

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Southland		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 Studebaker Road Norwalk, CA 90650	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45028</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of three sampled residents (Residents 1 and 2) fingernails were kept clean and neat.</p> <p>This deficient practice resulted in a black/brown substance being observed underneath Resident 1 ' s fingernails and Resident 2 ' s right hand fingernails and had the potential to cause infections to Resident ' s 1 and 2 and to have feelings of low self-worth and self-esteem.</p> <p>Findings:</p> <p>A. During a review of Resident 1 ' s Admission Record (Face Sheet), the Face Sheet indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including left humerus (upper arm) fracture (broken bone).</p> <p>A review of Resident 1 ' s History and Physical (H&P), dated 3/28/2024, the H&P indicated Resident 1 had the ability to make medical decisions.</p> <p>A review of Resident 1 ' s Minimum Data Set ([MDS] a standardized assessment and care screening tool), dated 4/3/2024, the MDS indicated Resident 1 required partial/moderate assistance from staff for personal hygiene (washing and drying hands) and was totally dependent and required two or more person ' s physical assistance from staff for showering.</p> <p>During a concurrent observation and interview with Resident 1 on 5/13/2024 at 9:07 a.m., Resident 1 was observed holding a bag of popcorn with her left hand and grabbing popcorn with her right hand then putting the popcorn in her mouth. Resident 1 ' s fingernails of both right and left hands had a black/brown substance underneath them. Resident 1 stated she can ' t get out of bed to wash her hands and feels disgusted that she must eat her food without being able to wash her hands or clean her nails. Resident 1 stated she had not had her hands washed since her shower on 5/12/2024.</p> <p>During a concurrent observation and interview on 5/13/2024 at 1:46 p.m., with Certified Nursing Assistant (CNA) 1, Resident 1 ' s right- and left-hand fingernails were observed having a black/brown substance underneath them. CNA 1 stated, she had seen Resident 1 ' s nails were dirty during her first morning rounds but did not have a chance to clean Resident 1 ' s nails. CNA 1 stated she should have cleaned Resident 1 ' s nails immediately after noticing Resident 1 ' s nails were dirty.</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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NAME OF PROVIDER OR SUPPLIER Southland		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 Studebaker Road Norwalk, CA 90650	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>B. During a review of Resident 2 ' s Face Sheet, the Face Sheet indicated Resident 2 was admitted to the facility on [DATE] with diagnosis including unspecified dementia (impaired ability to remember, think or make decisions that interferes with doing everyday activities), and need for assistance with personal care.</p> <p>During a review of Resident 2 ' s H&P dated 5/11/2024, the H&P indicated Resident 2 did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 2 ' s MDS dated [DATE], the MDS indicated Resident 2 was totally dependent and required two or more physical assistance from staff for showering and personal hygiene.</p> <p>During an observation on 5/13/2024 at 9:53 a.m. in Resident 2 ' s room, Resident 2 fingernails on her right hand had a black/brown substance underneath them.</p> <p>During a concurrent observation and interview on 5/13/2024 at 3:47 p.m., with Registered Nurse (RN) 1, Resident 2 ' s right hand fingernails were observed having a black/brown substance underneath them. RN 1 stated all residents fingernails should be cleaned daily and as needed.</p> <p>During an interview on 5/13/2024 at 4:01 p.m. with the Director of Staff Development (DSD), the DSD stated all staff were responsible for ensuring the resident ' s hands and fingernails remain clean. The DSD stated, if a staff member notices a resident ' s nails are dirty, the staff member is to clean the resident ' s fingernails immediately. The DSD stated it is a standard of practice to wash our hands and nails when they are dirty and before meals, we (nursing staff) should be ensuring our residents are being provided the same care, especially for the residents who feed themselves.</p> <p>During an interview on 5/13/2024 at 4:43 p.m. with the Director of Nursing (DON), the DON stated all resident ' s fingernails should be checked and cleaned daily as it is a part of routine ADL care and as needed, especially before each meal.</p> <p>During a review of the Hygiene, Activities of Daily Living (ADL) and Nail Care In-Service, dated 4/24/2024, the in-service indicated nail care should be performed on shower days and as needed. The in-service indicated the facility staff are responsible for ensuring the resident ' s hands and fingernails are clean before meals.</p> <p>During a review of the facility ' s undated policy and procedure (P&P) titled, Personal Care to Residents, indicated all residents admitted in the facility should be provided with nail care. The P/P indicated the CNA or activity staff will provide nail care as needed.</p> <p>During a review of the facility ' s CNA Job Description dated 12/17/2021, the CNA Job Description indicated the CNAs essential duties and responsibility include assisting residents with personal care.</p>		