

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Western Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 2190 W Adams Blvd Los Angeles, CA 90018	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45657</p> <p>Based on observation, interview, and record review, the facility failed to ensure one of four sampled Residents (Resident 2) was provided a clean homelike environment by failing to provide clean bed sheets.</p> <p>This deficient practice placed Resident 2 at risk for an unclean environment and had the potential for the spread of infection and physical discomfort.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 12/11/2024 at 10:00 a.m. in Resident 2's room, with Certified Nurse Assistant (CNA) 1, CNA1 was observed providing activities of daily living ([ADLs] routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) care to Resident 2. Resident 2's bed was observed with brown dry spots on the bottom sheet, the top sheet with yellow stains and a white blanket dirty with brown spots. CNA 1 provided a bed bath to Resident 2 and did not change the bottom sheet. CNA 1 covered Resident 2 with the stained top sheet and blanket. CNA 1 stated the bed sheets are changed every day if soiled or dirty. CNA 1 stated Resident 2's sheet had brown stains on it.</p> <p>During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility on [DATE] and readmitted on [DATE]. Resident 2 diagnosis included Gastrostomy tube (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and anoxic brain damage (occurs when the brain is completely deprived of oxygen).</p> <p>During a review of Resident 2's History and Physical (H&P) dated 10/1/2024, the H&P indicated Resident 2 does not have the mental capacity to understand and make medical decisions.</p> <p>During a review of Resident 2's Minimum Data Set MDS - a resident assessment tool), dated 10/13/2024, the MDS indicated Resident 2 rarely/never makes self-understood and rarely/never can understand others. The MDS indicated Resident 2 required dependent ADL care such as dressing, toilet use, personal hygiene, transfer (moving between surfaces to and from bed, chair, and wheelchair) and bed mobility (how resident moves from lying to turning side to side).</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555069
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's care plan for self-care deficits related to cognitive deficits, communication deficits, functional deficits, dated 9/25/2022, the care plan indicated Resident 2 will be clean, dry, and well-groomed daily. Resident 2's care plan interventions indicated the staff would assist Resident 2 with ADL care.</p> <p>During an interview on 12/11/2024 at 12:23 p.m. with CNA 2, CNA 2 stated when ADL care is provided to residents, the bottom and top sheets must be changed. CNA 2 stated the facility instructed CNAs to change the bed sheets every day. CNA 2 stated if any sheets are stained, it should not be used. CNA 2 stated it was important to change the bed sheets daily to ensure Resident 2 had clean sheets. CNA 2 stated it is the resident right to be in a clean environment.</p> <p>During an interview on 11/12/2024 at 1:20 p.m. with Registered Nurse (RN) 1, RN 1 stated bed sheets must be changed every day and as needed when soiled. RN 1 stated the resident would be at risk for infection with dirty bed linen. RN 1 stated it is the right of Resident 2 to live in a clean environment. RN 1 stated when the sheets have spots, that are visible, it should be changed and sent back to the laundry.</p> <p>During an interview on 12/11/2024 at 3:10 p.m. with Director of Nursing (DON) the DON stated ADL care is done by CNAs which includes bed bath and linen change. The DON stated the nurses should change the bed sheets every day. The DON stated if the sheets have spots, it needed to be sent it to the laundry to be washed for the removal of stains. The DON stated the importance of keeping clean sheets in Resident 2 is to prevent infection. The DON stated residents have the right to be in a clean environment.</p> <p>During a review of the facility's policy and procedures (P&P) titled Certified Nurse Assistant Job Description, dated 8/23/2011, the P&P indicated When making residents beds, provide the necessary measures to ensure safety, comfort, and skin management needs of the residents.</p> <p>During a review of the P&P titled Home Like Environment undated, the P&P indicated This facility will provide a safe, clean, comfortable and homelike environment and provide clean linen.</p>		