

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/12/2024
NAME OF PROVIDER OR SUPPLIER Playa Del Rey Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7716 Manchester Avenue Playa Del Rey, CA 90293	

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** 50379</p> <p>Based on interview and record review, the facility failed to complete a care plan for one of three sampled residents (Resident 1) to address the resident's losing belongings at the facility.</p> <p>This deficient practice had the potential to result in recurring loss, theft, and psychosocial harm for Resident 1.</p> <p>Finding:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including fracture (broken bone) of the right femur (thigh bone), muscle weakness and hypertension ([HTN] high blood pressure) The Admission Record indicated Resident 1 was self-responsible.</p> <p>During a review of Resident 1's History and Physical (H&P), dated 10/15/2024, the H&P indicated Resident 1 had the capacity to make medical decisions.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a resident assessment tool) dated 10/18/2024, the MDS indicated Resident 1 was able to understand and be understood by others. The MDS indicated Resident 1 required substantial/maximal assistance (staff does more than half the effort) for Activities of Daily Living (ADLs) such as toileting hygiene, showering, lower body dressing, bed mobility (the ability to roll from lying on back to left and right side on the bed) and transfers.</p> <p>During an interview on 11/12/2024 at 1:10 p.m. with Resident 1, Resident 1 stated several personal belongings, including a purse, laptop, and checkbook, went missing from her room (on 10/15/2024). Resident 1 stated she felt sad and irritated due to the loss of her belongings. Resident 1 stated the facility did not discuss a care plan with her to help her cope from the loss.</p> <p>During a concurrent interview and record review on 11/12/2024 at 2:23 p.m. with Licensed Vocational Nurse (LVN 2), Resident 1's care plans dated 11/2024 were reviewed. LVN 2 stated nurses should have created a care plan to ensure the Resident 1 received services to prevent future loss and to minimize the sadness related to the loss of the resident's belongings, however, the nurses did not create a care plan to address this.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/12/2024 at 3:32 p.m. with the Director of Nursing (DON), the DON stated Resident 1 did not have a care plan to address the incident related to Resident 1's lost belongings. The DON stated, nurses should have completed a care plan for Resident 1 to include interventions such as providing emotional support due to the resident's lost belongings, however, the nurses did not complete one.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Care Plan Comprehensive , dated 8/25/2021, the P&P indicated the facility's interdisciplinary team, in coordination with the resident and/or her family must develop and implement a comprehensive person-centered care plan for each resident, that includes measurable objectives and timeframes to meet a residents medical, physical, mental, and psychosocial needs. The P&P indicated assessments of residents are ongoing and care plans are reviewed and revised as information about the resident and the resident's condition change.</p>