STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555040	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lotus Care Center	6011 West Blvd Los Angeles, CA 90043

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44294 Based on observation, interview and record review, the facility failed to provide the low air loss mattress ([LAL] special mattress for wound management) for one of three sampled residents (Resident 1), as ordered by the physician. This failure placed the resident ' s wound at risk for poor healing and worsening condition. Findings: During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 ' s diagnoses included Stage four (4) pressure ulcer (full thickness skin loss with extensive destruction; tissue necrosis; or damage to muscle, bones)on the sacral (tail bone) region and muscle weakness. During a review of Resident 1 ' s Order Summary Report dated 9/19/2024, the Order Summary Report indicated a LAL mattress every shift. During a review of Resident 1 ' s care plan titled, Alteration in skin condition, dated 9/19/2024, the interventions indicated to provide pressure relieving surface as ordered. During a review of Resident 1 ' s Pressure Sore Risk assessment dated [DATE], Pressure Sore Risk Assessment indicated Resident 1 was at high risk of developing pressure ulcers. During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardize care screening and assessment tool) dated 9/23/2024, the MDS indicated Resident could understand and be understood by others. The MDS indicated Resident 1 was dependent and required a two or more person ' s assist with activities of daily living (ADLs) such as toileting hygiene, dressing, and bed mobility. The MDS indicated Resident 1 had a Stage 4 pressure ulcer. During a concurrent observation and interview on 9/25/2024 at 12:04 p.m., with Resident 1, Resident 1 was observed laying on a regular mattress. Resident 1 stated he was supposed to get an air loss mattress 7 days ago because he had a pressure ulcer stage 4 on his back, and he did not get the mattress. (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lotus Care Center	6011 West Blvd Los Angeles, CA 90043

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation, interview and record review on 9/25/2024 at 2:00 p.m. with Licensed Vocational Nurse (LVN 1), Resident 1 ' s physician order dated 9/19/2024 was reviewed. LVN 1 stated the physician ' s order indicated LAL mattress every shift for Resident 1. LVN 1 stated Resident 1 was not on LAL as per physician order. LVN 1 stated the LAL mattress was important for Resident 1 to prevent worsening of current pressure ulcer and to prevent future skin breakdown. During a review of the facility ' s undated policy and procedure (P&P) titled, Physicians Orders, the P&P indicated the facility should provide care and services to the resident in accordance with the physician ' s order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555040	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Lotus Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6011 West Blvd Los Angeles, CA 90043	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44294 Based on interview and record review, the facility failed to ensure the facility ' s telephone system was able to receive outside calls from one of three resident ' s (Resident 1) representative or an outside caller. This deficient practice had the potential for all the residents in the facility not receiving phone calls from family members. Findings: 1). During a review of Resident 1 ' s Admission Record, the Admission Record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1 ' s diagnoses included Stage four (4) pressure ulcer (full thickness skin loss with extensive destruction; tissue necrosis; or damage to muscle, bones) on the sacral (tail bone) region and muscle weakness. During a review of Resident 1 ' s Minimum Data Set ([MDS] a standardize care screening and assessment tool) dated 9/23/2024, the MDS indicated Resident could understand and be understood by others. The MDS indicated Resident 1 was dependent and required a two or more person ' s assist with activities of daily living (ADLs) such as toileting hygiene, dressing, and bed mobility. The MDS indicated Resident 1 had a Stage 4 pressure ulcer. During a phone interview on 9/25/2024 at 10:34 a.m., with Family Member 1 (FM 1), FM 1 stated she had been calling the facility ' s phone number at [PHONE NUMBER] every day since Resident 1 was admitted to the facility on [DATE], and her calls were sent to a voicemail. FM 1 stated she had left several voicemails; however, no one had returned the call. This Surveyor placed a phone call to facility ' s phone number at [PHONE NUMBER] on 9/25/2024 at 10:50 a. m., however, the call was sent directly to a voicemail. Surveyor left a message to call back. No facility staff returned the call. This Surveyor placed a phone call to facility ' s phone number at [PHONE NUMBER] on 9/26/2024 at 9:54 a. m., no one answered the call. A voice message was left and no facility staff returned the call. This Surveyor placed a phone call to facility ' s phone number at [PHONE NUMBER] on 9/26/2024 at 11:29 a. m., no one answered the call. A voice message was left and no facility staff returned the call. This Surveyor placed a phone call to facility ' s phone number at [PHONE NUMBER] on 9/26/2024 at 3:53 p. m., no one answered the call. A voice message was left and no facility staff returned the call. During a phone interview on 9/26/2024 at 8:55 a.m., with Director of Nursing (DON), the DON stated she was not aware the facility had a voicemail set up for incoming phone calls. The DON stated she did not have access to the facility ' s voicemail. The DON stated when resident ' s family members call and the facility was unable to answer, and did not call back, it could cause the residents and residents ' families frustrations and worries.