

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 06/13/2024
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47923</p> <p>Based on interview and record review, the facility failed to submit the results of the investigation of an injuries of unknown source to the state agency (California Department of Public Health [CDPH]) within 5 working days of the incident for one of three sampled residents (Resident 1).</p> <p>This deficient practice delayed the CDPH investigation of unknown source of injury of Resident 1.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record, the Admission Record indicated, Resident 1 was originally admitted to the facility on [DATE] and readmitted on [DATE]. Resident 1's diagnoses included dementia (loss of cognitive functioning, thinking, remembering, and reasoning), cerebral infarction (loss of blood flow to part of the brain) with hemiparesis (weakness or inability to move on one side of the body), and contractures (limitation in range of motion) on left elbow, left ankle, and right ankle.</p> <p>A review of Resident 1's History and Physical (H&P), dated 3/1/2024, indicated, Resident 1 did not have the capacity to understand and make decisions.</p> <p>A review of Resident 1's Minimum Data Set ([MDS] resident assessment an care screening tool) dated 5/29/2024, the MDS indicated Resident 1 was totally dependent in bed mobility, oral hygiene, and toileting hygiene.</p> <p>A review of Resident 1's Change in Condition Evaluation, dated 6/3/2024, indicated Resident 1 was noted with left humerus (upper arm bone) dislocation, no swelling, no bruising, and no open area.</p> <p>During an interview on 6/13/2024 at 12:40 p.m., with the Director of Nursing (DON), the DON stated Resident 1's left humerus dislocation was considered as unusual occurrence of injury of unknown origin and the initial report was submitted to the state licensing agency on 6/3/2024. The DON stated the facility should submit a written final conclusion report to CDPH within 5 working days after the incident so the state licensing agency would have an idea of the outcome of the facility's investigation. The DON stated the Administrator (ADM) was responsible in sending the 5-day final investigation result to CDPH. The DON stated she did not have any answer why the ADM did not submit the final written result of the investigation to CDPH.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/13/2024 at 1:15 p.m., with the ADM, the ADM stated any allegation of injuries of unknown origin, he needs to submit the initial report immediately and the final 5-day investigation result after the incident occurrence to CDPH. The ADM stated he failed to submit to CDPH the final investigation summary result within the timeframe. The ADM stated informing the CDPH of the final investigation result within 5 working days was a facility's process as well as state and federal requirements.</p> <p>A review of the facility's policy and procedure (P&P) titled, Unusual Occurrence Reporting, dated 5/1/2018, the P&P indicated, The facility will follow all applicable state and federal laws and regulations regarding the reporting of unusual occurrences.</p> <p>A review of the facility's P&P titled, Abuse Prevention and Prohibition Program, dated 8/1/2023, the P&P indicated, The facility will report allegations of injuries of unknown source and the ADM will provide the state survey agency with a copy of the investigative report within 5 days of the incident.</p>