was taken away from him and his right to make choices was violated.</p> <p>g. During a review of Resident 16's Admission Record, the Admission Record indicated Resident 16 was admitted to the facility on [DATE] with diagnoses including schizophrenia, anxiety, hypothyroidism (a condition in which the thyroid gland does not produce enough thyroid hormone), and hyperlipidemia.</p> <p>During a review of Resident 16's MDS, dated [DATE], the MDS indicated Resident 16 had the ability to express ideas and wants. Resident 16 had the ability to understand others. The MDS indicated Resident 16 needed setup or clean-up assistance with eating, showering, and personal hygiene. The MDS indicated Resident 16 was independent with oral hygiene, toileting, dressing, sitting, standing, walking, and transferring.</p> <p>During a review of Resident 16's Medication Administration Record (MAR), dated January 2024, the MAR indicated on 1/1/2024, 1/2/2024, 1/3/2024, and 1/4/2024 Resident 16 refused the nicotine patch.</p> <p>During a review of Resident 16's Nurses Progress Notes, dated 1/6/2024, the Nurses Progress Notes indicated, Resident 16 hit a peer advocate staff (a professional who uses their lived experience to support others in recovery or treatment) on the right ear because he cannot smoke.</p> <p>During a review of Resident 16's Nurses Progress Notes, dated 1/9/2024, the Nurses Progress Notes indicated, Resident 16 was agitated and demanding the facility return his money back since he was not allowed to smoke.</p> <p>During a review of Resident 16's Nurse Progress Notes, dated 1/10/2024, the Nurses Progress Notes indicated, Resident 16 was upset that he cannot smoke.</p> <p>During a review of Resident 16's Physician Order Summary, dated 1/4/2024, the Physician Order Summary indicated Resident 16 may not smoke due to medical condition of hypothyroidism, hypertension, and disorder of urea cycle metabolism (a disease that affects how the body removes the waste that is made from breaking down protein).</p> <p>During an interview on 10/17/2024 at 8:59 a.m., with Resident 16, Resident 16 stated he used to smoke cigarettes and the facility does not allow him to smoke. Resident 16 stated somebody took his cigarettes without warning. Resident 16 stated when his cigarettes were taken away it made him feel bad, because he still wants to smoke and feel his rights was violated.</p> <p>h. During a review of Resident 128's Admission Record, the Admission Record indicated Resident 128 was admitted to the facility on [DATE] with diagnoses including schizophrenia, disorder of urea cycle metabolism, cataracts (clouding of the normally clear lens of the eye), hypothyroidism, and hyperlipidemia.</p> <p>During a review of Resident 128's Physician Order Summary, dated 1/4/2024, the Physician Order Summary indicated Resident 128 may not smoke due to medical condition of hyperlipidemia and hypothyroidism.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of Resident 128's MDS, dated [DATE], the MDS indicated Resident 128 had the ability to express ideas and wants. Resident 128 had the ability to understand others. The MDS indicated Resident 128 needed setup or clean-up assistance with eating, showering, and personal hygiene. The MDS indicated Resident 128 was independent with oral hygiene, toileting, dressing, sitting, standing, walking, and transferring.</p> <p>During an interview 10/17/2024 at 9:06 a.m., with Resident 128, Resident 128 stated she has been smoking cigarettes since she was [AGE] years old. Resident 128 stated she stopped when she came to this facility because of Covid-19. Resident 128 stated she thought it was lousy (very poor or bad) that she was not allowed to smoke. Resident 128 stated the facility gradually decreased giving cigarettes and offered nicotine patch, but she did not want it. Resident 128 stated she would like to smoke again if the facility allows it.</p> <p>During a review of facility's policy and procedure (P&P) titled Smoking Policy for Skilled Nursing Facilities approved on 1/31/2024, the P&P indicated smoking is recognized as a privilege and the facility will adhere to all city, state, and federal regulations. The P&P indicated if the facility changes its policy to prohibit smoking, the facility will allow current residents who smoked to continue smoking in an area that maintains the quality of life for these residents. The P&P indicated for residents for whom smoking cessation is recommended, appropriate care plan will be established like providing counseling, offering low calorie snacks, 1:1 or group activity, offer incentives and providing nicotine patch or gum.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Smoking Policy for Skilled Nursing Facilities, dated 1/31/2024, the P&P indicated, Smoking and other uses of tobacco are permitted in designated areas as permitted by the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269</p> <p>Based on observation, interview and record review, the facility failed to notify resident physician for two of six sampled residents (Resident 14 and Resident 108) who were manifesting tremors (involuntary , rhythmic shaking and trembling of one or more parts of the body) on their hands and arms that affected their activities of daily (ADL- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves).</p> <p>This failure had the potential to affect Resident 14 and Resident 108 daily functioning and quality of life. This failure had the potential for Resident 14 and 108 to feel frustrated and helpless.</p> <p>Findings:</p> <p>During a review of Resident 14's Admission Record, the Admission Record indicated Resident 14 was admitted to the facility on [DATE] with diagnoses including schizophrenia(a mental illness that is characterized by disturbances in thought), extrapyramidal and movement disorder(EPS-involuntary movement and are caused by certain medicines especially antipsychotic [(a type of medication prescribed to treat mental health problem)], Parkinson's Disease (progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements) without dyskinesia (involuntary movement disorder that appear as uncontrolled shakes and tremors of the face, arms and legs) and chronic diastolic congestive heart failure a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of Resident 14's Minimum Data Set (MDS- federally mandated resident assessment tool) dated 10/10/2024, the MDS indicated Resident 14 had intact cognition (ability to think, understand, learn, and remember) and was independent in toileting hygiene, dressing, bed mobility and walking.</p> <p>During a review of Resident 14's Physician Order Summary Report dated 10/8/2024, the Physician Order Summary Report indicated an order for Amantadine Hydrochloride (medicine used to treat Parkinson's disease related uncontrolled and involuntary movement) tablet 100 milligrams (mg- unit of measurement) one tablet by mouth 2 times a day for extrapyramidal and movement disorder.</p> <p>During a review of Resident 14's Medication Administration Record (MAR) for 10/2024, the MAR indicated Resident 14 was monitored every shift for episodes of EPS manifested by hand tremors. The MAR indicated Resident 14 did not have any episodes of hand tremors from 10/1/2024 to 10/14/2024.The MAR indicated on 10/15 to 10/17/2024 Resident 14 was manifesting hand tremors.</p> <p>During a review of Resident 14's Care Plan, titled Resident had an altered neurological status related to extrapyramidal symptoms (EPS-a group of side effects that cause involuntary movements and muscle stiffness) and at risk for increasing tremors in arms and hands initiated on 1/23/2024, the Care Plan goal indicated Resident 14 will be able to function at her potential level secondary to tremors. The Care plan's interventions included assessing the effects of psychotropic medicines (any drug that affects brain activities associated with mental processes and behavior) like tremors, give medications as ordered, monitoring and documenting for side effects and effectiveness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0580</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 10/15/2023 at 10:47 a.m., in Resident 14's room and a subsequent observation on 10/16/2024, at 12:03 p.m., observed Resident 14 right arm was shaking and stated she needed something right away to relieve the tremors. Resident 14 stated her right arm was shaking a lot and was a right-handed person. Resident 14 stated she could not eat well because her right arm would shake so much. Resident 14 was observed on 10/15/2024 sitting in the dining area eating with her right hand moving and shaking a lot during lunch time. Observed Resident 14 was having difficulty scooping food items from the plates and placing the food to her mouth and was slowly feeding herself.</p> <p>During an interview on 10/18/2024, at 3:06 p.m., with Registered Nurse Supervisor 1(RNS1), RNS 1 stated the licensed nurses watch the residents for tremors while they carry out activities of daily living. RNS 1 stated Resident 14 had tremors and it could slow down the way she eats and caused frustration to the resident. RNS 1 stated we notify the physician if there was an impact on their ADL. RNS 1 stated Resident 14's tremors affect her eating and it was important to notify the physician so the treatment plan could be changed, and Resident 14's medications should be reviewed.</p> <p>During a concurrent interview and record review on 10/18/2024, at 10:10 a.m. with Assistant Director of Nursing (ADON), ADON stated licensed nurses were responsible for monitoring and assessing residents for EPS. Reviewed Resident 14's electronic health record (EHR collection of a resident's health information that is stored electronically), ADON stated through record review Resident 14 was having episode of EPS on the Medication Administration Record (MAR) and no documentation on the progress notes resident was having episodes of EPS. ADON stated if the licensed nurse observed presence of EPS on a resident, the licensed nurse would document it also in the progress notes. ADON was aware resident was having tremors during eating and the physician should have been notified about the presence of EPS on Resident 14 to obtain treatment or review Resident 14's medications. ADON stated not notifying the physician could cause a decline in physical activities, weight loss and frustration.</p> <p>During a review of Resident 108's Admission Record, the Admission Record indicated Resident 108 was admitted to the facility on [DATE] with diagnoses including bipolar disorder (a mental health condition that causes extreme mood swings that include emotional highs [mania] and lows[depression] that make it difficult to carry out day-to-day tasks and activities), and tremor (involuntary rhythmic shaking or twitching of one or more body parts).</p> <p>During a review of Resident 108's MDS dated [DATE], the MDS indicated Resident 108 had intact cognition and was independent with bed mobility, transfer, bathing, toileting hygiene, ambulation (ability to walk from place to place without the need for any kind of assistance), and personal hygiene.</p> <p>During a review of Resident 108's Physician Order Summary Report, the Physician Order Summary Report dated 10/15/2024 indicated to monitor episodes of EPS manifested by involuntary movements every shift.</p> <p>During a review of Resident 108's Care Plan titled Resident had an altered neurological (relating to nerves, brain, and spinal cord) function secondary to severe /chronic arms and hands tremors even at resting initiated 4/28/2022 and revised 11/21/2023. The Care Plan's goals indicated Resident 108's tremors will decrease gradually and will not have an impact in limiting her physical activities. The Care Plan's interventions included to observe side effects and notify the physician as indicated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 10/15/2024, at 1:12 p.m., in Resident 108's room, and subsequent observation on 10/17/2024, at 11:23 a.m. Resident hands and arms were shaking while holding the bedside table in her room and when resident was walking down the hall.</p> <p>During an interview on 10/17/2024, at 11:23 a.m. with Resident 108, Resident 108 stated she asked the nurse practitioner (a registered nurse with advanced training who provides primary and specialty care to patients) to lower the dose of lithium (medication used to treat bipolar disorder) because she was shaking her arms and hands too much. Resident 108 stated she did not like what was happening because she liked to write but now, she could not write well because of the shaking on her arms and hands.</p> <p>During a concurrent interview and record review on 10/18/2024, at 10:02 a.m. with ADON, reviewed Resident 108's MAR. ADON stated if Resident 108 had a significant change, and the tremors were affecting her ADL like writing that should have been communicated to the physician. ADON stated Resident 108 should be monitored for episodes of EPS at rest and during activity to ensure presence of tremors. ADON stated Resident 108 could have a decline in ADL including writing and eating if not monitored and communicated to the physician.</p> <p>During a concurrent interview and record review on 10/18/2024 with Director of Nursing (DON), reviewed Resident 108 HER, the DON stated licensed nurses should monitor EPS even the residents had been manifesting them to see if there was an improvement or the symptoms were getting worse. The DON stated Resident 108 had always had tremors on her arms and hands because of lithium. The DON stated the staff nurses were not monitoring properly because episode of EPS was not being documented in the charts. The DON stated she did not know why the licensed staff was not documenting the episodes of EPS. The DON stated licensed nurses should have notified the physician, so the medications of the residents were reviewed and obtained necessary treatments. The DON stated if these episodes of EPS were not monitored the physician would assume everything was fine based on the assessment of licensed nurses not documenting episode of EPS that could lead to no improvement of symptoms or worsening of the symptoms.</p> <p>During a review of facility's policy and procedure (P&P) titled Monitoring Possible Side effects from Psychotropic Medications, the P&P indicated the licensed nurse will monitor the residents every shift for possible psychotropic medication side effects and notify the physician of any positive findings. The P&P indicated The licensed nurse will assess new onset or increased extrapyramidal symptoms including worsened hand tremor, document their findings in the progress notes and notify the physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269</p> <p>Based on observation, interview and record review, the facility failed to ensure two of four sampled residents (Resident 65 and Resident 89) was free from physical abuse by failing to:</p> <p>1. To protect Resident 65 from Resident 37 who hit a staff member on the way to their room, and then hit Resident 65 with a table who was her roommate.</p> <p>This failure resulted Resident 65 getting hit by the table sustaining a small cut to right forehead.</p> <p>Findings:</p> <p>During a review of Resident 65's Admission Record, the Admission Record indicated the resident was admitted on [DATE] to the facility with diagnoses that included paranoid schizophrenia (mental illness characterized by a pattern of behavior where a person feels distrustful and suspicious of other people and surroundings) and unspecified dementia (a progressive stated of decline in mental abilities) without behavioral disturbance.</p> <p>During a review of Resident 65's Minimum Data Set (MDS- a federally mandated resident assessment tool) dated 8/30/2024, the MDS indicated the resident had an intact cognition (thought process) and was independent with bed mobility, walking and transfer to and from a bed to a chair.</p> <p>During a review of Resident 65's Post Event Assessment Form dated 10/11/2024, the Post Event Assessment Form indicated on 10/11/2024, at 3:00 p.m., Resident 65 came to the nursing station seeking help and staff observed the resident was bleeding on her right forehead.</p> <p>During a review of Resident 65's Progress Notes dated 10/11/2024, at 3:00 p.m., the Progress Notes indicated the resident came to the nursing station seeking help and was bleeding from the right side of the forehead, The Progress Notes indicated Resident 65 Resident 37 had thrown a table while she was passing by which caused the table to hit her.</p> <p>During a review of Resident 65's Care Plan, the Care Plan initiated on 10/11/2024 indicated the resident is at risk for psychosocial distress related to unintended occurrence (small cut to right forehead). The Care Plan's interventions included notification of the physician for any changes and the staff will check the resident and allow the resident to express feelings.</p> <p>During a review of Resident 37's Admission Record, the Admission Record indicated the resident was admitted on [DATE] to the facility with diagnoses that included schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), and schizophrenia ((a mental illness that is characterized by disturbances in thought).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0600</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 MDS dated [DATE], the MDS indicated the resident was able to make herself understood and able to understand others. The MDS indicated the resident had moderately impaired cognitive skill (difficulty in thinking, learning, remembering, and using judgements) and was independent with bed mobility, walking and transferring to and from a bed to a chair.</p> <p>During a review of Resident 37's Post Assessment Event Form dated 10/11/2024, at 6:11 p.m. , the Post Assessment Event Form indicated on 10/11/2024, at 3:00 p.m. the resident was exhibiting delusional (having false or unrealistic beliefs) thinking and stated Love, I was asleep and the two ladies came up to me and one of them put her thumb up my butt and with her other hand took out my fetus, it's still there outside you can see it, then the other one came with razor blades and cut my face, see all this blood and look at my back they did a number on me. Ms. [NAME] expressed remorse for inadvertently harming Resident 65, stating, I am so sorry hunny, you should not be getting in people's way when they are upset, I did not mean to hit you.</p> <p>During a review of Resident 37's Psychiatric Notes dated 10/11/2024, at 3:48 p.m., the Psychiatric Notes indicated resident was seen in her room with paranoid delusional (a type of delusion that involve intense fear and anxiety and the belief that others are persecuting or threatening) content and accusing roommate to have caused her to have miscarriage. The Psychiatric Notes indicated the resident was involved in two physical incidents on 10/11/2024, first one was a staff who was hit on the right arm and the second incident was resident's roommate whom the resident hit on the right side of the forehead.</p> <p>During a review of Resident 37's Care Plan initiated 10/11/2024, the Care Plan indicated the resident is at risk for further escalating behavior related to bizarre delusions. The Care plan goals included the resident will have no episodes of escalating (worsening) aggressive behavior. The Care Plan interventions included the staff will anticipate escalating behavior, monitor for increased agitation and to notify the psychiatrist if observed.</p> <p>During a concurrent observation and interview on 10/15/2024, at 10:43 a.m. on Resident 65's room, Resident 65 was counting with her fingers and had a band aid on the right side of her forehead.</p> <p>During an interview on 10/16/2024, at 9:31 a.m. with Resident 37, Resident 37 stated she got in a fight with her roommate and hit her with a table. Resident 37 stated Resident 65 had a little bruise and cut on her head.</p> <p>During an interview on 10/16/2024, 1:14 p.m. with Certified Nursing Assistant (CNA 8), CNA 8 stated Resident 37 had behavioral issue like slamming door, talking loudly, stating to get out of the room because her sister is on the way and throwing things on the floor. CNA 8 stated on Resident 37 liked to strip the bed then toss the beddings or clothes on the floor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/16/2024, at 3:24 p.m. with RN Supervisor (RNS 1), RNS 1 stated Restorative Nursing Assistant (RNA1) told him that Resident 37 hit her while Resident 37 was walking back to her room. RNS 1 stated Resident 37 slammed the door after entering and shortly after that Resident 65 came out of the room and asking for help. RNS 1 stated Resident 65 was holding her head and was bleeding on the right side of the forehead. RNS 1 stated Resident 65 was not manifesting any behavioral problem that day and Resident 37 was seen talking to herself but was in good mood. RNS 1 stated someone should have gone to check Resident 37 after hitting RNA 1 and slamming the door to ensure Resident 37 is not a threat to anyone and ideally someone should have observed that her behavior is escalating.</p> <p>During an interview on 10/18/2024, at 10:44 a.m. with Assistant Director of Nursing (ADON), ADON stated the incident between Resident 65 and Resident 37 was preventable if someone had come to the room when Resident 37 hit a staff on her way to her room and slammed the door to deescalate the situation. ADON stated someone should have talked to Resident 37 when she was manifesting this kind of behavior.</p> <p>During an interview on 10/18/2024, at 12:22 p.m. with Social Service (SS1), SS 1 stated Resident 37 was upset and threw a table to Resident 65 who was passing by. SS 1 stated Resident 37's behavioral symptoms are physical aggression, verbal aggression, auditory hallucinations, paranoid delusions, and disorganized thoughts. SS 1 stated paranoia triggered the aggression of Resident 37. SW 1 stated the nursing staff should have come to Resident 37's room to address the issue to prevent escalation of behavior and harm to herself others or others.</p> <p>During an interview on 10/18/2024, at 12:54 p.m. with SS 2, SS 2 stated Resident 65 had no history of aggression towards other residents. SS 2 stated Resident 65 used to go out in the patio but lately she's just staying in her room.</p> <p>During an interview on 10/18/2024, at 5:07 p.m. with Director of Nursing (DON), DON stated Resident 37's behavior was unpredictable, and a staff member should have immediately entered the room to see what was going on and defuse Resident 37's delusions. DON stated the staff should have assessed Resident 37, calmed her down and redirected her behavior to prevent Resident 65 from getting hurt.</p> <p>During a review of facility's policy and procedure (P/P) titled Abuse Prevention and Reporting approved on 1/30/2024, the P/P indicated the facility is committed in protecting the physical and emotional well-being of every resident. The P/P indicated the staff is required to intervene, identify, and correct situations where any type of abuse or suspected crimes may occur.</p> <p>49889</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 44898</p> <p>Based on interview and record review the facility failed to ensure one of 33 sampled residents (Resident 139) had a comprehensive care plan developed and implemented for diagnosis of schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior).</p> <p>This failure had the potential to result in a delay of the delivery of care and services.</p> <p>Findings:</p> <p>During a review of Resident 139's Admission Record, the Admission Record indicated, Resident 139 was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder, anxiety (intense, excessive, and persistent worry and fear about everyday situations), and major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities).</p> <p>During a review of Resident 139's Minimum Data Set (MDS- federally mandated resident assessment tool), dated 9/13/2024, the MDS indicated, Resident 139 had the ability to understand and express ideas and wants. The MDS indicated Resident 139 had the ability to understand others. The MDS indicated Resident 139 needed partial to moderate assistance from nursing staff with showering and lower body dressing. The MDS indicated Resident 139 needed nursing staff supervision or touching assistance with oral hygiene, toileting, upper body dressing, putting on and taking off footwear, and personal hygiene. The MDS indicated Resident 139 needed nursing staff supervision or touching assistance with rolling from left to right, sitting, standing, transferring, and walking. The MDS indicated Resident 139 had an active diagnosis of schizoaffective disorder.</p> <p>During a concurrent interview and record review on 10/17/2024 at 9:58 a.m., with the Assistant Director of Nursing/ Infection Preventionist Nurse (ADON/ IPN), reviewed Resident 139's care plan. The ADON/ IPN stated Resident 139 had a diagnosis of schizoaffective disorder. The ADON/ IPN stated Resident 139 did not have a care plan for schizoaffective disorder. The ADON/IPN stated care plans were reviewed by the licensed nurses to ensure plan of care were developed, implemented, and updated to see the progress of the resident and to monitor if interventions were working. The ADON/IPN stated licensed staff did not address Resident 139's history of schizoaffective disorder in the care plan. The ADON/IPN stated schizoaffective disorder should have been addressed in Resident 139's care plan to ensure Resident 139 will receive needed care and services. The ADON/IPN stated licensed nursing staff should have noticed the care plan for diagnosis of schizoaffective disorder was missing during a review.</p> <p>During an interview on 10/18/2024 at 5:18 p.m., with the Director of Nursing (DON), the DON stated Resident 139's needs a care plan for schizoaffective disorder, so the nursing staff know how to take care of the resident and to know the interventions and goals of the resident. The DON stated we must follow the care plan.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0656</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's policy and procedure (P&P), titled, Individual Plan, dated 3/22/2024, the P&P indicated, An Individual Plan will be developed with the active participation of the individual served and the program staff after the enrollment and initial assessment is completed, or as outlined by regulatory/contractual guidelines . When the individual served has co-occurring disorders and/or significant risk factors, the Individual Plan specifically addresses those issues in an integrated manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 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** 45269</p> <p>Based on interview, and record review, the facility failed to ensure a care plan for vision was revised and updated for one of 33 sampled residents (Resident 108).</p> <p>This failure had the potential to put Resident 108 at risk for not receiving the care and services needed to meet her individualized needs.</p> <p>Findings:</p> <p>During a review of Resident 108's Admission Record, the Admission Record indicated Resident 108 was admitted to the facility on [DATE] with diagnoses including bipolar disorder (a mental health condition that causes extreme mood swings that include emotional highs [mania] and lows[depression] that make it difficult to carry out day-to-day tasks and activities),tremor (involuntary rhythmic shaking or twitching of one or more body parts) pre glaucoma (also called glaucoma suspect where a person had elevated pressure within the eyes but no detectable visual damage), and age related bilateral nuclear cataract (opacity or clouding that develops in the center of the eyes which is related to aging).</p> <p>During a review of Resident 108's Minimum Data Set (MDS- a federally mandated assessment tool), dated 8/8/2024, the MDS indicated Resident 108 had intact cognition and was independent with bed mobility, transfer, bathing, toileting hygiene, ambulation (ability to walk from place to place without the need for any kind of assistance), and personal hygiene.</p> <p>During a review of Resident 108's Consultation for Ophthalmology report dated 1/4/2023, the Consultation for Ophthalmology report indicated Resident 108 had suspected glaucoma and the resident will come for a follow check up within six to eight weeks for eye pressures check.</p> <p>During a review of Resident 108's Consultation for Ophthalmology report dated 10/4/2024, the Consultation for Ophthalmology report indicated Resident 108 was seen by an ophthalmologist (eye care specialist) and had bilateral cataracts. The Consultation for Ophthalmology report indicated the resident had no evidence of glaucoma.</p> <p>During a review of Resident 108's Care Plan titled Resident 108 with altered vision secondary to suspected glaucoma and at risk for eye pain/ pressure, headaches, blurred vision, and red eyes initiated on 4/28/2022 and revised 11/21/2023 with interventions included observing, checking for eye pain, discomfort and increased visual disturbances.</p> <p>During an interview on 10/15/2024, at 1:12 p.m., with Resident 108, Resident 108 stated she has no glaucoma but had cataracts on both eyes from her recent visit with the ophthalmologist. Resident 108 stated she used to get eye drops for her glaucoma.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 10/18/2024, at 3:06 p.m., with Registered Nurse Supervisor (RNS1), reviewed Resident 108's Care Plan. RNS 1 stated care plan for vision was referring to glaucoma and did not include Resident 108's cataract. RNS 1 stated the Care Plan for vision should be updated so the staff would know the actual problem and interventions needed for the specific identified problem.</p> <p>During a concurrent interview and record review on 10/18/2024, at 10:10 a.m., with Assistant Director of Nursing (ADON), reviewed Resident 108's Care Plan. ADON stated Resident 108's Care Plan for vision was not updated after the resident was diagnosed with cataract. ADON stated Care Plan for vision needs to be updated and revised so it will be specific to the resident's diagnosis. ADON stated it could worsen the condition and caused delay of care or treatment if the care plan was not revised.</p> <p>During an interview on 10/18/2024, at 4:45 p.m., with the Director of Nursing (DON), the DON stated licensed nurses were responsible in revising and developing care plan for residents. The DON stated care plans were updated and revised to ensure any change in residents' condition was identified. The DON stated Care Plan not updated and revised will not provide the best care for the resident.</p> <p>During a review of facility's policy and procedure (P&P) titled Individual Plan undated, the P&P indicated the Individual Plan included interventions that are specific and reflect the services provided by the staff. The P&P indicated individual plans are to be reviewed, updated, and revised according to regulatory / contractual guidelines and/ or as an individual treatment needs change.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41699</p> <p>Based on observation, interview and record review, the facility failed to provide individualized activities that meets the interest of the resident's for three of three sampled residents, (Resident 3, 21 and 104).</p> <p>This failure had the potential to impact the mental and psychosocial wellbeing of Resident 3, 21 and 104, exacerbating feelings of depression that could impact residents' quality of life.</p> <p>Findings:</p> <p>During a review of Resident 3's Admission Record, the Admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia (a mental illness that is characterized by disturbances in thought), type II diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and essential hypertension (high blood pressure).</p> <p>During a review of Resident 3's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 9/5/2024, the MDS indicated Resident 3 had no cognitive (ability to think, understand, learn, and remember) impairment and requires supervision for personal hygiene.</p> <p>During a review of Resident 3's Care Plan titled For leaving a meaningful life recovery plan revised on 10/13/2023, indicated interventions to encourage Resident 3 to engage in a group activity with therapeutic interventions.</p> <p>During an observation for Resident 3 on the following occasions:</p> <p>On 10/15/2024 11:11 a.m., and 1:13 p.m., observed Resident 3 in bed sleeping.</p> <p>On 10/16/2024 1:04 p.m., 2:47 p.m., and 4:02 p.m., observed Resident 3 in bed sleeping.</p> <p>On 10/17/2024 9 a.m., and 3:05 p.m., observed Resident 3 in bed sleeping.</p> <p>On 10/18/2024 9:17 a.m., observed Resident 3 in bed sleeping.</p> <p>During a review of Resident 21's Admission Record, the Admission Record indicated Resident 21 was admitted to the facility on [DATE] with diagnoses including schizoaffective (a mental illness that can affect thoughts, mood, and behavior), seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), and hypotension (a low blood pressure).</p> <p>During a review of Resident 21's MDS dated [DATE], the MDS indicated Resident 21 had no cognitive impairment and requires assistance for all activities of daily living.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 21's Care Plan titled For leaving a meaningful life recovery plan revised on 10/02/2024, indicated interventions to encourage Resident 21 to engage in a group activity with therapeutic interventions.</p> <p>During an observation for Resident 21 on the following occasions:</p> <p>On 10/15/2024 10:47 a.m., 1:11 p.m., 2:49 p.m., and 4:05 p.m., observed Resident 21 in bed sleeping.</p> <p>On 10/16/2024 9:53 a.m., 2:49 p.m., 4:49 p.m., observed Resident 21 in bed sleeping.</p> <p>On 10/17/2024 8:58 a.m., observed Resident 21 in bed sleeping.</p> <p>During a review of Resident 104's Admission Record, the Admission Record indicated Resident 104 was admitted to the facility on [DATE] with diagnosis including schizophrenia, insomnia (inability to sleep) and major depressive disorder (a mental health condition that causes a persistently low or depressed mood and a loss of interest in activities that once brought joy).</p> <p>During a review of Resident 104's MDS dated [DATE], the MDS indicated Resident 104 had no cognitive impairment and dependent for all activities of daily living.</p> <p>During an observation for Resident 104 on the following occasions:</p> <p>On 10/15/2024 1:13 p.m., and 2:47 p.m., observed Resident 104 in bed sleeping.</p> <p>On 10/16/2024 1:47 p.m., 2:49 p.m., 4:02 p.m., observed Resident 104 in bed sleeping.</p> <p>On 10/17/2024 9:00 a.m., and 3:05 p.m., observed Resident 104 in bed sleeping.</p> <p>On 10/18/2024 9:17 a.m., observed Resident 104 in bed sleeping.</p> <p>During an interview on 10/17/2024 at 10:50 a.m., Certified Nursing Assistant (CNA 6) stated when a resident was involved with daily activity, it takes the resident mind from engaging in a negative mood from their delusional (false beliefs) thinking and helps the resident clear their mind while participating in the activity.</p> <p>During an interview on 10/17/2024 at 10:58 a.m., Registered Nurse (RN 2) stated that activity provides residents something to do and enhances their routine activity and memory and makes their mind busy and take away their minds that are unpredictable with disharmony of thoughts and feelings.</p> <p>During an interview on 10/18/2024 at 9:52 a.m., the RN 1 stated the importance of engaging in activities as it can improve the overall psychological well being of the resident. RN 1 stated activities help clear the mind and assist in coping with depression.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/18/2024 at 10:35 a.m., the Rehabilitation Director stated the staff make efforts to motivate residents, but engaging in activities was crucial as it encourages residents to leave their rooms, allowing them to better manage their mental health challenges. Rehabilitation Director stated being active and not spending all their time in bed sleeping can help residents live more fully. Rehabilitation Director stated participating in activities can also increase residents' involvement and distract them from feelings of depression and distorted thinking.</p> <p>During a record review of Resident 3, 21 and 104 Activity Notes, there was no documentation of resident activities being done during these dates and times (10/15/2024 to 10/18/2024) resident were just found sleeping on their beds.</p> <p>During a review of facility's policy and procedures (P&P) titled Program Activities approved 09/17/2024, indicated: The program leadership and staff shall develop an activity schedule with persons served. These activities will address current needs, skills, abilities, and preferences of those served. The program encourages participation in group, individual, and recreational activities. Community activities that include cultural, spiritual, employment/volunteer, and self-help groups. Independent living, social, emotional, and personal growth activities.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>49889</p> <p>Based on interview and record review the facility failed to ensure the Director of Staff Development (DSD- plans, directs, or coordinates the training for staff) was competent in obtaining report of facility staff's annual mandatory training with the use online education program.</p> <p>This failure had the potential for the facility not be able to assess the skills necessary to provide nursing services to assure resident safety.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 10/18/24 at 9:16 a.m. with the DSD, reviewed on-line education program. The DSD stated the facility uses an online education program and was responsible for operating and maintaining the system. The DSD stated upon hire, the DSD assigns staff to the online learning program. The program automatically sends staff emails regarding what training needs to be completed and when. When asked to retrieve a report on mandatory in-services for participation and competency, the DSD was unable to provide the requested data. The DSD stated that she had never received training on how to generate reports to verify staff completion and competency on mandatory in-services in the online education program. DSD was asked to retrieve data on the yearly mandatory in-services for CNA 1, CNA 2, and CNA 3. DSD stated CNA 1 CNA 2 and CNA 3 were missing four out of five hours of the required yearly dementia ((loss of memory, language, problem-solving and other thinking abilities) training. CNA 2 and CNA 3 were also missing one hour of the yearly mandatory sexual harassment training. The DSD stated that she does not have an effective tracking system in place and that she checks each staff member individually to verify completion of mandatory training. The DSD stated that it was her responsibility to monitor mandatory training and she should have identified the incomplete training. The DSD stated failing to complete the mandatory training could potentially put resident safety at risk.</p> <p>During an interview on 10/18/24 at 3:50 p.m. with the Administrator (ADM), the ADM stated that the DSD was responsible for providing and maintaining the education department in the facility. ADM stated the DSD was responsible for providing in-person education and responsible for running and maintaining the facilities on-line education program. ADM stated the DSD was not utilizing the tools and does not have an effective tracking system in place when she did not ensure mandatory annual dementia education requirements were completed for CNA 1, CNA2, and CNA3, and CNA 2 and CNA 3 completed the annual sexual harassment training requirements. ADM stated the DSD was not ensuring the competencies of the staff when not tracking who completed them. ADM stated there was a potential that staff will not be adequately equipped to care for the residents.</p> <p>During a review of the facilities policy and procedures (P&P) titled Role of the Director of Staff Development dated no date, indicated The purpose of the staff development at the skilled nursing facility is to assess, plan, implement and coordinate the continued education and professional development of all staff employed by this facility. The facility may also provide clinical experience to varies healthcare disciplines.</p> <p>Essential Functions:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A. Develop, design, and deliver in person trainings that are learner-centered and performance based.</p> <p>B. Evaluate and assess the educational needs of facility personnel.</p> <p>C. Conduct an annual need assessment.</p> <p>D. Maintain records and reports of all staff education.</p> <p>E. Provide an organized and systematic orientation for all new employees.</p> <p>F. Provide ongoing in-service and professional development to all employees based on periodic needs assessment.</p> <p>G. Provide mandatory education required by regulatory agencies.</p> <p>H. Serve as liaison for affiliated clinical experience programs.</p> <p>I. Assist in planning, preparing, and presenting, when applicable, major educational programs throughout the year.</p> <p>J. Consult and share with other Telecare facilities on a regular basis.</p> <p>K. Offer a minimum of 24 hours of in-service education for certified nurse assistants.</p> <p>L. Provide certification training in compliance with state and federal regulations.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49889</p> <p>Based on observation interview and record review the facility failed to:</p> <p>a. Ensure expired bagels were removed from shelves.</p> <p>b. Ensure the floor in the kitchen all along the walls and in the corners was free from food crumbs and dirt build up.</p> <p>c. Ensure the drain face plate used for multiple kitchen equipment (ice machine, freezer, and coffee machine) was clean and free from blackish greenish slimy substance.</p> <p>These failures had the potential to expose residents to food-borne illnesses (any illness resulting from ingestion of food contaminated with bacteria, viruses, or parasites) and put residents at risk for cross contamination (unintentional transfer of harmful bacteria from one object to another).</p> <p>Findings:</p> <p>a. During a concurrent observation and interview on [DATE] at 8:26 a.m., with Dietary Supervisor (DS), DS stated that he had checked the bread rack this morning after they received the bread delivery and did not see the expired bag of bagels. DS stated that expired food should never be served to residents. DS stated serving expired foods to the residents has the potential to put the resident's health at risk.</p> <p>During an interview on [DATE] at 11:14 a.m. with Infection Preventionist (IP), IP stated expired food should not be served to the residents. IP stated residents were at risk for food borne illness.</p> <p>During an interview on [DATE] at 8:00 a.m., with the Administrator (ADM), ADM stated expired food should never be served to residents. ADM stated that serving expired food poses a risk for foodborne illnesses.</p> <p>b. During a concurrent observation and interview on [DATE]. at 8:26 a.m., with DS, DS stated that there was food crumbs and dirt in the corners and in the grout on the kitchen floor. DS stated it was important to keep the floor clean and sanitary to prevent ants and roaches.</p> <p>During an interview on [DATE] at 11:14 a.m. with Infection Preventionist (IP), IP stated that the floors in the kitchen must be clean and sanitary to prevent pests like roaches, and bacteria build up. There could be a possibility of a foodborne illnesses being passed to the residents.</p> <p>During an interview on [DATE] at 8:00 a.m., with the Administrator (ADM), ADM stated that the floor in the kitchen did appear to have some dirt and food particles. The floor in the kitchen needs to be clean and sanitary to prevent any foodborne illness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>c. During a concurrent observation and interview on [DATE]. at 8:26 a.m., with DS, observed the drain for multiple pipes (freezer, coffee machine, ice machine) face plate had a slimy black stuff. DS stated drain needs to be clean and sanitary to prevent ants and roaches.</p> <p>During an interview on [DATE] at 11:14 a.m. with Infection preventionist (IP), IP stated that the face plate from the water drain appeared to have grime and had a slimy black stuff. IP stated there could be a possibility of bacteria on the drains face plate. IP stated the floors and drains need to be free from grime and food crumbs to prevent the spread of bacteria, pests like roaches and food born illnesses.</p> <p>During a review of the facilities policy and procedure (P&P) titled Sanitation and infection Prevention/Control dated ,d+[DATE] revised ,d+[DATE] indicated To prevent the contamination of food with infectious microorganisms, Food and Nutrition Services associates are expected to observe the following Infection Prevention and Control Practices.</p> <p>Written procedures are available, detailing daily and weekly (as needed) cleaning for all areas and equipment in the department. The facility/community's Maintenance Department is scheduled to clean equipment that requires special training and equipment, such as the ice maker, refrigeration coils and exhaust hood.</p> <p>During a review of the facilities P&P titled Food and Supply storage dated ,d+[DATE], revised ,d+[DATE], indicated, All food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to maintain the safety and wholesomeness of the food for human consumption. Most but not all products contain an expiration date.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>45269</p> <p>Based on interview and record review, the facility's Quality Assurance Performance Improvement (QAPI, a data driven proactive approach to improvement used to ensure services are meeting quality standards) failed to maintain and develop an effective plan of action to correct an identified and potential problems by failing:</p> <ol style="list-style-type: none"> 1. To provide an effective oversight of the facility and implementation of the facility's plan of correction (POC) of the deficient practice regarding abuse reporting and call lights accessibility for residents from the previous recertification survey. 2. To identify and address problems with the implementation of no smoking among the residents who are smokers. <p>These failures had the potential to violate residents' rights and resulted into repeated deficiencies which could lead to abuse not being identified or investigated and individualized needs of residents not being met.</p> <p>Findings:</p> <p>1. During a review of facility's Center of Medicare and Medicaid 2567 (CMS-survey report that documents and justifies a nursing home's compliance with federal health requirements) Recertification Survey dated 10/20/2023, the CMS 2567 indicated the facility failed to report an allegation of abuse occurred between two residents. The CMS 2567 's plan of corrections (POC- actions or interventions of the facility to correct a deficient practice) included Registered Nurse Supervisors would ensure all reports of alleged abuse will be reported. The CMS 2567's POC indicated the facility would conduct a daily audit to ensure all reports of alleged abuse was reported according to their policy and procedure for six months which begun on 11/16/2023, findings would be incorporated into the monthly QAPI meetings, and audits would be reviewed by the Administrator (ADM). The CMS 2567 indicated a resident's call light was hanging against the wall behind the bed frame and was touching the bed frame. The CMS 2567 indicated the resident was legally blind and was a high risk for fall.</p> <p>During an interview on 10/16/2024, at 1:35 p.m., Resident 108 stated Resident 26 hit her on her left heel approximately three to six months ago and Resident 108 told Licensed Vocational Nurse (LVN 2) when it happened.</p> <p>During an interview on 10/17/2024, at 11:44 a.m. and a subsequent interview, at 3:25 p.m. with LVN 2, LVN 2 stated Resident 108 disliked Resident 26 and she was administering medications to residents when she heard Resident 108 screamed. LVN 2 stated Resident 108 told her Resident 26 hit her foot. LVN 2 stated it was not reported because she did not believe the alleged incident happened. LVN 2 stated she could not remember the details of the incident because it happened six months ago and agreed it should have been reported to the supervisors and investigated to prevent abuse among the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. During a review of QAPI Minutes for October 2024, the QAPI Minutes indicated issues addressed included influenza (flu) vaccines (medication that protects residents from diseases), Covid-19 (highly contagious respiratory illness spread through droplets and virus particles released into the air when an infected person breathes, talks, laugh, sneeze or cough) vaccines, radiology, freedom from physical abuse by any object deemed as contraband in the environment, and call lights within reach of residents.</p> <p>During an interview on 10/17/2024, at 2:01 p.m. with Administrator (ADM), ADM stated the facility had an outbreak of Covid -19 that affected a lot of residents. ADM stated the residents were intermingling and sharing cigarettes during smoke break which made it harder to manage the outbreak. ADM stated currently, no residents in the facility were smoking. The ADM stated resident physician had the right to intervene by writing an order that residents may not smoke for residents' health. ADM stated if the resident would like to smoke the physician needed to evaluate resident's condition or the request to smoke will be brought to court because majority of the residents were conserved (a judge appoints another person to act or make decisions for the person who needs help) in the facility.</p> <p>During an interview on 10/17/2024, at 1:45 p.m. and a subsequent interview on 10/18/2024, at 4:44 p.m. with the Director of Nursing (DON), the DON stated the facility stopped residents from smoking after their last big outbreak of Covid last December 2023. The DON stated around January 2024, residents were not smoking. The DON stated no residents were smoking at this time. The DON stated residents could develop withdrawal from nicotine (the physical and psychological symptoms that occur when you stop or reduce your use of nicotine) and this could lead to anxiety (a feeling of fear, dread, or uneasiness), aggression (violent behavior) like striking or hitting someone in the facility. The DON stated stopping residents from smoking was not included in the QAPI Program and confirmed there was no documented assessment, monitoring of potential residents' withdrawal symptoms from nicotine, and smoking cessation (the process of stopping smoking tobacco), education of affected residents who used to smoke.</p> <p>During a review of facility's policy and procedure (P&P) titled Smoking Policy for Skilled Nursing facilities approved on 1/31/2024, the P&P indicated if the facility changes its policy to prohibit smoking, the facility will allow current residents who smoke to continue smoking in an area that maintains the quality of life for these residents and considers non-smoking residents. The P&P indicated for residents for whom smoking cessation was recommended, appropriate care plan will be established.</p> <p>During a review of facility's P&P titled SNF Quality Assurance Performance Improvement Program approved on 2/20/2024, the P&P indicated the facility must develop, implement, and maintain an effective, comprehensive, data driven QAPI Program that will focus on the indicators of care and quality of life. The P/P indicated QAPI Program will be ongoing, comprehensive, and capable of addressing the full range of care and services the facility provided. The P/P indicated the facility must address all systems of care including clinical care, quality of care, quality of life and resident's choice.</p> <p>Cross reference F561 and F600 and F609.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44898</p> <p>Based on interview and record review, the facility failed to implement their protocol for Antibiotic Stewardship (refers to a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use) for one of 33 sampled residents (Resident 139) by obtaining culture (a laboratory test that analyzes a sample of body fluid or tissue to identify harmful bacteria, fungus, or viruses that may be causing an infection) or blood tests prior to prescribing antibiotic medication (a substance used to kill bacteria and to treat infections) after being screened for cellulitis (bacterial skin infection that may appear as a red, swollen area, feeling hot and tender to the touch).</p> <p>This failure had the potential for Resident 139 to develop antibiotic resistance (not effective to treat infection) from inappropriate antibiotic use.</p> <p>Findings:</p> <p>During a review of Resident 139's Admission Record, the Admission Record indicated, Resident 139 was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder, anxiety (intense, excessive, and persistent worry and fear about everyday situations), and major depressive disorder (a mental health disorder characterized by persistently depressed mood or loss of interest in activities).</p> <p>During a review of Resident 139's Minimum Data Set (MDS- federally mandated resident assessment tool), dated 9/13/2024, the MDS indicated, Resident 139 had the ability to understand and express ideas and wants. The MDS indicated Resident 139 had the ability to understand others. The MDS indicated Resident 139 needed partial to moderate assistance from nursing staff with showering and lower body dressing. The MDS indicated Resident 139 needed nursing staff supervision or touching assistance with oral hygiene, toileting, upper body dressing, putting on and taking off footwear, and personal hygiene. The MDS indicated Resident 139 needed nursing staff supervision or touching assistance with rolling from left to right, sitting, standing, transferring, and walking.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 10/17/2024 at 9:58 a.m., with the Assistant Director of Nursing /Infection Preventionist Nurse, reviewed Resident 139's Healthcare-associated Infections ([HAI] an infection that develops in a patient while receiving care in a healthcare facility) in Skilled Nursing Facilities (SNF) Suggested Definitions of Infections for Surveillance Purposes, dated 3/28/2024 and the Infection Surveillance document dated 9/23/2024. The HAI in Skilled Nursing Facilities (SNF) Suggested Definitions of Infections for Surveillance Purposes indicated Resident 139 did not have at least four signs and symptoms to meet the criteria for a cellulitis skin infection. The ADON/IPN stated on 3/28/2024 Resident 139 received Bactrim (medication used to treat or prevent infections) 800-160 milligrams (mg unit of measurement) twice a day for seven days, for cellulitis on the back of the head and stopped on 4/4/2024 and started back again on 4/4/2024 for open skin abscess at the back of the head for seven days. The Infection Surveillance document indicated on 9/22/2024 Resident 139 had a skin infection and was treated with doxycycline (medication used to treat and prevent infection) 100 mg for seven days. The Infection Surveillance document indicated there was no diagnostic procedures done and the skin infection was a HAI. ADON/IPN stated on 9/22/2024 Resident 139 received doxycycline 100 mg twice a day for seven days for a right knee infection and stopped on 9/29/2024. ADON/IPN stated a culture should be done for any skin issue or possible infection or wound drainage. ADON/IPN stated a culture was not done for Resident 139 to determine the actual bacteria being treated. The ADON/IPN stated she do the review of resident on antibiotic to ensure resident receiving antibiotics meets the McGreer Criteria (a set of guidelines for identifying infections in long-term care facilities).</p> <p>During an interview on 10/18/2024 at 5:25 PM with the Director of Nursing (DON), the DON stated the goal of Antibiotic Stewardship was not to provide unnecessary antibiotics and to follow the guidelines. The DON stated Resident 139 should not have been started on antibiotics based on the McGreer's Criteria.</p> <p>During a review of the facility's policy and procedure (P&P), titled, Antibiotic Stewardship Committee, dated 7/9/2024 , the P&P indicated, To comply with evidence-based guidelines or best practices regarding antimicrobial prescribing and promote rational and appropriate antimicrobial therapy while improving clinical outcomes while minimizing unintentional side-effects of antimicrobial use, including toxicity and emergence of resistant organisms . Committee shall: Review Culture & Sensitivity reports of selected person served for potential adjustments to antimicrobials regimens (i.e. de-escalation or combination therapy).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0911</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure resident rooms hold no more than 4 residents; for new construction after November 28, 2016, rooms hold no more than 2 residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45269</p> <p>Based on observation, interview, and record review, the facility failed to accommodate no more than four residents by failing to ensure rooms 12,13,20 and 21 did not accommodate six residents, and room [ROOM NUMBER],47 and 48 did not accommodate five residents.</p> <p>This failure had the potential to decrease the resident's privacy, quality of care and quality of life.</p> <p>Findings:</p> <p>During a review of the Client Accommodations Analysis Form completed by the facility on 10/15/2024, the Client Accommodations Analysis Form indicated rooms 12, 13, 20, 21 accommodated 6 residents in each room, and room [ROOM NUMBER],47,48 accommodated a total of 5 residents.</p> <p>During an observation made to the requested rooms during the annual recertification survey at the facility from 10/15/2024 to 10/18/2024 indicated no concerns or problems with privacy, safety, and residents' care.</p> <p>During an interview on 10/18/2024, at 3:42 p.m. with the Administrator (ADM), ADM stated residents' care were not affected and no one was complaining that their room was crowded or affected their mobility and safety.</p> <p>During a review of the facility's policy and procedure (P&P) titled Safe and Comfortable Environment undated , the (P&P) indicated no more than four residents shall be accommodated in one room within the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>49889</p> <p>Based on interview and record the facility failed to ensure 3 out of 3 Certified Nursing Assists (CNA) had completed their facility assigned mandatory on-line continuing education requirements with facility on-line continuing education program.</p> <p>Facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure Certified Nursing Assistant (CNA) 1, CNA 2 and CNA 3 had yearly mandatory dementia (loss of memory, language, problem-solving and other thinking abilities) training 2. Ensure CNA 2 and CNA 3 had completed one hour of mandatory yearly sexual harassment training. <p>This failure had the potential to put the resident's safety at risk when training requirements were not completed.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 10/18/24 at 9:16 a.m. with the Director of Staff Development (DSD plan, directs, or coordinates the training for staff (DSD), DSD was asked to retrieve data on the yearly mandatory in-services for CNA 1, CNA 2, and CNA 3. DSD stated CNA 1 CNA 2 and CNA 3 were missing four out of five hours of the required yearly dementia training. CNA 2 and CNA 3 were also missing one hour of the yearly mandatory sexual harassment training. The DSD stated that she does not have an effective tracking system in place and that she checks each staff member individually to verify completion of mandatory training. The DSD stated that it was her responsibility to monitor mandatory training and she should have identified the incomplete training. The DSD stated failing to complete the mandatory training could potentially put resident safety at risk.</p> <p>During an interview on 10/18/24 at 3:50 p.m. with the Administrator (ADM), the ADM stated that the DSD was responsible for providing and maintaining the education department in the facility. ADM stated the DSD was responsible for providing in-person education and responsible for running and maintaining the facilities on-line education program. ADM stated the DSD was not utilizing the tools and does not have an effective tracking system in place when she did not ensure mandatory annual dementia education requirements were completed for CNA 1, CNA2, and CNA3, and CNA 2 and CNA 3 completed the annual sexual harassment training requirements. ADM stated the DSD was not ensuring the competencies of the staff when not tracking who completed them. ADM stated there was a potential that staff will not be adequately equipped to care for the residents.</p> <p>During a review of the facilities policy and procedures (P&P) titled Role of the Director of Staff Development dated no date, indicated The purpose of the staff development at the skilled nursing facility is to assess, plan, implement and coordinate the continued education and professional development of all staff employed by this facility. The facility may also provide clinical experience to varies healthcare disciplines.</p> <p>Essential Functions:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A355	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER LA Paz Geropsychiatric Center		STREET ADDRESS, CITY, STATE, ZIP CODE 8835 Vans Street 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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A. Develop, design, and deliver in person trainings that are learner-centered and performance based.</p> <p>B. Evaluate and assess the educational needs of facility personnel.</p> <p>C. Conduct an annual need assessment.</p> <p>D. Maintain records and reports of all staff education.</p> <p>E. Provide an organized and systematic orientation for all new employees.</p> <p>F. Provide ongoing in-service and professional development to all employees based on periodic needs assessment.</p> <p>G. Provide mandatory education required by regulatory agencies.</p> <p>H. Serve as liaison for affiliated clinical experience programs.</p> <p>I. Assist in planning, preparing, and presenting, when applicable, major educational programs throughout the year.</p> <p>J. Consult and share with other Telecare facilities on a regular basis.</p> <p>K. Offer a minimum of 24 hours of in-service education for certified nurse assistants.</p> <p>L. Provide certification training in compliance with state and federal regulations.</p> <p>Cross Reference F726</p>