

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 06/01/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on interview and record review, the facility failed to implement its policy and procedure (P&P) titled, Abuse Prevention and Prohibition Program: Operational Manual-Abuse & Neglect, which indicated the facility should report allegations of abuse immediately, but no later than two hours.</p> <p>This failure delayed the investigation by the California Department of Public Health (CDPH).</p> <p>Findings:</p> <p>1). A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including cerebral infarction (stroke), schizophrenia (a chronic and severe mental disorder that affects how a person thinks, feels, and behaves) and extrapyramidal movements (involuntary, uncontrollable movements).</p> <p>A review of Resident 1 ' s Minimum Data Set (Minimum Data Sheet [MDS] a standardized assessment and care screening tool), dated 4/15/2024, indicated Resident 1 had severe cognitive impairment (the ability to think and reason). The MDS indicated Resident 1 was independent with mobility.</p> <p>2). A review of Resident 4 ' s Admission Record indicated Resident 4 was admitted to the facility on [DATE], with diagnoses including encephalopathy (a brain disorder) and transient cerebral ischemic attack (stroke).</p> <p>A review of Resident 4 ' s MDS dated [DATE], indicated Resident 4 had moderate (not extreme, within proper limits) cognitive impairment. The MDS indicated Resident 4 required supervision with walking and chair/bed-to-chair transfer. The MDS indicated Resident 4 required supervision with walking.</p> <p>A review of the State of California Form 341 (report of suspected dependent and elder abuse) dated 5/17/2024, faxed by the facility to CDPH, indicated Residents 1 and 4 were observed exchanging unwanted physical contact on 5/17/2024 at 9:35 a.m. with no physical injuries.</p> <p>During an interview on 5/29/2024 at 5:14 p.m., with Director of Nursing (DON), the DON stated stated abuse should be reported to the CDPH within two hours.</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: 555057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/01/2024
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 0609</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 5/31/2024 at 3:30 p.m., with the Quality Assurance (QA) Nurse, the Transmission Verification Reports dated 5/17/2024 at 11:50 a.m. was reviewed. The QA nurse stated the Transmission Verification Report dated 5/17/2024 at 11:50 a.m. was the proof the facility informed CDPH regarding alleged incident.</p> <p>During an interview on 5/31/2024 at 4:18 p.m., with the Administrator (Admin), the Admin stated a resident who punched another resident is an abuse. The Admin stated any sort of unwanted touching is also abuse. The Admin stated abuse should be reported to CDPH immediately, within two hours to make sure resident had a plan of correction in placed to provide safety.</p> <p>A review of facility ' s P&P titled, Abuse Prevention and Prohibition Program: Operational Manual - Abuse & Neglect, dated 8/1/2023, indicated facility should report allegations of abuse, neglect, mistreatment, injuries of unknown source, misappropriation of resident property, or other incidents that qualify as a crime, immediately, but no later than two hours after forming the suspicion.</p>

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 06/01/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48778</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had an environment free of accident hazards (risk) for three (3) of 3 sampled residents (Residents 1, 2, and 3) who were smokers by failing to:</p> <ol style="list-style-type: none"> 1). Ensure Resident 1 did not have a cigarette lighter on his bedside table on 5/29/2024 at 11:24 a.m. 2). Ensure Resident 2 did not have a lighter and two (2) cigarette sticks in her (Resident 2) purse on 5/29/2024 at 2:51 p.m. 3) Ensure Resident 3 did not have a lighter and 2 cigarette sticks while in the hallway, and at the bedside table on 5/30/2024 at 9:07 a.m. 4). Implement its policy and procedure (P&P) titled, Smoking: Nursing Manual-Nursing Administration, which indicated smoking materials such as cigarettes, and lighters should be stored in a secured area (area where access was limited to authorized persons only), and residents who smoked will be assessed for the most appropriate method to securely store smoking materials such as lighters, and cigarettes. <p>These deficient practices had the potential for Residents 1, 2, and 3 to turn on the lighters, cause a fire that could affect the health, safety, and wellbeing of all 118 residents in the facility, staff and visitors and result in serious injuries, hospitalization , and death.</p> <p>On 5/30/2024 at 5:05 p.m., an Immediate Jeopardy ([IJ] a situation in which the facility's noncompliance with one or more requirements of participation had caused, or is likely to cause serious injury, harm, impairment, or death to a resident) was called in the presence of the Administrator (Admin) and Director of Nursing (DON) due to the facility ' s failure to ensure Residents 1, 2 and 3 ' s lighters were stored in a secured area which had the potential to cause a fire affecting the health, safety and wellbeing of all 118 residents in the facility including staffs and visitors.</p> <p>On 6/1/2024 at 1:59 p.m., the facility submitted an acceptable IJ Removal Plan ([IJRP] a plan with interventions to correct the deficient practice). After validating the IJRP ' s implementation onsite, the IJ was removed on 6/1/2024 at 5:00 p.m., in the presence of the Admin and DON.</p> <p>The IJRP included the following immediate actions:</p> <ol style="list-style-type: none"> 1. On 5/30/2024, the DON, Admin, and Registered Nurse (RN) 1 immediately informed all residents, both nonsmokers and smokers, that according to the facility ' s Smoking Policy and Procedure, residents will not keep cigarettes, e-cigarettes, and lighters in their possession, bedside or rooms. Residents were informed all smoking materials were to be kept at the nurses ' Station 1 in a locked drawer and the activity office. <p>(continued on next page)</p>

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 06/01/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>2. On 5/30/2024 and 5/31/2024, the Director of Staff Development (DSD) Assistant and Social Service Designee (SSD) checked bedsides of all residents and ensured there were no cigarettes, e-cigarettes, or lighters at the bedsides. The DSD Assistant and SSD removed any cigarettes, e-cigarettes, and lighters found.</p> <p>3. Residents ' bedside tables and nightstands were to be checked every shift by the assigned Certified Nursing Assistant (CNA) for 2 weeks, then daily for 2 months. Results of those rounds were to be reported to the charge nurse per shift. A log will be used to record results of rounds and reported to the charge nurse per shift. Residents found with cigarettes, e-cigarettes, and lighters will be removed immediately by the assigned CNA.</p> <p>4. A daily census will be used by the RN shift Supervisor to record the results of room observations during rounding. Residents found with cigarettes, e-cigarettes, and lighters will be removed immediately by assigned CNA.</p> <p>5. Of the 27 residents identified to smoke, nine residents were assessed by the shift RN, were unable to store smoking items at the bedside and the items should be secured by staff safely.</p> <p>6. On 5/30/2024 and 5/31/2024, the DON, Admin, DSD, and Designee in-serviced staff on checking to ensure there were no cigarettes, e-cigarettes, or lighters at any of the residents ' bedsides and to remove those items for the safety and security of residents.</p> <p>7. On 5/31/2024, the DON, Admin, DSD, and SSD held Resident Council Meetings to inform residents of the facility ' s smoking policy, specifically the safety of properly securing cigarettes, e-cigarettes, and lighters and of the deficient practice found by California Department of Public Health (CDPH) on 5/30/2024 which placed the facility in non-compliance and in Immediate Jeopardy.</p> <p>8. The Admin ensured all 152 staff on assignment and who worked daily were in-serviced by 6/7/2024. Non-active staff, not currently on assignment and on leave, in-serviced by 6/15/2024 prior to returning to assignment/ work/ duty.</p> <p>9. On 5/31/2024 and 6/1/2024, the Admin, DON, DSD, Quality Assurance (QA) Nurse, and RN 1 met with facility staff to educate staff on the facility ' s smoking P&P specifically the safe and secure storage of cigarettes, e-cigarettes, and lighters.</p> <p>10. The Admin posted a notice of the IJ at the front and rear entrance door, the activity room, and at all four Nurses ' Stations to inform residents, families, and staff of the following:</p> <p>I. Visitors, friends, and family were not allowed to provide cigarettes, e-cigarettes, or lighters directly to the resident. These items must be checked in with the on-duty staff nurse. The nurses will place the smoking items at Station 1 in a locked drawer until picked up</p> <p>by the Activity Director.</p> <p>II. All residents ' cigarettes, e-cigarettes, and lighter must be kept by the facility in Station 1 drawer and in the activity office ' s locked cabinet. The resident ' s name will be labeled on the cigarettes, e-cigarettes, and lighters.</p> <p>(continued on next page)</p>		

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 06/01/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>III. Residents who smoke, should not keep cigarettes, e-cigarettes, or lighters at their bedside.</p> <p>IV. The 10 smoking sessions were held on the smoking patio located by Station 2 with supervision provided by the activity staff and assigned nursing staff for residents ' safety.</p> <p>V. Residents that smoked should abide by the facility ' s policy regarding smoking session times to ensure residents, visitors, and staff safety.</p> <p>11. The Activity Supervisor who was in charge of the smoking sessions will report any concerns to the facility Admin in the daily meeting or as needed.</p> <p>12. The QA Nurse developed the Performance Improvement Plan (PIP) to address the assessment, safety, and storage of cigarettes, e-cigarettes, and lighters to ensure residents ' safety. The QA nurse will monitor findings and report to the Quality Assurance Committee monthly for three months to ensure the system ' s effectiveness and performance was sustained.</p> <p>Findings:</p> <p>1). A review of Resident 1 ' s Admission Record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included cerebral infarction (stroke), schizophrenia (a chronic and severe mental disorder that affects how a person thinks, feels, and behaves) and extrapyramidal movements (involuntary, uncontrollable movements).</p> <p>A review of Resident 1 ' s care plan titled At risk for accidental injuries due to smoking, but not limited to risk/benefit/outcome explained and understood, dated 9/21/2023, indicated the facility will provide safe smoking environment and resident will smoke safely while abiding (follow) the facility policy. The interventions indicated Resident 1 was informed of designated smoking areas because smoking is prohibited within the facility. The interventions indicated Resident 1 required visual monitoring during scheduled smoke breaks. The interventions indicated the smoking policy was discussed with Resident 1 during resident council meeting (an organized group of residents who meet regularly to discuss and address concerns about their rights, quality of care and quality of life).</p> <p>A review of Resident 1 ' s Smoking Safety Evaluation, dated 4/11/2024, indicated supervision will be required for all residents during designated smoking times. The Smoking Safety Evaluation indicated evaluation will be utilized for resident ' s smoking care plan on admission and as indicated. However, the Smoking Safety Evaluation form did not indicate a system for safe storage of Resident 1 ' s smoking materials.</p> <p>A review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool) dated 4/15/2024, indicated Resident 1 had severe cognitive impairment (ability to think and reason). The MDS indicated Resident 1 required supervision with sit to lying (ability to move from sitting on the side of bed to lying flat on the bed), sit to stand (ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed), chair/bed-to-chair transfer (ability to transfer to and from a bed to a chair (or wheelchair) and walk of 10 feet. The MDS indicated Resident 1 independently used a wheelchair for mobility (the ability to move freely).</p> <p>During an observation in Resident 1 ' s room on 5/29/2024 at 11:24 a.m., a cigarette lighter was observed on Resident 1 ' s bedside table.</p> <p>(continued on next page)</p>		

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 06/01/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 5/29/2024 at 11:28 a.m. with the DON, in Resident 1 ' s room, a lighter was observed at Resident 1 ' s bedside table. The DON stated residents should not have lighters in their room or at bedside because it is dangerous and could cause accidents to happen.</p> <p>During an interview on 5/29/2024 at 2:09 p.m., with the Activity Assistant, the Activity Assistant stated smoking paraphernalia (materials) should be stored in the activity ' s office. The Activities Assistant indicated residents were not allowed to keep smoking materials with them because it was hazard and residents could burn themselves.</p> <p>2). A review of Resident 2 ' Admission Record indicated Resident 2 was admitted to the facility on [DATE] with diagnoses including paralytic syndrome (progressive weakness) following cerebral infarction (stroke) and generalized weakness (weakness on most areas of the body).</p> <p>A review of Resident 2 ' s care plan titled At risk for accidental injuries due to smoking, dated 9/21/2023, indicated the facility will provide Resident 2 with a safe smoking environment and the resident will smoke safely per the facility ' s policy. The care plan interventions indicated staff informed Resident 2 of designated smoking areas because smoking was prohibited within the facility. The interventions indicated staff will provide Resident 2 with an ash tray when smoking, remind, provide diversional activities to minimize smoking tendencies and visual monitoring during scheduled smoke breaks.</p> <p>A review of Resident 2 ' s Smoking Safety Evaluation, dated 4/11/2024, indicated supervision will be required for all residents during designated smoking times. The Smoking Safety Evaluation indicated evaluation will be utilized for resident ' s smoking care plan on admission and as indicated. However, the Smoking Safety Evaluation form did not indicate a system for safe storage of Resident 2 ' s smoking materials.</p> <p>A review of Resident 2 ' s MDS dated [DATE], indicated Resident 2 had intact cognition (ability to think and reason). The MDS indicated Resident 2 had impairment to both sides (left and right) of the lower extremities (lower body). The MDS indicated Resident 2 was dependent with chair/bed-chair transfer. The MDS indicated Resident 2 independently used a wheelchair for mobility.</p> <p>During a concurrent observation and interview on 5/29/2024 at 2:51 p.m. in Resident 2 ' s room, Resident 2 was observed with 2 cigarette sticks and a lighter in her purse. Resident 2 stated she (Resident 2) always kept the lighter and cigarettes in her (Resident 2) room.</p> <p>3). A review of Resident 3 ' s Admission Record indicated Resident 3 was admitted to the facility on [DATE] with diagnosis of unspecified (not named or stated) mood disorder (unstable mood) and schizophrenia.</p> <p>A review of Resident 3 ' s MDS, dated , 3/21/2024, indicated Resident 3 had cognitive impairment (loss). The MDS indicated Resident 3 had no impairment with upper and lower body. The MDS indicated Resident 3 was able to walk 10 feet with supervision. The MDS indicated Resident 3 required supervision with sit to stand, chair/bed-to-chair transfer. The MDS indicated Resident 2 independently used a wheelchair.</p> <p>(continued on next page)</p>

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 06/01/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of Resident 3 ' s Smoking Safety Evaluation, dated 3/19/2024, indicated supervision will be required for all residents during designated smoking times. The Smoking Safety Evaluation indicated evaluation will be utilized for resident ' s smoking care plan on admission and as indicated. However, the Smoking Safety Evaluation form did not indicate a system for safe storage of Resident 3 ' s smoking materials.</p> <p>A review of Resident 3 ' s care plan titled, Resident is a smoker and agreed to abide with facility ' s policy for smoking, (risk/benefit/outcome explained and understood), risk for injuries to self and others, dated, 9/15/2022, indicated the resident will be free from injuries related to smoking and no injuries to others. The interventions indicated the facility will monitor Resident 3 frequently during smoke durations and remind the resident of the designated smoking area.</p> <p>A review of Resident 3 ' s care plan titled, Resident is a smoker, at risk for injury to self or others, required supervision with smoking, dated 9/16/2022, indicated Resident 3 will not smoke without supervision or suffer any injury from unsafe smoking. The interventions indicated Resident 3 required supervision while smoking and staff will inform Resident 3 about smoking locations, times, and safety concerns. The interventions indicated staff will allow Resident 3 to smoke only in designated areas, and monitor Resident 3 frequently during smoking breaks.</p> <p>During an observation on 5/30/2024 at 9:07 a.m., Resident 3 was observed in the hallway with 2 cigarettes in one hand and a cigarette lighter on the other hand.</p> <p>During a concurrent observation and interview on 5/30/2024 at 10:05 a.m. with Resident 3, in Resident 3 ' s room, a cigarette lighter and a pack of cigarettes were observed on Resident 3 ' s bedside table. Resident 3 stated the cigarettes were provided by the facility and the cigarette lighter was kept in his (Resident 3) room. Resident 3 stated he always had the cigarette lighter in his room and was never taken away by the staff. Resident 3 stated he did not have to wait for staff to provide him a cigarette or a lighter, whenever he wanted to smoke.</p> <p>During a concurrent observation and interview on 5/30/2024 at 10:17 a.m. with Licensed Vocational Nurse (LVN) 2, in Resident 3 ' s room, LVN 2 stated there was a cigarette lighter and a pack of cigarettes on Resident 3 ' s bedside table. LVN 3 stated some of the residents bought their own packs of cigarettes. LVN 3 stated cigarette lighters should not be kept by residents because it could be a safety hazard and could result in a fire. LVN 3 stated all lighters should be kept in the Activities Department.</p> <p>During an interview on 5/30/2024 at 11:56 a.m. with the Activities Director (AD), the AD stated, he (the AD) assessed all residents who smoked during admission, by completing the Smoking Safety Evaluation form in the electronics medical record. The AD stated residents ' lighters and cigarettes were stored in the activities department. The AD stated the facility did not have documentation of room checks performed by the activities department to ensure residents did not have smoking materials in their room.</p> <p>During an interview on 5/30/2024 at 3:55 p.m. with CNA 2, CNA 2 stated residents should not have lighters or cigarettes in their room due to the risks involved. Residents could light up linens which could lead to fire, burn themselves or other safety concerns (not specified) if residents had oxygen in the room.</p> <p>(continued on next page)</p>		

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 06/01/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/30/2024 at 4:33 p.m., with RN 1, RN 1 stated residents should not keep lighters or cigarettes by themselves. RN 1 stated if a resident lit a cigarette in a room with oxygen, it could lead to injuries and burns. RN 1 stated appropriate storage of residents ' smoking materials is part of assessing for a smoker resident ' s safety.</p> <p>During a concurrent interview and record review on 5/30/2024 at 4:50 p.m. with the DON, Resident 1 ' s Smoking Safety Evaluation dated 4/11/2024 was reviewed. The DON stated appropriate assessment and storage of smoking materials were part of safety evaluation because residents who were not responsible, could light a cigarette anytime and cause burns. The DON stated the evaluation did not indicate where Resident 1 ' s smoking materials should be stored. The DON stated residents ' bedside tables were not a secure area to store smoking materials, especially a lighter, as anyone could grab the lighter and start a fire even if they were alert and oriented. The DON stated residents using oxygen were in danger if a resident lit a lighter or cigarette close to oxygen. The DON stated per the facility ' s smoking policy, smoking materials were to be stored in a secured area.</p> <p>A review of the facility ' s P&P titled, Smoking: Nursing Manual - Nursing Administration dated 2/19/2022, indicated all smoking materials should be stored in a secured area basing on the resident ' s smoking safety assessment to ensure safety. The P&P indicated the facility staff should determine the most appropriate method of secured storage.</p>		