

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 01/29/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49131</p> <p>Based on interview and record review, the facility failed to record the respiratory rate, temperature, and oxygen saturation (O2 sat- a measurement of how much oxygen the blood is carrying as a percentage) for one of two residents (Resident 2).</p> <p>This deficient practice had the potential for Resident 2 to experience a delay in interventions if the resident had fluctuating respiratory rate, temperature, and O2 sat.</p> <p>Findings:</p> <p>During a review of Resident 2's Face Sheet, it indicated Resident 2 was admitted on [DATE], with diagnoses that included Influenza A (flu), and asthma (a lung disease that causes narrowing of the airways making it difficult to breathe).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 10/29/2024, it indicated Resident 2 was cognitively intact (ability to reason, understand, remember, judge, and learn).</p> <p>During a review of Resident 2's Care Plan, dated 1/24/2025, it indicated Resident 2 was at risk for respiratory complications due to a positive Influenza A result. The goal was for Resident 2 to not show signs and symptoms of respiratory distress.</p> <p>During a review of Resident 2's Order Summary Report, an order was placed on 1/24/2025 to monitor Resident 2's respiratory rate, temperature, and O2 sat every 6 hours at 6:00 a.m., 12:00 p.m., 6:00 p.m., and 12:00 a.m. due to being positive for Influenza A starting on 1/25/2025.</p> <p>During a review of Resident 2's O2 sats summary, dated 1/2025, the following O2 sats were documented:</p> <p>1/28/2025 9:50 p.m. 98.0%</p> <p>1/27/2025 8:52 p.m. 98.0%</p> <p>During a review of Resident 2's respiration summary, dated 1/2025, the following respirations were documented:</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/28/2025 9:50 p.m. 18 Breaths/minute (min)</p> <p>1/27/2025 8:52 p.m. 18 Breaths/min</p> <p>1/27/2025 3:03 p.m. 17 Breaths/min</p> <p>1/27/2025 6:15 a.m. 18 Breaths/min</p> <p>1/27/2025 2:06 a.m. 18 Breaths/min</p> <p>1/26/2025 5:51 p.m. 18 Breaths/min</p> <p>1/26/2025 2:55 a.m. 18 Breaths/min</p> <p>1/25/2025 2:35 a.m. 18 Breaths/min</p> <p>During a review of Resident 2's temperature summary, dated 1/2025, the following temperatures were documented:</p> <p>1/28/2025 9:50 p.m. 98.3 Fahrenheit (F- a measurement of temperature)</p> <p>1/27/2025 8:52 p.m 98.9 F</p> <p>1/27/2025 3:02 p.m 98.2 F</p> <p>1/27/2025 2:06 a.m. 97.9 F</p> <p>1/26/2025 5:51 p.m 98.3 F</p> <p>1/26/2025 4:51 p.m 98.3 F</p> <p>1/26/2025 2:54 a.m. 98.4 F</p> <p>1/25/2025 2:35 a.m. 97.8 F</p> <p>During a concurrent interview and record review on 1/29/2025 at 11:24 a.m. with Licensed Vocational Nurse (LVN) 1, Resident 2's O2 sats, temperature, and respiration summary was reviewed. LVN 1 stated Resident 2 had an order to check their O2 sats, temperature, and respirations at 6:00 a.m., 12:00 p.m., 6:00 p.m., and 12:00 a.m. because Resident 2 had the flu. LVN 1 looked at the documentation for Resident 2's O2 sats, temperature, and respiration summary starting on 1/25/2025 and stated it is missing several entries. LVN 1 stated there were no O2 sats taken on 1/25/2025 and 1/26/2025, and there are three missing entries on 1/27/2025 and 1/28/2025. LVN 1 stated for the respirations and temperature, there were missing entries during the dates of 1/25/2025 and 1/28/2025. LVN 1 stated this was a way for the nurses to see if Resident 2's symptoms related to the flu are getting better or worse, and if it is getting worse and there are big changes, the staff would have to notify the doctor to see if there needs to be new interventions.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facilities policy and procedure (P&P), titled Pulse Oximetry (Assessing Oxygen Saturation) , dated 10/2010, it indicated to obtain a resident's O2 sat, you will need the resident's flow chart or documentation record, and the O2 sat flow sheet should be placed in the medical record and to include the date and time the procedure was performed and the assessment data gathered prior to the procedure.</p>