

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  04/08/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46144</b></p> <p>Based on interview and record review, the facility failed to ensure, one of three sampled residents (Resident 1), had a resident-centered, comprehensive care plan.</p> <p>This deficient practice placed the resident at risk for injuries and had the potential for Resident 1 ' s needs to not be met.</p> <p>Findings:</p> <p>During 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 disorder of bone density (the amount of minerals (primarily calcium and phosphorous) contained within a specific volume of bone, and it's a measure of bone strength and thickness) and structure, contractures (a stiffening/shortening at any joint, that reduces the joint ' s range of motion) of muscles at multiple sites, functional quadriplegia (a complete inability to move due to severe disability or frailty, without any physical injury or damage to the spinal cord), and respiratory failure (the body ' s inability to adequately exchange gases (oxygen and carbon dioxide) in the lungs.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P), dated 4/2/2025, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS]- a resident assessment tool), dated 1/21/2025, the MDS indicated Resident 1 ' s cognition (ability to learn, reason, remember, understand, and make decisions) rarely/never understood. The MDS indicated Resident 1 was dependent (helper does all of the effort and the assistance of two or more helpers are required for the resident to complete the activity) on staff for showering, dressing, oral hygiene, and personal hygiene.</p> <p>During a review of Resident 1 ' s care plan titled, Resident had self-care deficits related to total bed mobility, transfer, dressing, toileting, personal hygiene, bathing and gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallow problems) dependent, dated 3/17/2025, the care plan interventions indicated to assist with ADLs as needed, if resistive with care, try again later or have another staff to approach resident, allow resident to be active in decision-making process involving care, call light within reach and attend needs promptly .</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 0656</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 4/8/2025 at 1:09 p.m. with Director of Nursing (DON), Resident 1 ' s care plan, dated 3/17/2025 was reviewed. The DON stated, care plan interventions indicated to encourage resident to do as much as possible to increase independence, assist with ADLs as needed, praise resident for all self-care attempts to matter how small, if resistive with care, try again later or have another staff to approach resident, allow resident to be active in decision-making process involving care, maintain resident ' s privacy and respect their rights, provide incontinent care as needed, provide with adequate hydration and nutrition, provide a safe environment, call light within reach and attend needs promptly, explain all procedures prior to performing, assess for pain or discomfort and medicate as needed, assist with grooming and trimming of fingernails, dental/oral care two times a day and as needed, rehabilitation screen on admission, quarterly, and as needed, rehabilitation as needed, notify medical doctor as needed, provide assistive device for ADLs as needed and turn resident. The DON stated Resident 1 was total dependent on staff for her care needs. The DON stated the interventions did not specify two persons assist while providing care. The DON stated the ADLs care plan was not person-centered to make sure the resident needs are being met.</p> <p>During a review of facility ' s policy and procedure (P&amp;P) titled, Care Plans, Comprehensive Person-Centered, dated 3/2022, the P&amp;P indicated a comprehensive, person-centered care plan includes measurable objectives and timetables, to meet the resident ' s physical, psychosocial, and functional needs is developed and implement for each resident. The P&amp;P indicated care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident ' s problem areas and their causes, and relevant clinical decision making.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46144</p> <p>Based on interview and record review, the facility failed to ensure, one out of three residents (Resident 1), was provided two-persons assist (a care technique where two caregivers work together to help a resident with mobility, transfers, or other daily living activities) when providing activities of daily living ([ADLs]-routine tasks/activities such as bathing, dressing, and toileting a person performs daily to care for themselves).</p> <p>This deficient practice placed the resident at risk for falls and injuries.</p> <p>Findings:</p> <p>During 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 disorder of bone density (the amount of minerals (primarily calcium and phosphorous) contained within a specific volume of bone, and it's a measure of bone strength and thickness) and structure, contractures (a stiffening/shortening at any joint, that reduces the joint ' s range of motion) of muscles at multiple sites, functional quadriplegia (a complete inability to move due to severe disability or frailty, without any physical injury or damage to the spinal cord), and respiratory failure (the body ' s inability to adequately exchange gases (oxygen and carbon dioxide)in the lungs.</p> <p>During a review of Resident 1 ' s History and Physical (H&amp;P), dated 4/2/2025, the H&amp;P indicated Resident 1 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1 ' s Minimum Data Set ([MDS]- a resident assessment tool), dated 1/21/2025, the MDS indicated Resident 1 ' s cognition (ability to learn, reason, remember, understand, and make decisions) rarely/never understood. The MDS indicated Resident 1 was dependent (helper does all of the effort and the assistance of two or more helpers are required for the resident to complete the activity) on staff for showering, dressing, oral hygiene, and personal hygiene.</p> <p>During a review of Resident 1 ' s care plan titled, Low Air Loss Mattress ([LAL]- a medical mattress designed to prevent and treat pressure injuries). At risk for falling from low-air-loss mattress due to 1. involuntary movements 2. Gravity related movements 3. Resident with ADL/ mobility impairment 4. Resident requires head of bed elevated 5. Resident requiring total care for turning and repositioning, dated 3/18/2025, the care plan indicated the intervention was to have two-person assist with transfers, repositioning, and daily care as indicated.</p> <p>During a concurrent interview and record review on 4/8/2025 at 9:00 a.m. with Certified Nursing Assistant (CNA) 1, Resident 1 ' s care plan titled, LAL ., dated 3/18/2025 was reviewed. The intervention indicated to have two-person assist the resident with transfers, repositioning, and daily care, as indicated for Resident 1. CNA 1 stated he did Resident 1 ' s ADL care twice a day, morning and afternoon without assistance from a staff, which included cleaning and turning the resident. CNA 1 stated the care plan indicating two-person assist for daily care, was to perform better quality care, not cause injury to the resident.</p> <p>(continued on next page)</p>		

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<p>F 0689</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 4/8/2025 at 1:45 p.m. with the Director of Nursing (DON), Resident 1 ' s care plan, dated 3/18/2025 was reviewed. The DON stated the intervention indicated Resident 1 needed two-person assist with transfers, repositioning, and daily care. The DON stated the staff should ask for assistances to turn the resident while cleaning. The DON stated, it placed the resident at risk for further injuries if two-person assist was not provided to Resident 1.</p> <p>During a review of facility ' s policy and procedure (P&amp;P) titled, Safety and Supervision of Residents, dated 7/2017, the P&amp;P indicated resident safety, supervision, and assistance to prevent accidents are facility-wide priorities. The P&amp;P indicated the care team shall target interventions to reduce individual risks related to hazards in the environment, including adequate supervision and implementing interventions to reduce accidents, including communicating specific interventions to all relevant staff and assigning responsibility for carrying out interventions.</p>