

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2024
NAME OF PROVIDER OR SUPPLIER Las Flores Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 14165 Purche Ave. Gardena, CA 90249	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46257</p> <p>Based on interview and record review, the facility failed to ensure Resident 1 received cast/splint care for 5 months after being transferred to the SNF in accordance with professional standards of practice for one of one sampled resident (Resident 1). Resident 1 did not receive cast/splint care for 5 months after being transferred to SNF. Which resulted in Resident 1 not receiving proper cast care.</p> <p>These deficient practices resulted in the failure in the delivery of necessary care and services in receiving cast care, failing to implement its policy and procedures (P&P) related to cast care and accurately documenting in the initial admission assessment records.</p> <p>Findings:</p> <p>A review of Resident 1's admission records indicated Resident 1 was a 56- year-old male, admitted to the facility on [DATE]. Resident 1's diagnoses included non-displaced fracture of lateral malleolus of right fibula (ankle fracture), peripheral vascular disease (a condition in which narrowed blood vessels reduce blood flow to the limbs), venous insufficiency (improper functioning of the vein valves in the leg, causing swelling and skin changes), hypertensive heart disease with heart failure (high blood pressure), benign prostatic hyperplasia (a enlarged prostate which blocks urine flow).</p> <p>A review of Resident 1's history and physical (H&P), dated 11/24/2023, indicated Resident 1 has the capacity to understand and make medical decision.</p> <p>A review of Resident 1's Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 2/19/2024, indicated Resident 1's cognitive (the ability to think and process information) skills for daily decision making was cognitively intact. The MDS indicated Resident 1 required a wheelchair for walking. Section GG dated 2/19/2023, indicated Resident 1 was in a wheelchair. Resident 1 was dependent (helper does all the effort, resident does none of the efforts to complete the activity, or the assistance of 2 or more helpers is required for the resident to complete the activity).</p> <p>A review of Resident 1's Admission Screening History, dated 11/14/2023, indicated there was no mention of a right lower leg cast.</p> <p>A review of Resident 1 initial assessment dated [DATE], indicated there was no mention of the right lower leg cast/splint.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 1's Care Plan, titled old distal right non-displaced fracture dated 11/15/2023, indicated Resident 1 had an old distal right non-displaced fibula fracture with recent cast placement. The care plan indicated Resident 1 required assistance with physical functioning and mobility. The care plan interventions indicated staff will assess Resident 1 for any pre-disposing diseases that increase the risk/frequency of fractures, document, and report to physician.</p> <p>During a concurrent observation and interview on 5/2/2024 at 10:17 a.m. with Resident 1, Resident 1 stated the General Acute Care Hospital (GACH) took the cast-off last Thursday 5/25/2024 after having it on since 11/14/2023. Resident 1 stated the doctor told him his foot was broken and a cast was placed below the knee on the right foot.</p> <p>During an interview on 5/2/2024 at 10:46 a.m. with the Treatment Nurse (TN1). The TN1 stated she recently found out it was her responsibility to evaluate Resident 1 cast. TN1 stated she was not even aware Resident 1 had a cast on his right leg/foot. TN stated on 11/15/2023, she assessed the resident and did not note the cast on the right leg. TN1 stated she missed the right leg cast. The TN stated unfortunately no one was taking care of the right lower leg cast since his admission on 11/14/2023 until 4/25/2024.</p> <p>During an interview on 5/2/2024 at 11:40 a.m. with Occupational Therapist (OT), OT stated we treated Resident 1 when he was admitted , and the treatment ended on 12/29/2023. The OT stated, Resident 1 had a cast on his lower right leg.</p> <p>During a concurrent interview on 5/2/2024 at 12:52 p.m. with RN Supervisor. The RN Supervisor stated the appointment was not made. The RN Supervisor stated the admitting nurse did not include cast assessment in her initial assessment.</p> <p>During an interview on 5/2/2024 at 1:02 p.m. with the Case Manager (CM). The CM stated he scheduled an appointment with Resident 1 primary physician on 11/29/2023, the appointment was for 12/12/2023 because the primary needed to see Resident 1 first before a referral for orthopedic to remove the cast. The CM stated he make the first appointment with the primary physician; then passed it on for the RN Supervisor to schedule the next appointment. CM stated he was not made aware that a follow up appointment was not done until 2/7/2024. CM stated he then called the GACH for another appointment with the primary doctor to see Resident 1 and was told the next available appointment was 3/5/2024.</p> <p>During an interview on 5/3/2024 at 11:24 a.m. with PTA 1. PTA 1 stated she was exercising both legs right and left, Resident 1 had a L shape splint (a device that supports and protects a broken bone) on his right leg, PTA 1 stated she discharged Resident 1 from PT services on 12/29/2023.</p> <p>During an interview on 5/3/2024 at 12:23 p.m. with Certified Nursing Assistant (CNA 1). CNA 1 stated Resident 1 had a cast on his lower right leg. CNA1 stated Resident 1's casted leg was wrapped, and she could not see Resident 1 leg. CNA1 stated she took care of Resident 1 on the day he returned from the hospital and the resident still had a cast on his leg.</p> <p>During an interview on 5/3/2024 at 1:14 p.m. with the Registered Nurse (RN 1), RN1 stated it is nursing responsibility to make sure the resident gets a referral to the orthopedic. RN1 stated the orthopedic referral was never obtained. RN 1 stated, it was important to get an orthopedic referral because the resident had the cast on since November 2023.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/7/2024 at 8:56 a.m. with DON, the DON stated the admitting nurse did not document the Resident 1 has a cast on. The DON stated the facility failed to follow up on Resident 1 cast and document correctly. The DON stated this could have led to resident having worsening wound on his leg pain, nerve problems, tingling and numbness. The DON stated there it was excuse for the missed cast care of Resident 1. The DON stated it is the RN Supervisor to make appointments for residents' doctor's appointment.</p> <p>A review of the facility's policy and procedure (P&P) titled Cast Care, which indicated to inspect casted extremity every shift for first 48 hours, then every day, for adequate circulation, infection, and skin integrity. The P&P indicated to chart all pertinent observations in the resident's medical record and to report any problems to the attending physician promptly.</p> <p>A review of the facility's P&P titled, Admission Assessment, indicated the assessment process must include direct and indirect observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts. The P&P indicated the assessment may include separate paper or electronic forms such as a pain assessment or skin risk assessment.</p>		